
Birchwood Care Home – CQC Inadequate Update

1. Introduction/Background

- 1.1 In September 2017 the Care Quality Commission (CQC) completed an inspection of Birchwood Care Home; the outcome was an overall rating of Inadequate. This rating was subject to a report to the Overview and Scrutiny Board in January 2018 – This report provides a review of progress to date and future actions planned
- 1.2 Birchwood is a 60 bed nursing/residential care home specialising in care for people with dementia. The service was commissioned in 2007 with the Council leasing the building from A2Dominion and contracting separately with Care UK for the care. It was taken over by WBC to deliver the care in June 2017
- 1.3 The service has 50 beds dedicated to residents with dementia and a further 10 beds on the ground floor, currently used as short term step down beds to support discharge from hospital for those who are deemed medically fit for discharge but not quite ready for a return home.
- 1.4 Following the CQC inspection in September, WBC imposed a voluntary embargo on admissions to the residential/nursing unit but retained admissions into the 10 bed step down unit. This is because the nature of the step down unit meant that residents accessing it posed a lower risk and could be supported safely.
- 1.5 An immediate action plan was drafted and revisions made to that plan subsequently during the following months. It is a working document and viewed as such.
- 1.6 Local Care Quality and Safeguarding services continue to be involved with the Home, supporting the improvements and monitoring on behalf of CQC who have also attended safeguarding meetings at the Home since September 2017.
- 1.7 CQC have re-inspected Birchwood over 2 days at the end of May, beginning of June. The outcome is, at the time of writing, unknown. A feedback meeting is due shortly.

2. What actions have been taken?

- 2.1 The CQC inspection framework incorporates 5 domains: Safe, Effective, Caring, Responsive and Well-led. Three areas were rated as inadequate: safe, responsive and well-led, two as requires improvement: effective and caring. This means the home received an overall rating of Inadequate. In the previous report provided to this Board, each domain was defined in terms of the specific failings found. This report takes a similar format but describes actions taken to improve the rating:
- 2.2 Safe – risk assessments and care plans have all been updated and a one page overview sheet adopted and placed in each resident's bathroom. There are methods in place to ensure those risk assessments and care plans are updated appropriately and in response to changing need. Medicine management has been overhauled. A new clinical lead, in situ since February as an interim, and now as a

permanent employee, has taken control of medication including auditing, supporting stock management etc and all staff who administer medication have received updated training and competency assessments. Existing safeguarding processes are now being adhered to appropriately, ensuring effective investigation and risk management. Safeguarding training at L1 was delivered in house to staff and other relevant staff are scheduled for L2 and L3 (if not received already). Notwithstanding, permanent staffing levels remains an issue and there is still a high use of agency to manage the Home safely. Substantive recruitment has taken place but care hours vacant remain high. This is an issue for the service as a whole (so all Responsive Care Provider services delivered) and something being tackled as a separate specific project.

- 2.3 Effective – Supervisions have been taken in hand and all senior staff required to deliver supervision have received detailed instruction and support to do so. A matrix of supervisions have been put in place and is monitored by the Home manager. Documentation within each residents folders have been appropriately updated and are being utilised by staff. Clinical management of this aspect of care is provided by the clinical lead, RGN staff and team leads. A second activity co-ordinator has been employed to support the delivery of effective stimulation to residents and meal times have been restructured to provide a more personal and supportive experience. DDS Architects are a specialist organisation providing specific advice on enabling the built environment to be more friendly and effective to those with dementia and/or visual impairment. A report was delivered in December 2017 and a detailed plan of action undertaken. Refurbishment of the Home started in May 2018 and is tailored very specifically to enable those with dementia to navigate around the Home more easily, support non institutionalised living and improve the lived experience. The plans are displayed prominently in reception with a written explanation of the refurbishment also displayed.
- 2.4 Caring – This was previously rated as requires improvement and Birchwood was seen to be generally caring, however staff appeared to be task led rather than person centred. Responsive Care Providers have adopted four core values which supports values based recruitment. This recruitment methodology, promoted by Skills for Care, has been in situ properly since February/March 2018. Recruitment to values as opposed to simply skill sets, ensures we are appointing people who want to work with the residents and want to do the job. Whilst it appears a little counter intuitive to not appoint someone who might present with the skills required, if the values are not present they are not a good fit for the service. The impact of this type of recruitment will take some time before outcomes are apparent but theoretically with a staff team of people who want to be in situ with the appropriate set of values the care delivered should be more person centred. Temp to perm arrangements with a local agency is supportive of the try before you buy approach to staffing permanently. Updated care plans and appropriate “All About Me” documentation supports a more person centred approach.
- 2.5 Responsive – Poor care planning featured heavily in this section. As described in the section pertaining to safe, care plans and risk assessments have been updated with appropriate methods in place to reflect changing need. Methods include targeted handovers and better systems for monitoring resident’s behaviours and presentation. WBC has always managed a very robust and responsive complaints process. Whilst this was present before at Birchwood it was not so visible or well recorded. Duty of candour processes are in place as are better monitoring and recording of both complaints and compliments.

- 2.6 Well-led – The Home Management team has changed in its entirety from the point of the original inspection. A new Home Manager has been in situ since January 2018, the Clinical Lead and Deputy Manager roles were separated out creating two distinct, different but complimentary posts to strengthen the management team within the Home. The Clinical Lead has been in post since February as an interim, and permanently in post as a WBC employee since May. The Deputy Manager is currently occupied by an interim drawn from existing WBC staff with a strong set of skills that both compliment and support the existing permanent management team for a period of 6 months pending permanent recruitment. Robust responses to incidents by management has given strong messages to staff about behaviours expected. A new handbook, full service staff meetings and induction programme, whilst relating to the entire service, are now in situ and clarifies Responsive Care Providers values, behaviours expected, our ethos and vision. These actions have benefitted Birchwood and support the wider service. Family meetings and communications have significantly increased and improved in quality and content since October and management are proactive in terms of contact where required.

3. Monitoring

- 3.1 External scrutiny of the service is overseen by CQC via review of safeguarding concerns and/or serious injury reports submitted and communication with other partners.
- 3.2 Care Quality officers visit routinely and report back on progress made toward achieving their action plan.
- 3.3 Safeguarding currently hold an overarching Organisational Safeguarding enquiry open and 1 meeting has taken place since the previous report was submitted. This open safeguarding enquiry is to support the monitoring process and provide reassurance to CQC pending re-inspection. I expect to see this enquiry closed should the recent inspection demonstrate the improvements we are documenting.

4. Conclusion

- 4.1 Birchwood Care Home has been subject to a rigorous plan of improvement since October 2017. This was in response to what was, at the time, a pending CQC report with an overall rating of Inadequate.
- 4.2 This action plan is a working document and continues to be added to, adjusted, rewritten and amended according to required improvements and actions taken so far. Appx B is an overview of the current plan.
- 4.3 A strong management team is now in place supporting the Home, including a permanent Clinical Lead and a fixed term Deputy Manager, providing greater stability and consistency in WBC approach.
- 4.4 Recruitment, whilst ongoing, remains a significant problem for the Home but it should be stressed this is not unique to Birchwood.
- 4.5 Wider actions being undertaken by Responsive Care Providers to support appropriate recruitment and retention across all services, are supportive of the process within Birchwood and is hoped will pay dividends shortly.

- 4.6 The refurbishment, guided by DDS Architects, is designed to provide a dementia enabling environment and improve the lived experience of residents. This refurbishment has commenced but it will take some time to complete the whole Home.
- 4.7 Internal and external scrutiny remain in situ. An open Organisational Safeguarding enquiry will be revisited post inspection outcome. A review of the voluntary embargo will be visited at this point also with a view to lifting it.
- 4.8 Birchwood has just been re-inspected. The Home has been advised by the CQC Inspector that the best overall rating it can achieve at this next inspection is one of Requires Improvement. This is because CQC cannot rate a service as Good that has been rated as Inadequate overall in the previous 6 months.
- 4.9 Whilst we are unsure what rating this inspection will bring, the Registered Manager and staff are working towards Good in all domains. This inspection is considered the stepping stone to reaching Good overall at the subsequent inspection that is likely to be conducted approximately 12 months post inspection now.

5. Consultation and Engagement

- 5.1 Tandra Forster, Acting Corporate Director – Adult Social Care
- 5.2 Carla Kell, Registered Manager - Birchwood

Background Papers:

Appendix 1: Birchwood CQC Inspection Report

Appendix 2: Action Plan

Strategic Aims and Priorities Supported:

The proposals will help achieve the following Council Strategy aim:

☒ **P&S – Protect and support those who need it**

The proposals contained in this report will help to achieve the following Council Strategy priority:

☒ **P&S1 – Good at safeguarding children and vulnerable adults**

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