

The Birches

Care Home Service

Comrie Road
Crieff
PH7 4BJ

Telephone: 01764 653297

Type of inspection: Unannounced
Inspection completed on: 12 December 2016

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300781

About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

The Birches is located near to the centre of Crieff and provides care for up to 32 older people who do not require dedicated nursing care. The service is provided by HC-One Limited.

The home comprises of a traditional building and a newer purpose-built extension. The 32 rooms are located on three floors with access being assisted by a passenger lift in the newer extension. Not all parts of the home are accessible by wheelchair users.

All rooms are single occupancy and all except one have en suite toilet facilities.

This service was registered with the Care Inspectorate on 31 October 2011.

What people told us

We asked the manager to distribute care standard questionnaires to each 15 people living in the home and 15 to relatives.

Five people living at The Birches returned a questionnaire. All agreed or strongly agreed that they were overall happy with the quality of care they received.

We also spoke with people during the inspection. Comments included:

- "This is a lovely place to live".
- "The staff are so wonderful".
- "The food is good".
- "I get on very well with all the staff, but especially the activity lady".
- "I'm very satisfied with the service I receive. They help me get a doctor if needed and are very kind".

Three relatives returned a questionnaire. One strongly agreed and two agreed that they were overall happy with the quality of care their relative received.

We spoke with two visiting relatives during this inspection. Both commented very favourably about the care provided. Comments included:

- "My relative is here for respite. I am very reassured by the staff team and he seems very comfortable".
- "He is looking so much better since arriving here. Eating well and seems very content".
- "Nice staff, nice home. No concerns at all".

Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under. The provider identified what it thought the service did well, some areas for development and any changes it had planned.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

We found the performance of the service for this theme to be good. We concluded this after we observed interactions between people living at The Birches and staff and looking at care records. We also spoke with people living here and some visiting relatives.

People told us that this was a nice place to live and that they got on well with their staff team. They commented positively on the care, range of activities and meal quality.

We saw some people being supported with their meals. The mealtime was calm and unrushed with people being assisted as needed or encouraged to be independent. We were satisfied that the recommendation made at the last inspection about people being supported appropriately had been met.

We checked health assessments and care plans and found that the service had continued to develop these. A new care recording system was in place and seemed to be working well. Most plans that we looked at offered good guidance to staff on people's support needs.

Some pre-admission and admission documents were incomplete. These should be completed as fully as possible to ensure that staff have adequate information to allow them to care and support people well.

Whilst most legal documentation such as power of attorney, guardianship orders were in place, we found some to be incomplete or information missing from care plans. This included 'do not resuscitate' forms.

(See recommendation 1)

We checked medication management and saw that there had been significant work to improve practice. Training had been provided and additional support given to staff where needed. Whilst we identified some areas for improvement we were satisfied that overall medication was being managed satisfactorily. The requirement made at the last inspection has been met.

Areas that should be addressed include ensuring all as required medicine protocols are in place, all topical applications are labelled and return medicines are stored securely.

(See recommendation 2)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should review all care plans to ensure that these reflect the care and support needs of service users and that these are person-centred. This should also included ensuring that all legal documentation is up-to-date and fully completed.

National Care Standards Care Homes for Older People – Standard 4: Support Arrangements.

2. It is recommended that the provider continues to monitor and address any deficits in the management of medication.

National Care Standards Care Homes for Older People – Standard 15: Keeping Well Medication.

Grade: 4 - good

Quality of environment

Findings from the inspection

It was pleasing to see that the service had taken positive steps to make environmental improvements to the home.

Communal lounges and dining areas had been fully refurbished with new carpets, seating and lighting.

Bedrooms would be re-decorated as required.

The new lounge seating was arranged in small groups with a mix of single seating and sofas. This meant that people could choose to sit together or singly.

There were dedicated quiet areas and rooms around the home which could be used for individuals, group activities or for entertaining visitors.

We discussed some areas for improvement with the manager which would support a dementia friendly approach.

These included;

- Light switch contrasts.
- Contrast colours to help identify things such as toilets and hand-rails.
- Signage.
- Blackout curtains.

Following the refurbishment the manager had requested that the lighting was improved in some areas and this was done. Some dining room tables are being re-assessed for suitability.

We used the King's Fund Environmental Assessment Tool to assess if the care home was dementia friendly. The provider demonstrated a commitment to further improving the environment taking account of this assessment tool.

(See recommendation 1)

We carried out a range of health and safety checks. Records showed that the maintenance team carried out required repairs promptly either in-house or contacting out to specialists. Servicing contracts were in place to ensure that specialist equipment was in good working order.

People we spoke with expressed high levels of satisfaction with the environmental improvements made.

Comments included:

- "This is a very comfortable home - no complaints".
- "It's like a 5* hotel".
- "I like my room, I brought things from my house to make it homely".
- "I like the new chairs".

The service offers a range of activities which people told us were good. Two people spoke enthusiastically about these including quizzes which were challenging, visiting entertainment, daily newspapers, short walks and interesting discussions.

The activity co-ordinator spent time with individuals getting to know their interests and tried to plan around these.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that the provider follows best practice guidance to continue their progress to make the environment dementia friendly.

National Care Standards Care Homes for Older People - Standard 4: Environment Practice Guidance: King's Fund Environmental Assessment Tool Sight, light and lighting for people with dementia. (Dementia Services Development Centre - Stirling University.)

Grade: 5 - very good

Quality of staffing

Findings from the inspection

The service demonstrated very good evidence in support of the quality of staffing.

We examined three recruitment files and were satisfied that they had followed safe procedures. Candidates were interviewed, references sought (including last employer) and criminal safety checks carried out. We saw interview records for one candidate, the manager could not locate the records for the others.

(See recommendation 1)

Staff told us they felt well supported by colleagues and managers. They had shadowing opportunities until confident in supporting people themselves.

The provider offered a range of training opportunities including on-line learning and face-to-face training.

Staff felt that they felt there was adequate training to help them in their role.

Training records demonstrated that there was a wide range of training for staff. We looked specifically at dementia training at this inspection. All staff (including ancillary staff) in the home had to do this training. Senior carers were receiving leadership training to help them in their role.

Some staff had still to undertake the dementia training. The manager was aware of this and was to ensure this was carried out. The provider's training department were ensuring that this training aligned with the Promoting Excellence Framework.

Staff received regular support and supervision. A new system was in place and appeared to be working well. This gave more responsibility to staff to assess their work performance and review it with their supervisor. They would then complete an action plan of areas for practice development.

We observed staff supporting people using the service and the relationships that had been developed. Staff appeared to know people well and most had good levels of communication with them.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that interview records are made and kept with recruitment files. This is to aide the decision-making process when appointing staff.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

At this inspection we found the performance of the service for the quality of management and leadership to be very good.

We reached this conclusion after we spoke with people living at The Birches, relatives and staff. We also looked at quality assurance records and took into account findings of the other quality themes.

The service used a range of quality control measures which included audits across each department within the home. This included:

- Medication audits being carried out. We saw that where issues were identified that these were addressed.
- Environmental walk-around visual checks by the manager and external manager. We saw that where issues were identified that action was taken.

Staff told us that the manager was approachable and available to them. This is important to ensure that staff feel confident to raise any issues.

The registration certificate, staffing schedule, complaints procedure and insurance certificate were on display in the home.

Relatives we spoke with told us that they were very satisfied and had confidence with the management arrangements in the home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that medication is managed and administered safely following best practice guidance.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) - Welfare of Users.

Timescale: To commence immediately and be completed by 31 January 2016

(Evidence of compliance with this requirement to be submitted to the Care Inspectorate by 14 February 2016)

This requirement was made on 29 December 2015.

Action taken on previous requirement

The management team had provided additional training to all staff, carried out a range of audits and provided additional support to individual members of staff as necessary.

Whilst we have identified some areas for improvement in relation to medication arrangements we were satisfied that this requirement had been met. A recommendation is made.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should review all care plans and ensure that these are updated to reflect the care and support needs of all service users in a person-centred way.

National Care Standards Care Homes for Older People – Standard 6: Support Arrangements.

This recommendation was made on 29 December 2015.

Action taken on previous recommendation

The service continued to work to develop care plans in a person-centred way. These should be subject to ongoing review.

Recommendation 2

The provider should review the mealtime experience to ensure that all residents are supported appropriately and that the mealtime is a sociable and enjoyable experience.

National Care Standards Care Homes for Older People – Standard 13: Eating Well.

This recommendation was made on 29 December 2015.

Action taken on previous recommendation

We were satisfied that service users were being supported appropriately.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
23 Nov 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
3 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
29 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
20 Aug 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Sep 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
22 May 2012	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
12 Mar 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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