

The Birches Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 April 2022

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300781

About the service

The Birches is a residential care home located in the Perthshire town of Crieff and is owned and run by HC-One Limited. The Birches is registered to provide care for up to 30 older people. At the time of the inspection there were 28 permanent residents.

The Birches is a traditional period building with a newer purpose-built extension. Rooms in the extension are located over two floors, where there are bedrooms and several dining and sitting areas. The bedrooms are all single occupancy and have en-suite toilet facilities.

About the inspection

This was a full inspection which took place on 5th and 6th April 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with five people using the service and three of their family. We spoke with five staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

People living at The Birches received very good care and support.

People's support plans were person-centred and reflected their desired outcomes and how they would like to receive their care and support.

There were safeguards in place to protect people's rights and to ensure that their wishes were respected.

People had opportunities to participate in meaningful activities, to promote both their physical and mental wellbeing.

The service's infection prevention and control practice was excellent and people could be confident that their environment is clean, tidy and well maintained.

There were good examples of the service working closely with health and social care professionals.

Review documents could be improved if they had contained more information.

We concluded that the manager and the staff have the capacity and enthusiasm to strive for excellence.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated how well the service supported the wellbeing of people experiencing care and support and concluded that the performance of the service in this area was very good. We concluded that the service demonstrates major strengths, which support positive outcomes for people.

People living at The Birches receive very good care and support. During our inspection we saw that residents looked happy and were well supported by staff. We observed that when staff were speaking to residents, they gave them their full attention. Staff interactions with residents were warm, and residents told us that staff had enough time to talk to them and always treated them with compassion, dignity and respect. One resident told us that they were "very happy here... the staff are so caring" and another said that "I love it here, the staff are really good, and the home is always spotlessly clean". The relatives we spoke to were very positive about the quality of care their loved ones received. One person said that the care was "marvellous" and the communication from the manager and staff was "absolutely fantastic".

It is important that people are empowered and enabled to be as independent as possible. People told us that staff supported them to make choices. Some people said that they liked to go for walks. One resident told us that she enjoyed going for short walks on her own and said "I am free to go out for a walk when I want to... I just tell the staff that I am going and how long I am likely to be". Several residents continued to manage their own finances independently or did so with limited support.

We heard from residents that they enjoyed their meals and they participated in planning menus. A choice of two meals was available for main meals, but people told us that the kitchen staff would provide alternatives if they did not like the set menu. This meant that people were able to choose meals which met their preferences and dietary requirements.

Providers should recognise that people are experts in their own experiences. We looked at a sample of people's personal support plan folders. We found that support plan folders contained clear and comprehensive information about each resident's health and medical needs. People's anticipatory care wishes were clear. Information about resident's nominated powers of attorneys or their appointed legal guardians was documented in their support plan folders. One relative, who held power of attorney, confirmed that they were consulted by the service and that communication from the service was good. This meant that the service had put safeguards in place to protect people's rights and to ensure that their wishes were respected.

We found that support plans were person-centred and reflected people's abilities, wishes, desired outcomes and how they would like to receive their care and support. The service had recently developed a life stories section in support plans. The life stories book provided information about each person's history, their likes and dislikes. It contained photographs and written information about the life events that were important to people. Reviews were held by the service on a regular basis and people and their close relatives were invited to these. We found that most essential care and support had been reviewed by the service. Some of the reviews would have been improved if they had contained more information from the people who use the service, about their experiences of care and support.

Records show that there were good examples of working closely with external health and social care professionals; this included GP clinics and treatment from district nurses. The health and social care professionals we spoke to told us that the manager communicates well and they had good working relationships with the service. The relatives we spoke to also told us that the manager and staff updated them without delay and that communication regarding care and treatment was of a very good standard. We concluded that people's health was benefitting from the care and support they received and they could have confidence in the provider.

People should have the opportunity to participate in meaningful activities, to promote both their physical and mental wellbeing. The staff knew about the care about physical activity programme initiative, which aims to help people become more mobile from the benefits of light movement. The service had a monthly activities planner, which residents participated in compiling. We saw that people were being supported to participate in activities, which benefited their health and wellbeing. People told us that they enjoyed going out on the service's bus trips to places of interest. There were light exercise groups, tea dances and musical activities within the home that people could participate in. Some people said that they usually chose not to participate in group activities but preferred to remain in their rooms. These people were also considered by staff, as we saw that staff made a point of spending time with them. Most of the residents and relatives we spoke to thought that there had been enough meaningful activities to do. Some of the professionals we spoke to questioned if this was always the case but understood that some opportunities had been restricted because of the impact of the Covid-19 pandemic. The service said they had not provided the level of activities, which they would have ideally liked to. To address this, they had recently appointed an activities co-ordinator. Given the high standards of overall care and support provided, we had confidence that this appointment will enhance this aspect of The Birches' service.

The manager told us that until recently there were staff vacancies but following recent recruitment this was no longer the case. Staff told us that they always had time to complete essential care tasks and to spend meaningful time engaging with residents. We looked at staff rotas and found that there were always enough staff on duty to provide safe care and to meet the needs of the residents.

The service introduced a computerised medication administration record (MAR) in November 2021. This system provides in-built safeguards and alerts the service when medication should be re-ordered by the service. The senior staff and managers have all received training with the new system. The manager has regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's MARs and established that staff had given the correct medication to residents at the stated times. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

We found that the home was exceptionally clean and tidy throughout. Regular cleaning schedules were in place and domestic staff had time to address all the areas in the care home. The laundry was well organised and domestic staff were knowledgeable about the correct temperatures to wash various items.

We observed that staff followed the correct infection prevention and control (IPC) practices by using facemasks and hand sanitisers correctly. We found that there were plentiful supplies of cleaning materials and personal protective equipment (PPE). PPE stations were located at regular intervals in the care home, along with clear instructions showing the correct use and safe disposal of PPE. There were clinical waste bins in resident's bathrooms, which staff emptied on a regular basis. The outside waste bin area was enclosed by a wooden fence and the doors were secure with a lock. This area was cleaned regularly and to a high standard. The service has a comprehensive prevention and protection plan and the manager uses a robust IPC audit tool. Residents, relatives and staff told us that the manager gives IPC practices a high priority. Visiting professionals commented that IPC had been a priority and the high levels of cleanliness had been maintained, by the service, throughout the course of the Covid-19 pandemic. One person said that the manager had not "taken her foot off the gas," in terms of maintaining safe IPC practices.

We concluded that this aspect of the service's care and support was excellent and people could be confident that their environment is clean, tidy and well maintained.

How good is our leadership?

5 - Very Good

We evaluated how good the service's leadership was and concluded that the performance of the service in this area was very good. We concluded that the service demonstrates major strengths, which support positive outcomes for people.

People should receive care and support from a service that is well led and managed. Staff told us that the manager was accessible, approachable and supportive. Staff told us that they worked well as a team and felt valued by their colleagues and the manager. Newly appointed staff members received an induction programme. Staff told us that they received supervision, and during these sessions the manager acknowledged their good practice. Staff and the manager identified areas where they needed to develop their practice, and then discussed these areas in a manner which supported their learning and development.

People can trust that the manager supports staff in their roles. Staff have undertaken essential training in key areas such as IPC. Staff told us that the manager regularly observed their practice and checked their IPC knowledge. We confirmed this by referring to the service's records. Staff understood their responsibilities and had good knowledge of people's health and wellbeing needs. People can have confidence that the staff who care and support them have the right training, knowledge and competence.

Relatives, staff and external professionals told us that the manager was very good at communicating with them. The manager had an active presence in the home and was aware of people's needs and wishes.

The service had a wide range of policies and procedures, most of which were clear and informative. There were good arrangements for recruiting staff. Appropriate checks were made, by the provider, to ensure that new staff are suitable for the role, which helped to keep people safe.

The service has a clear contingency plan in place, in the event of significant staff shortages. The service had recently introduced a home improvement plan, which it intends to develop. We considered that this plan could be enhanced, by the service, by ensuring that residents and their relatives are more involved in how the service is improved and developed. The manager listened to our suggestions and advice and we concluded that she and the staff have the capacity and enthusiasm to continue to strive for excellence.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

It should be evidenced that residents who are losing weight receive a good level of nutrition, with snacks and alternatives offered to protect their overall health.

This is consistent with the Health and Social Care Standards which states: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 24 October 2019.

Action taken since then

People's care plans detailed the action required by the service if people experienced weight loss. Referrals were made to the dietician, and people's weight loss would be discussed with GPs and district nurses. Care plans showed if dietary supplements were required.

Previous area for improvement 2

Reviews of care should include a focus on individual goals and aspirations for the future and how the standards of care have been met. The views of welfare appointees should be clearly evidenced.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'My future care and support needs are anticipated as part of my assessment' and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 1.14 and HSCS 2.12)

This area for improvement was made on 24 October 2019.

Action taken since then

Support plan folders contained the views of residents, this was best demonstrated in the 'resident of the day' document, which was updated on a monthly basis. Reviews during the Covid-19 pandemic have taken place virtually. We concluded that reviews could provide more detail, and this may be achieved as reviews meeting are once again held in person.

Previous area for improvement 3

People should have a variety of regular opportunities to have their opinions heard as well as contributing towards care planning and improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

This area for improvement was made on 24 October 2019.

Action taken since then

This area for improvement was made shortly before the Covid-19 pandemic. Regular relatives and residents meeting could take place due to the Covid-19 pandemic restriction. We concluded that the service had made progress in this area.

We spoke to residents and relatives they told us that the service does take account of people's opinions, views and preferences and this was recorded in people's support plans. The service had recently introduced a home improvement plan, which could be enhanced by detailing these views. The manager listened to our suggestions and agreed with them. We concluded that the and the staff have the capacity to continue to make improvements in this area.

Previous area for improvement 4

It is important that people have their care preferences taken into account when their health deteriorates.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7).

This area for improvement was made on 24 October 2019.

Action taken since then

Care plans reflected the needs and preferences of each residents when their health deteriorates and anticipatory care plans were in place. It was clear when power of attorneys were in place and their contact details were in people's support plans.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	6 - Excellent

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
2.4 Staff are led well	5 - Very Good

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