

Birch House Care Home Care Home Service

9-12 Brighton Court
Brighton Place
Peterculter
AB14 0UG

Telephone: 01224 734 400

Type of inspection:
Unannounced

Completed on:
25 August 2021

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378607

About the service

Birch House is a modern purpose-built home situated in a quiet residential area of Peterculter, Aberdeenshire. The service provider is Sanctuary Care Ltd and was registered by the Care Inspectorate on 30 June 2020.

It is registered as a care home to provide care for up to eight adults with learning disabilities. The service comprises of two separate flats with single bedrooms, complete with en suite, lounge and kitchen. The main flat has six bedrooms all with washing facilities and communal bathrooms. There is a lounge/diner and kitchen in the main flat. There is also a communal sensory garden to the back of the home for everyone to enjoy.

The aim at Birch House is to provide a safe and homely atmosphere, ensuring a person-centred approach, ensuring the residents maintain as much independence as possible through encouraging choice and activity and supporting residents in maintaining contact with their families and friends.

What people told us

Only one relative was available to speak with us during the inspection. They told us that they were very happy with the care and support their loved one received. They told us that they were made very welcome when they visited the service and that they could visit when they wanted. Communication was very good and they were fully involved and kept up to date. They also said that the manager and staff were excellent and very caring. Over the years they had tried several care settings for their loved one and this home was by far the best.

We spoke with four people living in the home informally. They told us they were happy; one was going out with their relative for a cuppa.

One person had recently moved in and they said that they had settled in well and really liked it.

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?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

During this inspection we considered three quality indicators (QI). We evaluated QI 1.1 - People experience dignity, compassion and respect and QI 1.2 - People get the most out of life as good. We evaluated 1.3 - People's health benefits from their care and support as very good. This means the overall evaluation for this key question is good.

We observed kind, compassionate interactions with staff. Staff spoke with people at a pace and in a manner they could understand. There were a range of resources used to help people to express themselves and make choices about their care and support and how to spend their day.

The way people spend their day should promote a sense of purposefulness and wellbeing. We saw that there was an activity plan displayed within the home and we heard about some activities that took place. There were photos displayed on walls and in photo albums that demonstrated the opportunities that were grasped to ensure that people had things to do and enjoy during the pandemic. Since restrictions had eased, people were beginning to access more opportunities in their local community.

People should benefit from care plans that are reviewed and monitored regularly. Care and support plans contained a range of very good information including information about people's past experiences, preferences and choices. Care plans were informed by a range of assessment tools which had been regularly reviewed, such as multifactorial falls assessments, Malnutrition Universal Screening Tools (MUST), Waterlow (a tool to assess people's risk of developing pressure sores) and oral care.

Monthly evaluations of care plans provided a summary of support provided during the month. This included information about any falls, any seizures, dietary and fluid intake as well as communication with people and their families.

People were supported by a consistent staff team who knew them and their needs well. This meant that any changes to people's health and wellbeing were identified quickly. We saw that there were prompt referrals to other professionals and that their advice and guidance was included in care and support plans. This meant that people could be reassured their health and wellbeing would benefit from their care and support.

People's medication was regularly reviewed and we saw clear records of medication prescribed and administered. Staff followed best practice using carers notes to provide further detail where necessary to ensure an accurate record of medication administered was maintained.

If people need help managing their money and personal affairs, they should be able to have as much control as possible and expect that their interests are safeguarded. The way in which people's money was managed within the home needed to improve. The recording procedure was not person-centred and could lead to people's rights being compromised. **(See area for improvement 1)**

It is important for people's wellbeing that they are supported to remain connected with their families and communities. The provider had used a variety of ways to support visiting during the pandemic, including the use of technology. A weekly newsletter was sent to all relatives which helped to let them know what was going on in the home during periods of lockdown. Visiting had progressed in line with government guidance, we saw that people were receiving visitors in the home and some people were beginning to visit the local community. Family members we spoke to told us they felt well informed and had confidence in the care and support their relative received and the staff who supported them.

Areas for improvement

1. The provider should ensure that there is a person-centred approach to supporting people with their finances. A clear and accurate record should be maintained of income and expenditure for each individuals who is supported with their money.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'. (HSCS 2.5)

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is based in one building with eight rooms and accessible communal areas. We concluded that people's welfare and safety was promoted, and that the provider, manager and staff had taken good action to ensure people were kept safe during the pandemic.

During an outbreak of Covid-19, the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

Government guidelines and processes provide regular testing for staff. The availability of testing was communicated to staff, and they were carried out in line with best practice guidance. This meant that vulnerable people were safer because staff who tested positive could self-isolate quicker.

The home had enhanced cleaning schedules and we observed staff cleaning frequently touched areas throughout the inspection. However, cleaning schedules did cover all areas of the home and we saw some hard to reach areas were not clean enough on the day of our first visit. **(See area for improvement 1)**

There were enough handwashing facilities in the home, and staff told us how they supported those who required support with hand hygiene. Those who were able to were supported to be as independent in this with prompts and guidance from staff.

Staff spoken with were very knowledgeable about the actions they should take in order to keep themselves and the residents safe. We also saw that they promoted social distancing and wore PPE appropriately.

We saw that most areas of the home were visibly clean and free from clutter and dust, however on the first day we saw that in some areas, hard to reach places were not always as clean as they should be. Some areas such as the office, laundry, cupboards, staff room, and kitchen were cluttered and dusty. We discussed these issues with the manager who took prompt and immediate action.

By the second day of our visit significant progress had been made to addressing these issues with areas such as the office and laundry being cleaned and de-cluttered.

The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 from exposure to the environment did not cover all hard to reach areas and shared equipment. We discussed how Infection Prevention and Control audits could be improved to address some of the issues we identified during the first day of our visits.

Overall, over the two visits we found the environment of the home was clean and the manager had been proactive in addressing the issues identified on the first day. To maintain the improvements the provider and manager should give further consideration to enhancing the effectiveness of IPC checks and audits, doing so will help to help minimise the potential spread of infection. We have made this an area for improvement. **(See area for improvement 1)**

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Training records showed that staff had access to a variety of training. To help staff provided effective support to people during the pandemic staff told us about the training that they received in relation to infection control practice, including, putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were using PPE correctly.

The staff team had completed training about Covid-19, Infection Control, Donning and Doffing of PPE, and hand hygiene. This training supported staff to keep the people living in the home and themselves safer from infection or cross-contamination.

Management of the service carried out Covid-19 compliance audits which included spot checks on things like the correct use of PPE and handwashing. They also provided support for ongoing learning and development across the staff team by using tools such as quizzes to check staff knowledge and understanding of changes to guidance.

Staff laundered their own clothes that they wore at work and were able to describe best practice in the transporting, temperature for laundering, and storage of these. Staff all knew what the prevalent symptoms of Covid-19 and knew what they should do if they were to have any of these. When they changed at work their outside clothes were safely stored.

Staff told us that they had access to regular supervision which they said was supportive and a good way of sharing important information and checking on how they were doing. They also told us they had access to regular team meetings and daily handovers had been re-introduced. Staff felt these processes allowed them to discuss practice, share ideas, discuss concerns and to stay up to date with best practice guidance and use this to support people better. This also meant that staff received information timeously and could make any required changes to practice quickly.

Staff told us how they used the training they had received to inform practice. We saw staff working hard to provide good support to people. The home had a relaxed atmosphere and we saw warm, friendly, and respectful interactions between staff and the people they supported. This was also confirmed by a relative who told us staff were all very good, and very welcoming when they visited.

Staff told us they felt well supported and safe at work, they felt working through the pandemic had pulled them closer together as a team. They told us management of the home was accessible and supportive, however they were aware they could access independent support should they require it.

Some staff raised concerns about staffing levels. Staff felt they were at full stretch with extra responsibilities and duties in regard to infection prevention and control. Throughout the inspection we saw they were all working very hard to meet people's needs. Although staff provided activities in house, they found it difficult to get people out and about accessing activities their local community. This was an area the manager acknowledged that they were working on as things begin to open up again. **(See area for improvement 2)**

Areas for improvement

1. To maintain the improvements the provider and manager should ensure cleaning schedules, IPC checks and audits cover all areas of the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

2. The provider and manager to review staffing available in the home to ensure it is flexible enough so as to be able to support people to engage activities of their choice in their own local community.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: '5.9 I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate'. (HSCS 5.9) and 'My needs are met by the right number of people'. (HSCS 3.15)

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.