Grange Healthcare Ltd

Birch Hall Care Centre

Inspection report

Birch Hall Ave
Darwen
Lancashire
BB3 0JB

Tel: 01254762323
Website: www.birchhallcarecentre.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 13, 14 and 15 February 2018. The first day was unannounced.

Birch Hall Care Centre provides accommodation and both nursing and personal care for up to 84 people. The home is divided into different areas to care for people with nursing and personal care needs. There are two further 'units' which cater for older people with dementia and younger adults. People can be admitted for long or short term. There are communal areas and private bedrooms on each unit. The home is situated in Darwen within the Lancashire area. There were 75 people being supported during our inspection.

Birch Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service was managed by a registered manager who had been registered with CQC since 29 January 2016. A registered manager is a person who has registered with the CQC 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.

At our last inspection of 3 November 2015 we found a breach of Regulation 15 (1) (E) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of maintaining the environment and we made a recommendation in respects of a dependency tool to determine staffing levels. The overall rating for the service was Good, with Safe being rated as requires improvement.

Following the last inspection, we asked the provider to complete an action plan to show what they would do to improve the service and by when. We checked the action plan had been actioned during this inspection and found significant improvements had been made and have rated this service as Good overall.

People who used the service told us staff were extremely kind, caring and respectful towards them. We found evidence that staff had gone above and beyond what would usually be expected from care staff to help people who used the service achieve their goals and aspirations. During the inspection we observed staff members interacted with people in a very person centred way and were extremely caring.

Whilst looking at compliments and feedback the service had received, we noted that a member of the public had written in to state how impressed they were with a young male member of staff that had taken people into a pub they were in.

We noted there was a strong emphasis in the service on promoting people's independence. All the people we spoke with told us they were encouraged to remain as independent as possible. There was an abundance of equipment available which supported and promoted people's independence.

Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights. We saw people's ethnicity and sexual orientation was discussed and recorded in their care plans.

We found overwhelming evidence that staff members went above and beyond their role to ensure that all the people who used the service were engaged and involved in activities and interests to keep them stimulated.

New furniture and soft furnishings had been purchased throughout the service. There had been a programme of re-decoration which people who used the service were able to tell us about. This had made a positive impact on the atmosphere of the service, which felt comfortable and relaxing.

People who used the service, relatives and staff members all told us that staffing levels were adequate within the service. The registered manager informed us they had recruited new staff members and staffing had been increased on nights, on days on the residential unit and on days and nights on Willow House. Records we looked at confirmed this.

People who used the service told us they felt safe. Staff members had received training in safeguarding adults and knew their responsibilities to keep people safe and report any concerns. We saw safeguarding policies and procedures were in place. All the staff we spoke with told us they felt confident to whistleblow (report poor practice).

Records we looked at showed that potential risks to people's safety and wellbeing had been assessed. Risk assessments were based on good practice guidance. Management strategies had been drawn up to provide staff with guidance on how to manage and minimise risks.

Robust recruitment processes and systems were in place. Staff had been suitably checked prior to commencing employment and should be safe to work with vulnerable adults.

We looked at medicines management and found safe systems and processes were in place. People told us they received their medicines on time. Only staff that had been sufficiently trained were able to administer medicines.

All the people we spoke with felt they were cared for and supported by staff members who had the appropriate skills and knowledge. We saw new staff members were to complete an induction when commencing employment. Various training opportunities were available to staff.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected. We saw capacity assessments had been undertaken and Deprivation of Liberty Safeguards (DoLS) applications had been submitted as and when required.

People were supported to eat and drink enough to maintain a balanced diet. We saw people had a choice of two hot meals at each meal time as well as a variety of cold choices. We saw ample supplies of food were in stock, including food for those people who required a special diet such as gluten free. All the people we spoke with told us they were able to comment on the food and make requests for changes.

The service was committed to ensuring those people who could not verbally communicate had all their needs met. Detailed care plans were in place to ensure staff knew how best to communicate with people and how they may communicate their needs, such as facial expressions.

We asked people who used the service if they were involved in the development of care plans. We received very positive comments about the level of involvement people had in their care plans. Care plans we looked at were very person centred and were regularly reviewed to ensure they continued to meet people's changing needs.

Our observations and feedback received during the inspection showed the home was very well run and the registered manager was committed to delivering outstanding care. People who used the service, relatives and staff members spoken with during our inspection made extremely positive comments about the registered manager. The registered manager used various methods to monitor the quality of the service and drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service had improved from the last inspection and was safe.

New furniture such as chairs, sofa's and tables had been purchased throughout the service. We saw new curtains and blinds had also been fitted and re-decoration had occurred in numerous locations.

Staff members we spoke with knew their responsibilities in relation to safeguarding people. Safeguarding policies and procedures were in place to guide staff.

Robust recruitment processes were in place. There were sufficient staff on duty to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

All the people we spoke with felt that staff members had the appropriate skills and knowledge to care for them. Records we looked at showed that staff completed and induction when commencing employment.

Staff members received regular supervisions and appraisals and told us they felt supported in their role.

People were supported to eat and drink enough to maintain a balanced diet. People were given plenty of choices of food at mealtimes.

Is the service caring?

Good

The service had improved from the last inspection. The service was very caring.

People who used the service told us staff were kind and caring. We saw that staff had gone above and beyond what might be expected from care staff to help people to achieve their goals and aspirations.

Staff demonstrated a commitment to providing high quality, compassionate care and support. We saw a significant amount of equipment in place to support people to be as independent as possible.

The service was committed to ensuring those people who could not verbally communicate had all their needs met.

Is the service responsive?

Outstanding ☆

The service had improved from the last inspection. The service was very responsive.

People who used the service had overwhelming access to activities, interests and opportunities for social interaction. Staff went above and beyond their role to ensure people were stimulated and engaged.

The care plans were very person centred, clear and easy to follow; this meant staff would be able to confidently follow them to meet people's needs very effectively.

People were very clear that they were able to make their own decisions and that they would be respected by staff members.

Is the service well-led?

Good

The service had improved from the last inspection. They were well led.

The registered manager demonstrated a clear drive for continuous improvement in the service. People who used the service, relatives, other professionals and staff members all spoke highly of the registered manager.

Staff enjoyed working at Birch Hall Care Centre. They told us service was well run and they found the registered manager to be very supportive and approachable.

Robust systems were in place to monitor the quality and safety of the service. Strong partnerships with other organisations helped to ensure people had access to specialist equipment. The outcome of having these partnerships was an improvement in the quality of support people received.

Birch Hall Care Centre

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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13, 14 and 15 February 2018 and the first day was unannounced. On the second and third days, the service was aware we would be returning.

The inspection team consisted of one adult social care inspector, one specialist advisor and two expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses the type of care service. One of our experts by experience had expertise in supporting young disabled people and the other had expertise in supporting older people. The specialist advisor was a registered nurse who had experience of using or caring for someone who used this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised with us prior to the inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We carried out observations in the public areas of the service and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us.

We spoke with 12 people who used the service, three relatives, one visitor and one external professional. We also spoke with the registered manager, deputy manager, two unit managers (one who was a registered nurse), activities co-ordinator, three care staff, a cook and two laundry staff.

We looked at a sample of records including five people's care plans and other associated documentation, five staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

At our previous inspection of 3 November 2015 we found a breach of Regulation 15 (1) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw furniture that was unsafe, broken and in need of repair or replacement, stained carpets and some communal areas and bedrooms in need of redecoration. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service. During this inspection we found improvements had been made.

People who used the service told us they were involved in making decisions about the environment. Comments we received included, "They do discuss décor with you. My room is done how I like it", "I like my room the way it is but I wasn't asked about other areas of the homes" and "Yes they ask me, but I am not bothered about that sort of thing." One relative told us, "Yes he is involved. He has personalized his room. He has his own bed, curtains etc. They can have whatever they want."

We saw that new furniture had been purchased all the way through the service. New chairs, sofa's, coffee tables, tables, blinds, curtains and other soft furnishings had been purchased in abundance. The registered manager told us the provider had spared no expense in order to meet the requirements of the action plan.

We also checked the equipment in the service. People who used the service told us they felt the equipment in the service was safe. They told us, "They put me in the sling quite safely", "I have a wheelchair for going out, a manual one. [Name of external company] maintain my wheelchair for me", "I have a wheelchair and a walking frame for indoors. They are maintained by the home's maintenance man" and "I am safe in my wheelchair. I can ask for any maintenance to be done." Relatives we spoke with also told us equipment in the home was safe. They commented, "My friend has equipment because of their illness and the equipment is safe" and "It is tested and if the staff are not sure they won't use it until it has been checked." Both relatives we spoke with felt there was adequate equipment in the service.

We asked staff members how they made sure equipment within the service was safe prior to using it. Comments we received included, "We check it before we use it; for example, if it is a sling I make sure there are no rips, checks labels are ok, if it is machinery we check the sticker that tells you it has been tested and a visual overall check that it is fit for purpose", "We do visual checks to make sure they are clean and safe" and "Visual checks; maintenance have a schedule. If there is a problem we put it out of action straight away, alert the maintenance - if urgent they would seek the appropriate service to come and fix if it is something they cannot do. Looking out for things, making sure everything is fit for purpose."

Records we looked at showed that all equipment in the service was checked and serviced at regular intervals by the services' own maintenance team or by external contractors. This ensured that all equipment was safe to use.

At our previous inspection on 3 November 2015 we had concerns about the staffing levels in the home. We made a recommendation that the service look for a best practice tool to ensure there were enough staff to meet people's needs. We spoke with people who used the service, relatives, staff members and the

registered manager to see if improvements had been made.

We asked people who used the service is they felt there were sufficient staff members on duty to meet their needs. Comments we received included, "There seems to be enough staff but sometimes you need to wait a bit", "If I ring the buzzer they come right away", "Yes there is enough, there is always someone nearby if you need help", "Yes there is" and "Well there have been enough staff but recently there has been a lot of staff off sick, but they make sure they cover for this." Speaking of when they needed to use their call bell, people told us, "I have a buzzer in my room. If I need help they come as quickly as they can. If it is urgent I pull it twice", "You have to wait a long time sometimes if they are busy with someone else" and "It depends if somebody else needs their help but it is usually very quick." Two relatives we spoke with told us, "There is plenty of staff" and "Yes I do think there is enough staff."

All the staff we spoke with told us that staffing levels within the service had improved. Some comments we received included, "Sometimes there's not enough. We do have quite a lot of sickness. Sometimes it stops us from having the time to sit and chat with them. If we haven't got enough staff we have to do the basics", "Yeah, maybe this morning there wasn't but majority of the time there is enough staff. I have not seen many problems" and "Fine at the moment, I have four carers and a senior most days."

The registered manager and deputy manager informed us they had tried to use a number of different dependency tools and could not find one that worked for the service. However, after our previous inspection they informed us that staffing had been increased on nights, on days on the residential unit and on days and nights on Willow House. They had also increased the amount of bank staff they had to be able to cover for staff sickness. We saw staffing levels consisted of one nurse and three carers for 16 people on the nursing unit, one senior carer and six carers for 28 people on the residential unit, one senior and four carers for 19 people on the young disabled unit and one nurse and seven carers for 12 people on the dementia unit. During this inspection we observed a calm and relaxed atmosphere on all the units, we noted staff members had time to sit and chat with people who used the service at various times throughout the day and people's needs were met in a timely manner.

People who used the service told us they felt safe living at Birch Hall Care Centre. They told us, "Yes I'm safe and you are looked after here night and day", "Yes I use my frame I feel safe", "I feel safe they are good natured people", "I feel safe because it's a friendly place", "Yes I feel safe, I have no trouble at all", "Yes I definitely do feel safe. I do not stand for any nonsense" and "Oh yes I feel safe with the staff." All the people we spoke with were able to tell us who they would go to if they did not feel safe.

Relatives we spoke with told us, "Yes it's safe they look after her", "Yes its safe here she couldn't manage on her own", "Yes I do think he is safe here" and "Yes it's safe." One relative told us if they did not feel their loved one was safe they would speak to the senior nurse or carer on the unit.

All the staff we spoke with were aware of the safeguarding policies and procedures in place within the service and knew their responsibilities to report any concerns, keep people safe and prevent discrimination. Records we looked at showed that all staff had completed training in safeguarding. The registered manager told us, "We ensure we provide training. If anything did occur we would do reflection and supervision with everyone. Safeguarding and whistleblowing policies and procedures are included on the first day of the induction and everyone is told not to be afraid of whistleblowing." All the staff we spoke with confirmed they were aware of the whistleblowing (reporting of poor practice) policies and procedures in the service and would have no hesitation to whistle blow. All of them felt they would be supported by the service and the registered manager should they report any concerns.

We asked people who used the service if they had risk assessments in place to keep them safe. Comments we received included, "I have had risk assessments done for me. They test my blood sugar and decide if they need to adjust my insulin. I haven't got good eyesight so they make sure the corridors are free from obstacles and my room is kept tidy so I don't fall over anything", "They did risk assessments on me when I came here" and "I haven't had one done here." One relative we spoke with told us, "I have seen the risk assessments and they are very comprehensive." They confirmed they did not think the risk assessments restricted their relative.

Staff members we spoke with were able to tell us how they managed risks that people who used the service presented with. Comments we received included, "I look at their care plan to check if there is a risk assessment. I would also speak to the senior staff, unit manager or colleagues" and "We have risk assessments that are in place like 'Waterlow' (Waterlow is an assessment used to identify if a person is at risk of developing pressure ulcers) and 'falls'. If they score over a set figure they have to have a care plan in place to show how we are going to manage the risks. We make sure we have really robust care plans in place to cover any risks. We also discuss new risk assessments in supervisions so everyone is aware of it."

Records we looked at showed that potential risks to people's safety and wellbeing had been assessed. Risk assessments were based on good practice guidance in areas such as falls, skin integrity and nutrition, which ensured the best outcomes of care, treatment and support were achieved for people. Management strategies had been drawn up to provide staff with guidance on how to manage and minimise risks in a consistent manner without restricting people's freedom, choice and independence. For example, if a person was deemed to be at a high risk of developing pressure ulcers, then specific pieces of equipment were recommended (such as pressure relieving cushions/mattresses) to ensure their safety and wellbeing. Records we looked at showed assessments were regularly reviewed and updated to meet changing needs.

General risk assessments had been undertaken to assess the risks associated with the environment such as cleaning carpets, mopping floors, using a vacuum cleaner, using step ladders, laundry and cleaning and maintenance of catering equipment. All risk assessments showed control measures in place and were reviewed on a regular basis.

Some people we spoke with who used the service told us they knew what to do in the event of a fire situation. They told us, "I know how to get out if there is a fire. We were given all the information on safety", "I can ask someone. I know about fire drills" and "Yes I know the fire drill."

We looked at all the records relating to fire safety. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, emergency lighting, fire doors, fire control panel and break glass units. We saw there was a detailed fire risk assessment in place which had been completed by the registered manager. This showed potential hazards throughout the service and was reviewed on a regular basis. Regular fire drills were also undertaken which highlighted the name of the staff members which had attended.

Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates

available to show that all necessary work had been undertaken, for example, gas safety, electrical installations and portable appliance testing (PAT).

There was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. An analysis of accidents was carried out on a monthly basis in order to identify any patterns or trends. Any learning points from accidents and incidents were disseminated and discussed with the staff team.

We looked at the systems in place to ensure staff were safely recruited. The service had a recruitment policy in place to guide the manager on safe recruitment processes. We reviewed five staff personnel files. We saw that all of the files contained an application form and two references. Any gaps in employment had been checked by the registered manager. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff had been suitably checked and should be safe to work with vulnerable adults.

We looked at how medicines were managed in the service. People who we spoke to told us, "I get medicine twice a day and when I go to bed", "I take my insulin four times a day, they never forget to give it to me. The nurses check my sugar levels first and then give me the correct amount of insulin", "I take tablets morning and night. They always remember to bring them to me and make sure I take them" and "I take medicines once a day and between us we manage to remember to take it." We also asked people if they understood why they were taking their medicines. They told us, "I understand why I have to take my insulin on time and what can happen", "The tablets stop me having seizures, that's all I know about them" and "I read the instructions on the package." One relative told us, "They have reviews on his medicines and chat about his general welfare." Another relative said, "Medicines are reviewed as part of the care plan review but if they thought it was necessary they would talk to me about it. They ring me about anything."

We checked to see if there were safe systems and processes in place for the management of medicines within the service. We saw that medicines were stored securely on each unit and only the responsible person had access to them. The temperature of the medicines room was checked and recorded daily to ensure medicines were stored according to manufacturer's guidance. Medicines that were required to be stored in a refrigerator were also stored safely and correctly; again regular temperature checks were carried out to ensure they remained within limits.

All staff with the responsibility of administering medicines or signing documentation had received training on medicines administration; this included registered nurses. Competency checks were undertaken by the registered manager on a monthly basis to ensure staff members remained competent to administer medicines safely.

We looked at the medicine administration record's (MAR's) for all the people living on the nursing and dementia units within the service. We saw these contained a photograph of the person and any known allergies. There were no gaps or omissions. Some people were prescribed medicines to be given 'when

required' (PRN) such as pain killers; there were PRN protocols in place for care staff to follow. PRN protocols ensure that medicines are given correctly and consistently with regard to the individual needs and preferences of each person.

We observed a medicines round at lunchtime on the first day of our inspection. We saw the administering staff member explained people's medicines to them, giving them appropriate time to take them. We did note that a number of people were being given their medicines whilst they were eating their lunch; some of which was liquid medicine. This could potentially leave an after taste for the person and spoil the taste of their food.

We checked to see that controlled drugs were safely managed. We found records relating to the administration of controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) were signed by two staff members to confirm these drugs had been administered as prescribed; the practice of dual signatures is intended to protect people who used the service and staff from the risks associated with the misuse of certain medicines.

Medicines policies and procedures were in place within the service; a copy of which was available in all treatment rooms so that staff had easy access to them. Medicines audits were carried out on a regular basis to ensure stock levels were correct and no errors had been made.

Each person who used the service had a medicines care plan in place which detailed the level of support people required with their medicines, any allergies and what medicines people were taking and why. Care pans evidenced any specific instructions in relation to medicines, for example, for one person who required Percutaneous Endoscopic Gastrostomy (PEG) feeding there was information about best positions, how much water to use to flush through and which medicines could be crushed. Medicines care plans also evidenced if other professionals had been involved for example GP or dietician. Capacity assessments were also in place to identify if people had the capacity to consent to taking medicines.

We spoke to people who used the service to ask them if they felt the service was clean. They told us, "It is clean here", "It's lovely and clean", "Yes it is clean, the cleaners are always around", "Yes there are lots of cleaners" and "Yes it is clean and tidy. If I notice any problems they come and sort it out immediately." One relative we spoke with told us, "Yes I do think it is clean, [my relative's] room is kept clean." All the staff members we spoke with were aware of their responsibilities in relation to infection control. The registered manager informed us they were the nominated individual responsible for infection control within the service. Observations throughout our inspection noted cleaning staff regularly around different communal areas cleaning. We did not observe any unpleasant odours within the service. There were contractual arrangements for the safe disposal of waste.

Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. People who used the service told us staff wore personal protective equipment (PPE) when supporting them with their personal care. They told us, "Staff members always wear gloves and aprons when helping me to shower" and "They wear gloves and aprons." One relative told us they had observed staff wearing gloves and aprons. We saw staff members wearing different PPE throughout our inspection.

We looked at how people's laundry was managed in the service. People told us, "They wash my clothes and bring them back to me. All my clothes are labelled", "They do my laundry every four days. I get my own things back ok" and "They collect my laundry every day. If something is dirty you put it in a bag behind the

door and they check the bag once or twice a day." One relative told us that dirty laundry was taken every day. We checked the laundry and found a total of three industrial washing machines, two of which had a sluice facility for soiled laundry. There were also three industrial dryers. There was a system for dirty and soiled linen to enter the laundry and clean laundered linen to leave. This helped to reduce the spread of infection.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt they were cared for by staff members who had appropriate skills and knowledge. Comments we received included, "Yes they are trained", "Yes they are well trained, they have done it before", "Yes they are well trained", "They are experienced staff", "Yes, the nurses upstairs know all about my condition and how to treat it" and "Yes they are. They know about my conditions and how to deal with me." One relative told us, "The staff are well trained."

All the staff we spoke with told us they had completed an induction when commencing employment at Birch Hall Care Centre. They told us, "Yes I had an induction. It covered lots of things, whistleblowing, fire safety, safeguarding and moving and handling", "Yes I had an induction. I had to do stuff about the kitchen, care and activities, policies and procedures. I am doing the care certificate which I have near enough finished" and "Yes I had an induction, we went through policies and procedures in the home, every aspect of the job role, orientation, fire safety, every aspect of personal care." Records we looked at confirmed what staff members had told us and that everyone had to complete an induction.

For those people who were employed without previous experience of working in the health and social care sector, they had to complete the care certificate. The Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life.

We also looked at how the service ensured staff members had continued knowledge and skills to undertake their role effectively and how they were supported to do this. Staff members we spoke with all confirmed they felt they received adequate training to undertake their role.

We saw from the training matrix that a number of training courses were available and had been completed by staff. These included, fire safety, dementia, food hygiene, moving and handling, first aid, health and safety, safeguarding, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), infection control, falls prevention, violence in care homes, nutrition, pressure ulcer prevention, medicine awareness and advanced care planning. We saw training was a combination of e-learning, face to face and virtual. One staff member told us they had done a course in relation to deafness and blindness and that it had taught them how to use different senses.

The registered manager told us and records we looked at confirmed that 90% of staff members had achieved a National Vocational Qualification (NVQ) at level two or above. They told us they had four assessors working in the service which made it more efficient to support staff members with their qualifications.

The registered manager also told us that registered nurses had been enrolled on a forthcoming course which would enable them to verify expected deaths without the need for a doctor to be called out. The registered manager told us this would result in the death of a person being managed quicker and with as least disruption to the family as possible.

Registered nurses were supported with their revalidation with the Nursing and Midwifery Council (NMC). Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC in order to continue to practice. The registered manager told us four nurses had completed their revalidation last year and two more were due within the next 12 months.

Staff members we spoke with all confirmed they received regular supervisions and they were well supported by the provider. We looked at a number of supervision records and found these were quite negative and did not allow for staff to discuss their performance and any training or development needs they felt they required. We discussed this with the registered manager who agreed that the format of supervisions needed to change and they would address this immediately. We have confidence the registered manager will address this and ensure staff received appropriate supervision going forward. Staff received annual appraisals which gave them the opportunity to discuss their skills, quality of work, initiative and enthusiasm.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked people who used the service if staff asked for their consent/agreement before they provided any care or support. Comments we received included, "They ask me if I want a shower or if I am ready to get dressed", "Yes they stay within the law here" and "They ask me if it is ok." One relative told us, "They always ask and if he does not want to do something they do not force him." Throughout our inspection we observed staff members gaining verbal consent from people for many aspects of support.

Records we looked at showed a detailed mental capacity assessment was completed for each person who used the service. This demonstrated if the person lacked capacity or if they had varying capacity to make some decisions about their personal care needs. Best interests meetings had been held when necessary, the details of which had been fully documented. We saw DoLS applications had been made when it was deemed necessary and any restrictions to a person's liberty had been applied in the least restrictive manner; we saw families had been involved in the DoLS process where relevant. Once a DoLS application had been made, care plans were put into place.

Several people had a 'Do Not Attempt Resuscitation' order in place; it was clear that the staff team had been involved in the discussion as well as family involvement where appropriate. Dates of review or whether this order should be indefinite were also included. The DNACPR decision sheets were always at the front of the files to ensure quick access if needed.

Prior to anyone moving into the service a pre-admission assessment was undertaken by the registered manager or deputy manager to ensure their needs could be met. The pre-admission assessments we looked at were very in-depth and covered all aspects of people's needs. The information collated during this assessment was used to develop person centred care plans.

We looked at how people were supported with their healthcare needs. People told us, "The doctor comes if I am not well", "The staff support me with appointments", "I can see a doctor if I want to. An optician comes here a podiatrist and a hairdresser", "I tell them if I am not feeling well and if I need it they will call the doctor", "They arrange it quickly if I need to see someone. They arrange for someone to take me there" and "I see a podiatrist, a GP, dentist and optician. They come here." All the people we spoke with confirmed that a member of staff accompanied them to any appointments.

People's care records included information about their medical history and any needs or risks related to their health. We saw evidence that appropriate referrals were made to a variety of healthcare organisations including GPs, dieticians, speech and language therapists, occupational therapists, dentists, opticians and assistive technology.

The registered manager showed us the 'Tele-med' system they used within the service. This was a system by which if someone was unwell in the service a staff member could access a laptop, contact a Tele-med operator, take the laptop to the person who was unwell and a diagnosis was done over telecommunication providing clinical healthcare from a distance. This saved having to call GPs out to the service and meant a diagnosis could be gained quickly. The registered manager told us the system had been very effective.

The service was also part of the 'Vanguard Programme'. This was part of a scheme developed by clinical commissioning groups (CCG) to improve links between care homes and hospitals. The service had been accessing this for the past 12 months. It offered training to nurses that was the same as offered to nurses within the NHS in order to maintain a skilled workforce in care homes. The registered manager told us it was working well; it provided good networking opportunities and an opportunity to share success stories. The 'Red Bag Scheme,' was also a part of this. The Red Bag Scheme is an initiative to help people receive quick and effective treatment should they need to go into hospital in an emergency. All important information about the person, such as current medical conditions, historical health conditions, and medicines that people were taking, were kept in the red bag which was easily accessible for ambulance and hospital staff.

During our inspection an external professional approached us and stated, "They are bob on here. They picked up that something was not right with [Name of person using the service] and I have been and had to dial 999. It is fantastic care here. They are very responsive to people's health care needs, they know their stuff."

We checked how people were supported to eat and drink enough to maintain a balanced diet. We asked people who used the service what they thought of the meals at Birch Hall Care Centre. Comments we received included, "The food is good here although I used to get pizza, they have stopped doing that", "Yes I like the food but there is not a lot of it", "The food is very good actually", "The food is lovely", "Nice food, you get plenty to eat", "Sometimes it is not good, sometimes they are ok. I like steaks and mincemeat", "My favourite food here is the curry. We can get pizza and pasta" and "The meals are very good." One relative we spoke with told us, "The food is good although there is not much choice." Another relative said, "They can't change the food for everyone."

During the lunch time meal service on the first day of our inspection we undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime period. A SOFI is a specific way of observing care to help us understand the experience of people who used the service who could not talk with us. We saw tables were nicely laid with cutlery, napkins, table cloths and condiments.

There was a friendly atmosphere in the dining room with people chatting amongst themselves whilst they were awaiting their food. There were adequate numbers of staff to serve people their meals and to support

people with eating their meals. Those people being supported to eat by staff members, were supported sensitively. We observed staff members speaking with people throughout the meal and asking if they wanted more or if they had had enough. We observed portion sizes of food appeared adequate, with what looked like little waste. People were given the option to have more if they wanted. We did note on a couple of occasions staff members placed food in front of people without telling them what it was. We heard two people ask a staff member what the meal was, one of which then asked for an alternative; this was actioned.

People who used the service told us they could choose were they ate their meals. One person told us, "I can eat in my room but I prefer to be with other people." One relative we spoke with told us, "He can choose where he wants to eat but he likes watching people so he likes to sit in the dining room." We observed staff members asking people where they would like to sit in the dining room; we also observed people were dining in other areas of the service, including in their bedrooms.

We asked people who used the service if they were involved in the planning of meals. They told us, "I can choose from a menu. If I want something I can ask for it. I can say what I want about the meals at the three monthly residents and relatives meetings", "We have three monthly meetings where we can discuss what food we like and don't like", "We have a menu and they talk to you about it and plan your meals with you" and "We have a menu to select what we want each day and the chefs cook it well." One relative told us, "It was not long ago they changed the menu after a residents/relative's meeting where they expressed their views. As a result changes were made."

Each unit had a menu for the day, so people could see what was being served for lunch and evening meal. We saw people who used the service had a choice of two hot meals at lunchtime or a choice of 'cold' dishes such as sandwiches, salads, omelettes and jacket potatoes. The cook told us there was always homemade soup available. People could also book into the 'Jolly Jug'; a pub/bar area on the first floor, for a meal. If people chose to book in here they could order a completely different menu. The food here was more 'pub grub' based such as burgers and chips, scampi and chips and hot dogs etc. The registered manager told us this area was used regularly for birthdays, anniversaries, valentines and other celebrations.

Some people who used the service required food that was a different consistency, such as pureed or soft. The cook showed us moulds they had for this type of food; this meant that, for example, pureed meat could be placed into a mould that looked like a piece of meat so that it looked more appetizing and distinguishable on the plate. Moulds were available for meat, fish, vegetables, potatoes and fruit. This should ensure the mealtime experience was more enjoyable for the person as food continued to resemble what it was despite being pureed.

We asked people who used the service if they had access to fruit, snacks and drinks outside of regular mealtimes. People told us, "Yes, but it is controlled because of my diabetes and I know what I can eat between meals", "I have drinks, we can buy our own snacks. They bring us biscuits" and "Yes we have biscuits and a cup of coffee." One relative we spoke with also confirmed that drinks and snacks were available throughout the day, commenting "He can have whatever he wants." During our inspection we observed people being offered snacks and drinks at various times of the day.

We checked the food stocks within the kitchen and found ample supplies of food. We saw generous stocks of gluten free foods for those people with specific intolerances as well as sugar free foods for those with diabetes. The cook told us they were not given a budget and could purchase any food items within reason. We found the kitchen was clean and tidy. The service had received a 'Good' rating from the national food hygiene rating scheme which meant they generally followed safe food storage and preparation practices.

Food and fluid charts were in place for those people who were at risk of malnutrition. When it was identified that people required their weight to be recorded monthly this had been done, and a risk of malnutrition score was calculated. Action plans were in place for any person who had lost weight. This included offering increased snacks during the day as well as fortifying meals to increase calorific intake. For anyone who was nil by mouth, they had a strict nutritional intake plan which was agreed and reviewed every three months by a dietician. There was evidence that nutritional intake was amended appropriately according to increasing or decreasing weight.

Records we looked at showed one resident had complained about the meals she was receiving. Due to her complex physical health needs at times her diet needed to be quiet restrictive, for example low sodium, gluten free. In order to try and resolve this issue her named nurse had completed a full service user review with her and attempted to think of creative solutions such as involving the resident in the preparation of her own meals, collaborative meal planning and identifying local cooking groups in the community. This showed staff were effectively attempting to meet people's health needs.

We considered how people's needs were met by the design and decoration of the home. People who used the service told us, "The environment is suitable for my needs", "Yes the environment is suitable for my needs; there are a lot of facilities" and "Yes the environment meets my needs." We observed all corridors were wide and had handrails. Doors were wide enough to allow wheelchairs to move freely throughout the building. There were many communal areas giving people the option to be in quiet areas such as the conservatory or smaller lounges. On the dementia unit we noted all bedroom doors had been painted brightly and made to look like front doors and signage was suitable for those people living with dementia.

Good

Is the service caring?

Our findings

People who used the service told us staff were extremely kind, caring and respectful towards them. Comments people made to us included, "Everyone is approachable and easy to talk to", "Everyone looks after you. You can say if you have a problem", "I have been here for nine years and loved every minute", "It is a wonderful place this", "It is like family here", "I am treated with kindness. We have a good group of people working here", "The staff are alright you know, kind and everything", "The staff are really nice", "Everything is perfect here, I love it", and "They cannot do enough for me."

Relatives we spoke with were as equally complimentary about the staff within the service. They told us, "The staff are extraordinarily responsive, very good", "It is a wonderful place this", "The staff look after them well here. They are very good and I am happy with everything", "They are absolutely brilliant; kind and caring" and "They take him out, go shopping for him, if he needs anything from his room they will get it for him. His care is excellent."

One visiting professional requested to speak to us during our inspection. They stated, "The [named nurse] here thinks the world of these people. I am not just saying it, they [staff members] are all brilliant."

During the inspection we observed staff members interacted with people in a very person centred way and were extremely caring. We saw staff bending down when speaking with some people to ensure they were at the same eye level. Staff were calm and patient when dealing with people who may have been anxious or upset, this resulted in people becoming significantly less distressed and more able to engage in activities, tasks or conversations to promote their well-being. We found staff were genuinely enthusiastic, with the ability to sustain a positive rapport with people who used the service.

The activities co-ordinator told us about how they had supported a family member when their loved one was at the end of their life. They describe developing an item that would remind the person of their relative and would be something they could keep. This had an extremely positive effect for the family member, who reportedly felt as though they always had a piece of their loved one with them, which helped them with the grieving process.

The registered manager told us about one person who was residing on the dementia unit who had become distressed that they did not have any money in their purse (due to a risk of losing it or having it taken). The registered manager explained that this person had always had money in her purse in the past, therefore the service made some alternative money for her and put this in her purse. This had a positive impact on the person as it formed part of them feeling secure.

Whilst looking at compliments and feedback the service had received, we noted that a member of the public had written in to state how impressed they were with a young male member of staff that had taken people into a pub they were in. They stated, "We just wanted to say how impressed we were by the young man who had driven the bus and brought people in. He was patient, good humoured and kind and very attentive to their needs. They all seemed to be enjoying themselves. People are quick to complain these days so it seems

only fair to praise when appropriate." This showed the kind and compassionate nature of staff working within the service.

The registered manager told us of two staff members who had planned to do a sky dive to raise monies for the service. This was in their own time to benefit people who used the service; all monies raised would go to funding more activities. This showed the kind and caring nature of staff working in the service. We were also told of the quick and caring actions of one registered nurses who saved the life of another staff member whilst on duty. The ambulance crew who arrived on the scene commended the nurse and put them forward to receive an award in recognition of their quick actions which resulted in them saving the life of the staff member.

We noted there was a strong emphasis in the service on promoting people's independence. All the people we spoke with told us they were encouraged to remain as independent as possible. They told us, "They are all willing to help me here if I need help", "They do encourage everyone here to be independent", "Yes they encourage independence in any activity" and "Yes they allow me to be independent, I like to dress myself." One relative told us, "They encourage him to wash himself, lift his own drinks, feed himself independently and join in social events. Regardless of his condition they treat him as an individual who has needs."

We saw a lot of technology in use throughout the service which supported people to remain as independent as possible. One person on the young disabled unit had an electronic system which allowed them to change the channel on their television or to call for a nurse; something they would have not been able to do without this system in place. This gave the person some level of control over their life, when normally this would have been taken away due to their disability. Another person had an electronic system which allowed them to control their wheelchair with their chin. Again this gave the person the ability to independently move around the service as they wished, something without which they would rely solely on staff members to manoeuvre them around the service. All the people we spoke with that had these electronic systems were able to tell us how it had dramatically improved their independence and in turn enhanced their physical and emotional wellbeing. This also showed staff members were committed to maintaining and enhancing the skills of the people they were supporting.

On the young disabled unit, we noted the kitchen had been fully adapted so that people who were in a wheelchair could access it. This included work surfaces being at an appropriate height and light switches being lowered. There was a microwave, kettle and toaster accessible as well as plates and cutlery, so people could make snacks and drinks as and when they wished. It also allowed people to make drinks for their visitors. This promoted independence and encouraged people to do things for themselves.

All the people we spoke with who used the service told us their family and friends could visit at any time they wanted to. They told us, "I have lots of visitors which is good", "Yes they can come when they want, it is open visiting", "Yes they can walk in whenever they want to" and "They come into reception and the staff let me know they are here." During our inspection we noted many visitors at various times of the day. We saw two visitors were sat with their family member during a lunch time meal as it was their birthday and they wanted to celebrate with them. We observed a cake was brought out to them and the whole dining room and staff members sang happy birthday to them.

Staff members we spoke with fully understood the importance of acknowledging people's diversity, treating people equally and ensure that they promoted people's rights. We saw people's religious needs had been considered and staff members supported people to partake in communion if they wished. One person was supported to attend his own local church on a regular basis. The registered manager told us they had a good relationship with all the local churches; we saw a visiting lay person giving communion during our

inspection.

We saw people's ethnicity and sexual orientation was discussed and recorded in their care plans. The registered manager told us how they had supported one person with their sexual orientation. Staff members were sent on extra training in order to understand the process and how best to support the person. Policies and procedures were also put in place to guide staff in their roles. The registered manager told us they and all the staff members gained an awful lot of experience and understanding of sexual orientation matters whilst working with this person. Through determination from the person and support from staff members the person was successfully rehabilitated and was able to move on to more independent living.

There was a mixture of staff throughout the service, male carers, female carers and people from different cultures and backgrounds. This enabled people who used the service to have a choice of being supported by a staff member they felt comfortable with, for example a gentleman using the service could be supported by a male carer if this was their preference.

Staff demonstrated a commitment to providing high quality, personalised care. People who used the service told us they were given information in a way they could understand. One person told us, "I am dyslexic, it is embarrassing but they help me to read and read out my mail to me." Other people told us, "They make sure I have understood things" and "As I cannot see too well they will read things to me and go through it with me." One relative we spoke with told us, "Staff give him information verbally and written. I have asked the staff to encourage him to speak and they do. They are fantastic with him."

Records we looked at showed that one person with severe dementia was unable to communicate verbally. We saw detailed care plans were in place to ensure staff knew how they liked to be dressed, their hairstyle of preference and how they liked her teeth to be looked after. Care plans also considered how they would communicate if they were in pain, for example facial expressions, and how staff should manage their pain as they were unable to verbalise this. Consideration had also been given to how to care for them should they become agitated or aggressive. This showed the service was committed to ensuring those people who could not verbally communicate had all their needs met.

We asked people who used the service if staff respected their privacy and dignity. They told us, "Yes, they knock before they come in. they check whether I am dressed. When they are helping me in the shower they always close the door" and "Yes when they help me with personal care they close the door and make sure you are private." One relative told us, "My [relative] is very self-conscious and shy, they respect her privacy." All the staff we spoke with confirmed they had received training in privacy and dignity. They were able to tell us how they respected people's privacy on a daily basis. During our inspection we noted staff knocked on people's doors before entering, closed doors to bathrooms and toilets when supporting people and were discreet when supporting people in communal areas, such as at meal times.

Useful information was displayed on the house notice boards and informed people about how to raise their concerns, any planned activities and events in the local community. Any changes in the home were detailed in a newsletter that was done on a regular basis. We saw the results of the recent survey were also displayed on the notice board. This showed people what action the service had taken as a result of feedback.

We saw all personal and confidential information was stored securely within the service and only those people with the authority to access this could. People who used the service felt confident that their information and belongings were kept safe and secure in the service. They told us, "I understand my information and my belongings are secure. They have a safe in the office" and "My money is kept safe in the office as is my passport and any other documents. My things in my room are safe."

Outstanding ☆

Is the service responsive?

Our findings

We talked with people who used the service to ask them about activities that were available to them within the service. People told us, "You can join in with the activities if you want to", "We go to the seaside", "I can choose what activities I do", "I can do activities if I want to but I am funny and don't always want to", "We go to the seaside and to the market", "I did some baking on Friday and made a valentine's card for my mum. We go on trips to the theatre and the cinema. There is always something to do", "Once a week we go out for a meal. We go to the theatre, cinema, trips out to nice places, bingo, we have singers in and we do craft things" and "I am open to everything. I like dominoes and crafts." One relative we spoke with told us, "He goes on trips, goes out for meals. He is going away on holiday to Blackpool with the home."

We found evidence that staff members went above and beyond their role to ensure that people who used the service were engaged and involved in activities and interests to keep them stimulated. During our inspection we observed activities being undertaken, saw evidence of activities that had occurred in the past and activities and events that were forthcoming. We also spent time talking with the activities co-ordinator to find out about their role.

The activities co-ordinator told us, "We aim to provide an active environment for residents to keep them active and independent. We are not into structure as we think it is institutionalised. I will put a plan up but we may not stick to it. I will ask them what they want to do. Everyday, in the moment, there and then. It is always put in their hands. We are always trying new things; they are not always successful but we try." They went on to tell us they had just purchased a game station that could be used with movement rather than using a control pad. The advantage of this was that more people had access to using the game station due to the ease of use. They had purchased interactive goggles which were reportedly very well used by people throughout the service and they had a mobile jukebox they could take into someone's room and reminisce with them as a way of getting them to talk about their memories.

On the first day of our inspection there was a pancake making afternoon. We observed a significant amount of people attended this. One person told us they were particularly looking forward to the pancake making. We observed staff were playing board games with people and encouraging others to join in. On the second day of our inspection there was a Valentine's afternoon get together. People were given a glass of alcoholic or non-alcoholic wine, chocolate covered strawberries and other sweets. All the ladies in the service were given a flower. The afternoon was enjoyed by a large amount of people. We saw people were smiling when being given a flower; the atmosphere was full of laughter and smiles.

We saw evidence of arts and crafts that people had completed, some of which were displayed on walls. One person was very proud to show us a bird they had made on a woodland display. It was evident this person felt a sense of achievement and was keen to show people their hard work. This would encourage the person to be involved in further activities, promoting inclusion and wellbeing. The service also had a clothes company coming in twice a year which gave people the opportunity to buy new clothes; this was particularly convenient for those people who did not wish to go out to buy clothes.

The activities co-ordinator had undertaken some research in their own time to try and support a person with their communication as they could not verbally communicate. They had found a gentleman who had developed software for their own son with similar difficulties. The activities co-ordinator made contact with the gentleman and he sent the software free of charge to the service so they could use it with a person. This software was placed on a laptop, a webcam was purchased and this supported the person to communicate and gave them a way of undertaking activities such as playing computer games.

The registered manager and activities co-ordinator had looked at ways they could promote a healthy lifestyle for people using the service whilst making it fun and part of activities. They had sourced an external charity and a nutrition day had been arranged. Part of the day would involve a personal trainer doing easy exercises with people and adapting it for those in wheelchairs. They would be promoting healthy eating with food for people to try including healthy and gluten free options. There would be people doing massages for those people who wished to partake of this activity. The activities co-ordinator also told us of an exercise bike that makes smoothies (whilst pedalling) which was also being brought along for people to use. This would be motivating for people whilst educating them around healthy eating and nutrition.

One person who used the service enjoyed making cards, such as for birthdays, anniversaries, weddings etc. The staff members all encouraged the person to continue to make cards with the possibility of selling them to staff and family members. During an open day the person set up their own stall and sold the cards they had made. The activities co-ordinator told us this gave the person motivation and they felt they had a purpose.

The service worked very closely with the local community; the registered manager and activities co-ordinator told us how they felt it was important that they maintained these close links. We were told that the service had 'open days' when they would invite the local community to come in. The activities co-ordinator told us that some people who used the service had made new friends as a result of these open days. The service had links with local florists, local eateries, schools, churches and other care providers. This was of benefit to people who used the service in varying ways, for example the schools gave free tickets for people to attend shows they were doing around Christmas time and local restaurants would donate vouchers for a free meal.

The service provided support to some people who had been diagnosed with a brain injury. Some staff were volunteers at a local charity organisation that worked with and supported people with a brain injury and their families. This gave staff the opportunity to take people from the service to mix with other people with the same diagnosis, bringing people together. It provided people and their families with advice and support on living with a brain injury.

The service supported people with any personal goals they wished to achieve. One person told us, "I like to help fundraise for them and support them." Discussions with the activities co-ordinator showed this person had undertaken a personal challenge in order to raise some money for the service. They had achieved this challenge and were very proud of this. We saw the activities co-ordinator had made a certificate of achievement for the person in recognition of their fundraising and personal achievement.

We looked at what activities were available for those people living with dementia in order to stimulate them and prevent them from becoming bored or disorientated. We saw a newspaper, the 'Daily Sparkle' was available for people on the dementia unit. The Daily Sparkle is a framework which staff can use with people living with dementia to encourage their memories and share their experiences. It can trigger personal memories and encourage interaction with staff members and other people. There was also a number of 'live dolls' on the unit which we observed being used by people. These were used as a means of reducing anxiety

and agitation as well as having the benefit of improving communication, speech and interaction.

We also saw the service had received a certificate for training they had undertaken with 'Playlist for Life'. This was music therapy for people living with dementia; staff worked with families to find out the type of music that was important for the person and this was used on a one to one basis. This promoted positive relationships, reminiscence and inclusion for people with dementia.

The service had also paid to have a 'Dementia Bus' attend the service. This was an interactive experience for staff members and their families, for them to be able to gain an insight into what it felt like living with dementia. The registered manager told us this had been incredibly well received and positive. It gave staff a clearer understanding of how a person living with dementia may feel on a daily basis; therefore creating a greater sense of empathy and understanding.

The service was working with a local school; children were doing an art project for the dementia unit as part of their curriculum. One wall was being transformed into a three dimensional shop front with interchangeable fronts such as a sweet shop, grocery store and a clothes shop. This was work in progress during our inspection and when finished would provide opportunities for staff to interact and connect with people living with dementia. The deputy manager was also attending the school to deliver a talk on dementia to enable children to have a better understanding of dementia, therefore breaking down barriers.

Also in progress on the dementia unit was a garden project. Staff members were creating an indoor garden area; this would include a seating area with garden tables and chairs, an interactive flower box where people could pull flower out of soil, astro turf on the wall to provide a tactile experience and speakers so that outdoor sounds could be played such as birds and rainfall. This would provide a safe, interactive space for people.

The service celebrated everyone's birthday in whichever way the person liked. On the first day of our inspection we observed a cake being brought out for someone whose birthday it was; all the staff and people who used the service were singing and cheering the person. The person appeared to enjoy the birthday wishes and blowing out the candles on the cake. We saw one relative had complimented the service for the way they had celebrated their loved one's birthday; they wrote, "Thank you to all the staff for giving mum a wonderful birthday. She was over the moon with all the kind wishes and presents. God bless and love to you all." The activities co-ordinator told us, "For special birthdays (such as a 60th, 70th birthday etc.) we get an entertainer in, we have balloons, we involve the whole family. Families also ask if they can have parties here in 'Jolly Jugs' so all the family can come in to celebrate."

We asked people who used the service if they were involved in the development of care plans. We received very positive comments about the level of involvement people had in their care plans. People told us, "I have a care plan. They have sessions and you can say things about them", "I helped to devise it with staff", "I helped devise my care plan. The staff helped me as my writing is not good", "I got someone to write it for me. I review it when I think it needs to be done", "I discuss when I feel I need extra help" and "I sit down with [Name of staff member] and discuss my care."

Relatives we spoke with were also very complimentary about the care plans in place for relatives. Comments we received included, "They go through the care plan with us", "I see the care plan, they take care of everything, she is well cared for" and "Yes I see his care plan and review it if I or the staff come across a problem."

Staff we spoke with were very aware of person centred care and were able to tell us what it meant to them.

One staff member told us, "Person centred means people having choices what they want to do, for example they might like to do something you don't like but you don't bring your own personal choices in to it. Treat people as individual."

We saw that information collated during the pre-admission assessment was utilised to develop comprehensive risk assessments and detailed, person centred care plans. Care files we looked at showed a number of care plans were developed to meet people's needs such as mobility, breathing, personal care, communication and activities. The care plans were very person centred, clear and easy to follow; this meant staff would be able to confidently follow them to meet people's needs effectively. Care plans we looked at had been reviewed every month to ensure they remained relevant and met changing needs.

One person suffered from seizures. A comprehensive care plan was in place to alert the staff to what actions they needed to take. This included timing the seizure, administering prescribed medication after a certain amount of time and also advised when to call the emergency services. This should ensure the person was safely cared for during a seizure. People who were deemed to be at risk of developing pressure areas had detailed plans in place including which barrier creams to be used, how many turns the person should be receiving in a particular time period, what air flow the mattress should be set at and what to do if the residents skin integrity appeared to be deteriorating. Where people required regular positional changes it was evident that these were being completed and documented on each occasion.

Each person whose file we reviewed was noted to have a life history information sheet in the front of their files. This was a profile of the resident's likes and dislikes including things such as which football team they supported, which music they preferred and what TV programmes they enjoyed. A map of life also looked at residents' family tree which allowed staff to have the necessary information be able to discuss various family members with them; this can be a positive tool to communicate effectively with people.

Daily clinical notes were made for every person who used the service and these were noted to include information on the person's mood and mental state that day, their engagement in activities and diet taken, for example 'spent time in the lounge', 'catheter draining well' and 'assisted with all personal care'. This level of information would give staff a clear understanding if a person's needs were being met.

We asked people who used the service if they felt they were able to make everyday choices. People were very clear that they were able to make their own decisions and that they would be respected by staff members. They told us, "I choose when I get up, when I go to bed and what activities I take part in", "Staff will come and ask me what I want to do for the day. I can have a lie in, I go to bed when I am tired. I choose what activities I want to take part in" and "They do their utmost to help you do what you want to do. If they can't do it that day they will arrange for you to do it the next day."

One person we spoke with wanted to design their own bedroom. We saw she had her own built in furniture, which she told us she had designed herself. The activities co-ordinator had supported her to do this, doing all the arranging and bookings. This resulted in the person having their bedroom specifically tailored to meet their own needs and wishes, having a positive impact on the person.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices.

The service had various ways of ensuring people who used the service could access information in ways that meant they could understand it. Information was available in larger fonts, electronically and given to people verbally. People's care plans identified the best way to communicate information to people. People we spoke with confirmed that staff had read out care plans to them if they were unable to read them. One person who used the service had an alphabet board so they could communicate with staff. There had been other people who had used a computer to communicate. The registered manager and deputy manager were very aware of the Standard and were committed to ensuring people had access to information in a format they were able to understand.

We asked people who used the service if they had access to technology to support them with their needs. All the people we spoke with told us they had access to a call bell system, which enabled them to alert staff that they were needed; this included those people who had assistive technology as discussed in the caring domain. The service had Wi-Fi and a tablet so that people who used the service could access Skype. There was a notice in the main entrance alerting relatives to the fact that Skype was available. Staff had access to a tele-med system; this enabled staff to speak with a healthcare professional at a hospital via a computer link. Further to this, the registered manager explained that staff had accessed training by the tele-medicines system. This was known as virtual training and was delivered by trained medical staff.

We looked at how the service managed complaints. People who used the service all told us they knew how to raise a concern or make a complaint and felt confident to do so. They told us, "Yes I can say if I am not happy", "I can say anything I want to say", "I would go to a senior or the manager if I needed to complain", "I would speak to my keyworker first to see what she could do" and "Yes I know who to speak to, I would speak to [Name of staff member] or any of the other staff." One person told us they had needed to make a complaint but they were happy that it had been resolved quickly and effectively. Another person told us they had complained and it was still on-going but was being dealt with. One relative we spoke with told us they were aware of the complaints procedure and they had used it on one occasion. However, they told us their complaint was dealt with straight away and they were satisfied with the outcome.

The service had a complaints policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. We noted there was a complaints procedure displayed in the entrance of the home. All staff members we spoke with were aware of the complaints procedure and knew their responsibilities to report any concerns to management. There had been six complaints received in the past 12 months. Records showed appropriate and timely action had been taken to respond to the complaints. The information helped to improve the service, through lessons learned.

We looked at how the service was meeting people's needs at the end of their life. Some staff members we spoke with had completed end of life training at the local hospice. They told us this had been beneficial and supported them to gain a better understanding of the importance of meeting people's needs when they were at the end of their life. They also told us, "I always read their end of life care plans, speak to the family and involve them. Everything will be documented in their care plans such as their wishes and preferences" and "I have just done the end of life training at the hospice. We learned about advanced care planning and communicating with people at the end of their life. We do end of life care plans but if someone does not wish to discuss this it would be documented but still addressed at each review."

The registered manager told us they were passionate about meeting people's needs at the end of their life. They were very accommodating to families during these times ensuring that family members could stay overnight in the service if they wished. This showed the compassionate nature and ethos of the service during emotional times.

Good

Is the service well-led?

Our findings

Our observations and feedback received during the inspection showed the home was well run and the registered manager was committed to delivering outstanding care. People who used the service, relatives and staff members spoken with during our inspection made extremely positive comments about the registered manager. People who used the service told us, "I can go to the manager, they listen", "I know who the manager is" and "They are approachable people." One relative told us, "Yes I know who the manager is, you can talk to them." Another relative told us they found the manager approachable and they could talk to them."

Staff members we spoke with were all complimentary about the registered manager. They told us they felt supported in their roles, they were able to approach the manager if they had any issues or concerns and were able to make suggestions and would be listened to. Some comments we received included, "The manager has an open door policy", "If we have any ideas we go into the office and she does listen",

There was a manager in post who had been registered with the commission since January 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.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

The registered manager had responsibility for the day-to-day operation of the service and was consistently visible and active within the home. The registered manager discussed the service with a passion and described wanting to do their best for people using the service. People were relaxed in the company of the registered manager and it was clear she had built an extremely good rapport with them over the years she had worked in the service. We found the environment was very relaxed yet efficient, calm, warm and inviting; most people were in the lounges and staff were engaging in conversations or activities with them.

During the inspection, we spoke with the registered manager about the daily operation of the service. She was able to answer all our questions about the care provided to people in great detail, showing that she had a very good overview of people's needs and preferences. All of our observations during the inspection showed the service was run in the most flexible way possible in order to ensure people who used the service had an excellent quality of life.

The registered manager was committed to ensuring the service continued to make improvements. We asked people who used the service if they had noticed any improvements being made within the service.

Comments we received included, "They have recently redecorated and there is new furniture", "They have redecorated" and "Well they continually upgrade to get things better for us. They have decorated and any suggestions you make they look into them and act on them." One relative told us, "They have definitely made improvements, I think over the past six months. [Name of person] is more sociable and involved in doing things; he is happy and content. All his mental and physical needs are met and he is more responsive. It is a pleasure to see him so happy."

The registered manager used various methods to monitor the quality of the service and drive improvements. These included infection control audits, medicine audits, catering audits, care plan audits, supervisions and appraisals, staff meetings, service user and relatives meetings, surveys and environmental checks. Records we looked at also showed that provider visits were undertaken, which involved further auditing of the service. We asked the registered manager how they drove improvement within the service. They told us, "Motivating staff through meetings, talking about residents and units, lead myself. I volunteer; I do a lot in my own time. Just try and make a difference." This ensured continuous improvements were made within the service.

People who used the service told us they were very involved in decisions about how the service was run and improved. We saw that regular residents meetings where held and surveys were given out. People told us, "We have meetings every three months", "I attended my first meeting yesterday. If anyone has anything to say it can be brought forward and they let you know what is going on", "We get surveys and booklets to fill in", "At meetings they ask for any ideas or suggestions" and "Oh yes you can give input at the meetings." One relative told us, "My friend used to go to residents meetings, now she can't physically go she is listened to." Another relative told us there was opportunity for them to attend meetings but they were at a time they could not attend; however, they told us if they had any suggestions they would put them forward.

We looked at the minutes of the last meeting and found discussions took place around the last meeting, food (there was representation there from kitchen staff), activities, complaints and how to make a complaint, care plan reviews, key workers and any other business. We noted that part of the discussions about food had resulted in changes to the menu, for example the addition of garlic bread and scampi and a reduced amount of mashed potato. This showed people were listened to and were able to shape and develop the service in a number of ways.

Records we looked at showed that staff meetings were held on a regular basis. These meetings were used as a way to discuss the quality of the service provided and the high standards expected by the registered manager. Staff spoken with told us they were able to make suggestions at the staff meetings and their views were always listened to. One unit manager told us, "I have staff meetings with my staff and we try and get one every six months but can do sooner if any issues. We do meeting minutes and I'll make an action plan after then use that to open the next meeting. They have two weeks' notice of a meeting so they have opportunity to speak individually beforehand."

We also asked the registered manager what had been the key achievements and challenges for the service in the past 12 months. They told us key achievements of the service had been, "Good results from the surveys, helping registered nurses to re-validate, the vanguard programme, the experience staff had on the 'dementia bus', getting skype, the connections with local schools and other community links." Likewise the registered manager told us there had been some key challenges for the service; these had been around the recruitment of registered nurses, although they told us they had overcome these and had recruited in full. Our findings, observations and discussions during the course of the inspection showed there was a strong emphasis on continually striving to improve within the service.

We asked people who used the service if they felt the service worked well with other healthcare professionals. One person told us, "Yes they have good links with other health services." Our review of care records, observations and discussion with a visiting health professional showed the service had developed effective working partnerships with other organisations. As a result of one of these partnerships the registered manager had been able to access specialist equipment on behalf of people who used the service. We saw the outcome of this equipment had significantly supported their independence and improved the lives of people using the service.

The registered manager, management and staff members were seen to consistently look for ways to improve, support and enhance the quality of people's lives. This was reflected in a compliment received from a family member who stated, "Without your care and attention [Name of person] would not have had the quality of life she has had over the past eleven years. Thank you from the bottom of my heart."

Records we looked at showed the service had received a tremendous amount of thank you cards, compliments and comments on the quality of care received/given, management and staff members. Some of those compliments included, "Firstly let me say thank you to all the people on the young disabled unit, from the residents to staff and office staff. It will never be enough for all the love and care [Name of person] got from everyone there", "Our heartfelt thanks for all the hard work and dedication shown by your staff over the last four years", "Thank you so much for all the love and care you gave [Name of person]" and "You do a tremendous job."

All the staff members we spoke with confidently told us they would be happy for a member of their family to live at Birch Hall Care Home.