Angel Care plc

Birchy Hill Care Home

Inspection report

Birchy Hill
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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Birchy Hill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Birchy Hill Care Home provides care for up to 70 people who require residential or nursing care. The service cares for people with a variety of needs, including complex needs associated with chronic and acute medical conditions and provides specialised dementia care. Accommodation for people is arranged over three floors and five living units. There was a well maintained sensory garden that provided safe, accessible areas for people to enjoy. There were 59 people living at the service at the time of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

Is the service safe?

People were protected from potential abuse and avoidable harm by staff who were knowledgeable about recognising and reporting different signs of abuse. There were sufficient numbers of appropriately qualified staff available on each shift to ensure people were cared and supported safely. Risks to people were well managed and medicines were generally stored appropriately and managed effectively. People were protected by the prevention and control of infection. There was a system in place to review and learn from incidents when things went wrong.

Is the service effective?

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People's needs were fully assessed and they had access to a variety of health care professionals who commented positively on the care and support given to people at the home. Staff received a range of quality training which they found effective, useful and well delivered. Staff felt supported with a clear system of supervision meetings and annual appraisals. People were given a choice of nutritious, home cooked meals that they enjoyed. Meals were well presented and people were offered a choice of food and drink throughout the day. People's independence and well being was enhanced by the environment of the home.

Is the service caring?

People and relatives told us they found the staff to be kind, caring, professional, friendly and patient. Staff spoke knowledgeably about people and showed they knew how people preferred to be given their care and support. People were treated with dignity and respect and supported to make their own choices about how they spent their day. People's privacy was respected. Staff, people and relatives told us communication within the home was effective and people and relatives felt fully involved in their care.

Is the service responsive?

People received person centred care from a team of staff who knew them and their health needs well. People's needs were re-assessed when their health needs changed and relatives were kept informed and included. There was a varied, planned programme of interesting activities that enhanced people's sense of well-being and prevented social isolation. People knew how to complain if they needed to. Complaints were thoroughly investigated and people felt any complaint would be actioned and they would be properly listened to. There were systems in place to support good end of life care which respected people's wishes and requests.

Is the service well led?

There was an open, honest, friendly culture and people told us they had confidence in the management team and the staff which they said were approachable and respected. People and their relatives were consulted and involved in their care and support. There was an effective programme of quality checks and governance systems and audits to ensure the quality of the service was maintained. We have made a recommendation about the service notifying CQC of all required notifications as required by the regulations

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Birchy Hill Care Home

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 checked 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 comprehensive inspection took place on 18 and 19 October 2018 and was unannounced. On the first day of the inspection the inspection team comprised of a CQC inspector, a CQC assistant inspector, a specialist nurse advisor whose expertise is older people's nursing care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection there was one CQC inspector.

Before the inspection we reviewed the information, we held about the service. This included information about incidents the provider had notified us of. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority who commission the service and the local safeguarding adults team for their views on the care and service given by the home.

Prior to our inspection we sought the views of a variety of health professionals and GP's who were involved in the service and received positive written feedback from five of them. The registered manager was not available during our two day inspection so we were supported throughout the inspection by the clinical lead. During the inspection we met many of the people living at the service and spoke with 12 of them and ten visiting relatives. We spoke with the managing director, the clinical lead, the head of leisure and lifestyle organiser, the chef, eight members of care staff and three members of housekeeping staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and to establish the quality of care people received we looked in depth at five people's care, treatment and support records and a large selection of Medicine Administration

Records (MARS). We also looked at records relating to the management of the service including staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, staff and resident/relative meeting minutes, incident and accident records and a range of the providers policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe and this was supported by the relatives we spoke with. One person told us, "I've been living here for eight years and I feel safe here and I'm cared for." Another person said, "I feel safe enough…I am well cared for." One visiting relative told us, "My Mum has been in several homes before she came here. She was quite aggressive and didn't fit in, but since she's been here she has calmed down and is now a different person thanks to the safe environment. Her progress has been significant. She has settled in well and has a nice room. The staff seem very nice indeed." Another relative said, "I think this place is wonderful…it was a safe place for my wife when she was in here."

Staff understood their roles and responsibilities to protect people from abuse and keep them safe. They were able to identify potential signs of abuse and knew how to raise any concerns with the local authority safeguarding team. We received written feedback from the local safeguarding authority regarding their views on the service. They stated, "The manager contacts me appropriately to report any concerns or safeguarding alerts and makes prompt and thorough enquiries and the communication is always good."

Risks to people were appropriately managed. People had their health and care needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to ensure people received safe, effective care that was appropriate for their health needs. Some people's risk assessments had not been reviewed each month, staff told us these would be completed as soon as possible. The provider used a range of independent tools to assess people's risks in these areas.

There were a number of people who required the use of bed rails to keep them safe. Risk assessments were in place to ensure safe use of bed rails for people. It is good practice to review the number of bed rails in use and their appropriateness. For example, one person had a risk of placing their legs over the bed rails. This person had bed rails in place, a crash mat by the side of their bed and a high low bed that staff were able to lower to reduce the risk of the person falling from their bed. Their records stated they were," Likely to try to climb out of the bed' as well as, "Needs to get out of bed during the night". The use of bed rails with this person could restrain them from getting out of bed. We discussed our findings with the clinical lead who confirmed they would review the use of bedrails throughout the home.

There were robust systems and process in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

The provider had made arrangements to deal with emergencies. A contingency arrangement had been made with the local village hall to ensure people could be safely accommodated in the case of an emergency evacuation. People had clear colour coded Personal Emergency Evacuation Plans (PEEPs) which were available in their care records and available at reception to ensure quick retrieval if needed. Fire checks

were completed regularly and included fire drill tests to ensure staff were kept up to date with how to act in case of a fire.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. The provider used a selection of independent recruitment agencies to supply their staff. Appropriate employment checks had been completed by the agencies, these included the use of application forms, an interview, reference checks, the right to work in the UK and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. One member of staff had a gap in their written employment history. We discussed this with the clinical lead who obtained a statement from the member of staff that confirmed their full employment history.

There were enough staff employed to meet people's needs. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. The majority of people, relatives and staff told us, that there were enough staff on each shift to manage the needs of the people living at Birchy Hill Care Home. However, one member of staff told us, "There is not enough staff at times...the nights are the worst." We asked staff if night shifts were short staffed, all other staff told us they had enough staff available during night shifts. We observed call bells were answered promptly throughout our inspection and people told us they never had to wait for lengthy periods for their care and support. The clinical lead said the management team reviewed the needs of people on a daily basis to ensure the correct levels of staff were available on each shift. One relative told us they felt at times there was not enough staff available, they said, "The carers seem very nice but sometimes we think there are not enough staff on to cope with the number of demands…however, I know they have a floating member of staff elsewhere to help if needed."

Medicines were administered correctly and managed effectively. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge. We observed the storage area for the medicine trolleys became very warm, up to 25 degrees celsius, and it often stayed at this level which is just below the legal maximum temperature for safe storage of medicines. The majority of medicines stored in the trolleys would not be affected by warm temperatures, however there were some eye drops that had to be stored at 25 degrees and below. We discussed our findings with the clinical lead who removed the eye drops to a cooler medicine storage area and put a risk assessment in place to ensure all medicines continued to be stored safely and remain effective. Following the inspection the provider wrote to us and confirmed they would be investing in a heat extraction source to ensure the temperature constantly remained at safe levels for medicine storage.

We reviewed a selection of medicine administration records (MARS) which had been fully completed as recommended by current guidance. Some people were administered their medicines covertly, which meant medicines were hidden in their food or drink. These medicines had been authorised by the pharmacist as safe to administer covertly and records showed the GP had been fully involved in the decision. Staff ensured people were offered their medicine first before administering covertly which showed people were given choice and covert administration was only offered as a last resort. If people found a liquid form of their medicine easier to take, this had been arranged for them.

Staff who administered medicines had received up to date medicine training. A member of staff told us, "The medicine training was very good, I learnt a lot." We observed red 'do not disturb' tabards were worn by staff when they were administering medicines, this is recognised good practice.

Some people required medicine patches for pain relief, these patches are a medicated adhesive patch that are placed directly on people's skin to deliver a specific dose of medicine through the skin into the

bloodstream. There were clear records and charts stating where the patches should be placed on the body. For one person the body map had not been completed, however staff spoke knowledgeably about where the patch was placed on the person. The clinical lead told us they would remind staff to use the body maps at their next handover. The use of body maps when placing patches on people guard against the risk of skin irritation from patches being routinely placed in the same area.

There was a clear system in place for administering homely remedies to people. For people who were unable to verbally tell staff when they were in pain, staff used a recognised pain assessment tool. Staff told us they knew people well enough to recognise facial expressions or body language when they were in pain.

We saw many areas of good practice in relation to the management and administration of medicine. For example, all sharps containers had been correctly sealed, signed and dated and wound first aid boxes were fully stocked and prepared for the event a person needed an emergency dressing. People's cream were signed and dated when opened and an independent pharmacy completed regular audits and gave guidance to the provider regarding medicine practices.

There were clear infection control procedures adopted by staff in the home. We observed appropriate use of personal protective equipment such as gloves and aprons in use throughout the inspection. We spoke with one housekeeping member of staff who showed us the cleaning schedules and spoke knowledgeably regarding the different use of coloured mops and cloths for different areas of the home and told us they had received effective training to ensure they could keep the home clean and reduce the risk of infection from cross contamination.

We checked the homes sluices. The ground floor sluice had an overflowing yellow bag which is not safe practice. We discussed our findings with the clinical lead who ensured the overflowing yellow bags were removed immediately. They told us the provider had recently purchased new laundry bins with appropriate closing lids. These would be used to ensure the risk of cross contamination would be reduced in the future. Following the inspection the provider wrote to us and confirmed all clinical waste bins had a notice attached reminding staff to ensure clinical bags were not over full and were to be emptied frequently.

All areas of the home were clean, free from unpleasant odour with no visible dirt or dust. The laundry was orderly and clean with industrial washing machines that could reach high temperatures when required.

There were detailed systems in place to record, review and analyse any incidents and accidents that took place. The incident was recorded along with key areas such as what happened, the time of the incident, the location and injuries sustained and the action taken to help identify trends and prevent reoccurrence. We discussed the analysis of the incident and accident recordings with the clinical lead. The analysis had led to a lot of detailed clinical information being gathered that could be used to further determine why accidents were happening. For example, there were a high amount of recorded falls between the hours of 1400 and 2000, but no further analysis had been recorded. The clinical lead said they would discuss this with the registered manager on their return to ensure this valuable information was used effectively to maintain and promote people's health.

Good

Is the service effective?

Our findings

People and relatives spoke positively regarding the care and support they received at Birchy Hill Care Home. One person told us, "I've been here for some time, my family come in to see me. The food is good here and I have a lovely room…I don't know what's happening today, but they (the carers) will tell me, they are lovely." A visiting relative said, "It's a lovely home, food is excellent…my husband is very happy here. He has a nice room and it's always clean. I've been involved in his care plan and I know I can talk to the staff if I need to… the staff are lovely here."

We received positive feedback from a number of healthcare professionals that had regular dealings with the service. One commented, "I believe Birchy Hill provides a high standard of care for it's very challenging residents. The clinical staff and carers are very caring and staff appear to request medical input appropriately."

Pressure relieving equipment such as air mattresses were set at the correct level for people. Where people needed pressure cushions to maintain their skin integrity these were available, in place, clean and well maintained. There was an effective system for monitoring people's wounds. Records showed consistent assessment and review of wounds and timely advice had been sought from the tissue viability nurses if a wound had not improved as expected.

People who were at risk of dehydration had their fluid monitored throughout the day. Staff spoke knowledgeably about how people preferred to take their drinks and the amount of fluid that was normal for them to take each day. Fluid records did not have a daily target for people's fluid level. Staff confirmed fluid targets would be included on the daily sheets for easy reference for staff. Immediately following the inspection the provider confirmed fluid targets had been included on the daily sheets.

People were cared for by staff who had been effectively trained and received regular supervision and on going refresher training. In addition to mandatory training such as safeguarding adults, infection control and health and safety, staff told us they received a range of specialised training such as, end of life care, catheterisation and Dysphagia training. Dysphagia is the medical term for the symptom of difficulty in swallowing.

Staff received supervision sessions and an annual appraisal. We observed there were two differing types of supervision forms in use. The form that appeared to be the most used, did not always allow for staff involvement in their supervision session. The supervision session records showed they were being used to monitor staff performance and did not provide staff with the opportunity to request any support or training that would help them perform better in their role. However, discussions we had with staff confirmed they were given the opportunity for further development and training and they felt well supported. We discussed our findings with the clinical lead who confirmed they would ensure the more structured supervision form would be used for all staff in future. The clinical lead confirmed supervision sessions were not to be seen as a negative process but an opportunity for staff to discuss how they could develop and learn.

We spent time talking with the head chef and observed the Food Standard Agency had awarded Birchy Hill Care Home the top rating of five following their inspection. This meant the service had fully met recognised standards of food hygiene and safety. The head chef spoke knowledgably about people's likes and dislikes in relation to their food and drink and what specific foods may encourage people to eat if they needed to increase their weight. They told us how one person loved their crumpets which when served with butter and cream cheese gave them an enjoyable way to eat extra calories to help them maintain their weight. The service had adaptive cutlery and drink containers and coloured plates available for people who may need additional support to eat their meals independently. Research has shown coloured plates enable people with dementia and/or vision impairments to see their food more clearly. This enables them to continue to eat independently which maintains their independence and well being.

We observed three mealtimes during our inspection in three different dining areas of the home. Each mealtime was relaxed with people and staff chatting with each other. Dining areas were attractively laid out with place settings, condiments and background music playing. Staff offered people a choice of where to sit and what drink they would like with their meals. Where people were able they were supported to the dining tables just before the meal so they weren't sat waiting for a long time before their meal arrived. Staff sat with people whilst they supported them to eat and drink. They explained to the person what they were eating and drinking and supported them at a relaxed pace. People told us they enjoyed their meals, one person said, "The food is good. I like it all and we get a choice".

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs, records we reviewed showed this was the case.

We received positive written feedback from a selection of health professional that visited the home regularly. They said the staff always followed their advice given and staff were able to effectively communicate any changes in people's health to the health professionals involved.

The premises had been adapted to accommodate people living with dementia and provided a light, bright environment for people. Corridors and communal areas were uncluttered and well lit to aid navigation and clear pictorial signs directed people to help orientate them around the home. The gardens were safely accessible for people with restricted mobility and included a sensory garden for people to enjoy. Memory boxes and name plates were located outside people's bedrooms, bedroom doors had numbers and each door was decorated in contrasting colours to aid orientation. Memory boxes contained photographs or pictures of items that were important to people to aid recognition. Communal corridors had large murals and paintings along them in varying themes, such as sweet shops, gardens and realistic street scenes which included lampposts, flower boxes and brick walls. These provided stimulation for people living with dementia. There was a small library that included vintage memorabilia for people to engage with if they wished. Items included a typewriter, telephone and a silver cross pram and dolls. One person liked to sit in the library and told people it was, "His study." There were quieter areas people could use if they needed some time on their own which included a spiritual room and a computer room.

The Mental Capacity Act (MCA) 2005 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 take 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).

People who were living with dementia had restrictions on how they lived their lives placed on them to keep them safe. Some people were under regular supervision and there were coded locks throughout the home and on the front and rear doors to keep people safe. There was a clear effective process in place to ensure applications for DoLS for people who lived in Birchy Hill Care Home had been authorised or applied for. We saw documents to confirm this in people's care files. The clinical lead took responsibility for managing people's DoLS and was aware of the need to adhere to any conditions imposed. At the time of our inspection none of the people whose DoLS had been authorised had any conditions.

We checked whether the service was working within the principles of the Mental Capacity Act. We saw detailed 'best interests' decisions were undertaken following an assessment of the person's mental capacity and consultation with those people or representatives who knew them best. For example, a best interests decision had been made for one person in relation to staff administering and managing their medicines covertly. Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them if they had the appropriate legal authority.

Staff showed a thorough understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. For example, staff gently encouraged people to mobilise around the home but if they told staff they did not want to and that they wanted to stay where they were, staff respected their decision.

Following the inspection the registered manager provided additional information regarding the use of the services mini bus. In addition to providing a vehicle for people to use for day trips out to places of interest, the mini bus was used to provide a free form of transport for urgent hospital appointments if NHS transport was not available. This ensured people received their treatment in a timely way.

Good

Is the service caring?

Our findings

There was a relaxed, welcoming and friendly atmosphere at the home. People told us they felt well cared for. One person told us, "It's nice here. I like to look at the papers and I get one most days." Another person said, "I have family locally and they come in to see me, they are welcomed." Relatives spoke positively about the care and support given by the staff at Birchy Hill Care Home. One relative told us, "This is a lovely place, it's clean and the staff are wonderful." Another relative said, "I come in to see a friend now…I think this place is lovely, it's clean, tidy and the garden is lovely too. My wife was well cared for…I think this is like heaven, I've reserved a room for me, when I need it (laughs). I can have my food here too if I want…they make me feel very much at home."

We observed many good interactions between people and staff. People living with dementia were relaxed, smiling, chatting and freely approached staff. Staff demonstrated a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed. They offered people things to keep them occupied when they looked bored and allowed people to rest when they were tired. We observed staff singing with people and many staff joined in the chorus to "You are my sunshine" which people smiled and joined in with. We saw genuine affection between people and the staff. People reached out for staff and gave them eye contact, and held their hands. Staff gave re -assurance and held people when they reached out for any comfort or affection. There were lots of smiles and laughter between people and staff with staff taking time to support people without rushing.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed any support. There was a dignity tree in one of the communal lounges where people, relatives and staff had written about what dignity meant to them. There were a variety of staff who had the role of dignity champion. These came from all areas within the home, including the kitchen, housekeeping and maintenance as well as care and nursing staff.

People's personal preferences and cultural and spiritual needs were detailed in their care plans and staff ensured these were met. For example, one person's plan included that their soft cuddly cat was important to them and to make sure they had it near them.

People were involved in the planning of their care whenever possible. For example, people had signed their own care plans and records showed people were offered the opportunity to manage their own medicines and self-medication assessments had been completed. People were prompted and supported to be independent in as many areas of their lives as they could be. Staff encouraged people to remain active and gently encouraged one person to walk with the support of two staff before providing them with a wheelchair.

There was a computer room with skype facilities available for people to use when they wished. This allowed people to stay in touch with their family and friends locally and abroad and helped maintain their sense of

well being and prevent social isolation.

Resident and relative meeting minutes reflected that people felt involved and were asked for their views in the running of the home. People were asked what activities they would like to see on the calendar and their requests were listened to and implemented where possible. Minutes were completed and made available for all people to read and showed a large variety of areas were discussed which included, any ongoing issues, Halloween party, Guy Fawkes Day, Memorial Celebrations, Children in Need Charity Party and places to visit using the services mini bus. Discussions had also taken place around sourcing an independent organisation to supply pet therapy for people. People gave positive feedback about what they had enjoyed since the last meeting and were given the opportunity to have their say. One person suggested having a sing song at the beginning and at the end of every meeting so they ended the meeting singing a song they all enjoyed.

The service encouraged people's relatives to join the trips and outings to places of interest that people enjoyed. Relatives were invited to have meals with people free of charge which made people feel welcome and provided a homely atmosphere.

Following the inspection we were given additional information regarding support services the service provided for relatives. The service ran specific support group meetings for relatives that may need additional support following a bereavement or dealing with complex healthcare changes to their loved ones, such as learning to live with dementia and the challenges it can bring.

Good

Is the service responsive?

Our findings

We received positive feedback from people, relatives and visiting health professionals regarding the support and care people received which was tailored to their individual needs. One person told us, "I like my own company. I like to stay in my room, the staff don't mind…though I'm going to the activity room this morning…I get my tablet brought to me every day so I can't forget it." Another person said, "I like my room and my TV, the carers do encourage me to go out and join in but I don't want to. I'm quite happy here and the staff don't mind."

One relative told us, "This is a lovely place. I can't fault it. It's clean and the staff are lovely, caring and considerate. My husband took a little while to settle at first, getting upset whenever I left him to go home, but the staff have worked on that and he is quite happy here now…I have peace of mind that he's being well cared for." Another relative said, "This home is exemplary in my view. My Dad is not well and needs a lot of care, but whenever we see him he's washed, shaved and dressed in clean clothes…it makes my Mum who visits often, feel happy that he's getting good care. He loves his food here and is happy and settled."

Written feedback received from a healthcare professional stated the home managed people with complex care needs well. They said people's care plans were kept up to date and the staff interacted with people in a kind and responsive way. They stated communication was effective and staff knew people well and how they preferred their care to be given.

Relatives told us they were kept up to date about important matters that related to their family members. Staff were observant and attentive to people. For example, one person had slipped a little in their arm chair; staff noticed and immediately offered the person assistance to get more comfortable in the chair.

People's needs were fully assessed and care plans reflected their current needs. People's care plans were reviewed monthly or when their care needs changed. The plans included clear directions to guide staff how to care for and support people. Care plans were written in a person-centred way and reflected people's individual preferences and needs. People had daily preference forms completed which gave staff effective summaries on what was important for that person. For example, one person's daily preference form stated," [person] likes classical music and prefers to get up between 8-9am each day. They like to dress well and wear a blouse." Care records and support plans included people's life histories and 'This is Me' which is a document that details important information about how the individual likes to live their life. Staff knew about each person as an individual. For example, they knew people's occupations, their family members and friends, what and who was important to them and how they liked to spend their time.

Some people were living with diabetes. Diabetic care plans gave staff general guidance on how to support people with their diabetes, however some of the care plans did not have detail regarding what were the normal ranges of blood glucose for each person. There was a system in place to ensure people's blood sugar levels were monitored. Guidelines for staff on how to respond in the event a person had a hypoglycaemic event were vague. We discussed this with the clinical lead who confirmed they would ensure specific guidance from the National Institute for Health and Care Excellence would be followed. Immediately

following the inspection we received confirmation from the provider that specialised diabetes training had been arranged for staff, which had been well attended.

We talked with the head of leisure and lifestyle organiser who showed us the wide and interesting variety of activities, events and community visits they arranged for people to enjoy and participate in if they wished. There was a weekly activities programme that was clearly displayed in communal areas so that people could see what was available at any time of the day. Activities were popular, varied and covered a wide range of interests and hobbies. For example, bread baking, pub visits, bus trip to a local lake, boat trips, garden centre, seaside for fish and chips, book club, church service, pumpkin crafting as well as regular gentle exercises, scrabble, quizzes and pet visits. Some of these activities were group activities and others were individual. There were things for people to pick up and interact with in the communal areas. These ranged from books, magazines, jigsaws, soft toys and tactile and brightly coloured objects. Staff spent time with people who were cared for in their bedrooms supporting them with activities they enjoyed. This helped to maintain their sense of well being and prevented the risk of social isolation. An independent reminiscence newspaper was available three times a week for all people to enjoy either by themselves or as an interesting topic of discussion with their friends and family. This ensured people were given interesting items to chat about and provided an enjoyable way to stimulate and encourage conversation between people to increase their sense of wellbeing.

Following the inspection the provider provided additional information regarding pet therapy activities that took place within the home. These included a variety of visiting animals and pets such as, donkeys and dogs, for people to engage with and enjoy. The home also had their own chickens in their grounds. Pet therapy has found to be very beneficial for people living with dementia.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. People's care plans detailed the different ways people communicated. Staff used picture and orientation boards to communicate with people and spoke knowledgably about how people communicate through body language if they were hungry, thirsty or needed additional pain relief.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority and local Government Ombudsman, should people need to contact them in the event of a complaint or concern. We reviewed the complaints the service had received since the last inspection. Complaints had been acknowledged, investigated, actioned and all parties to the complaint informed of the resulting action, which was in accordance with the providers complaint policy.

Following some concerns raised by visitors regarding the lack of wheelchair access into the home Birchy Hill has made improvements to the front access making it easier for people with wheelchairs to come into the home. One person had sent a letter of thanks "Now with the improvements, it is vastly easier; the door is wider, will remain open on its own and the threshold is flat. This means [the person] can remain on [their] buggy to gain access to and leave the building, making [their] visit physically easier and consequently much less stressful. Thank you so much for listening to our concerns and for taking action to address this issue."

Compliments had been received from several families thanking all the staff for their care. One said, "We know that she could not have received better care. Not only were her physical care needs carefully monitored and met, but she was always treated with warmth, care, kindness and respect. We know the staff came to know her and understand her and her needs very well. We are grateful to the whole team."

The service delivered the Namaste Care programme for people who were requiring end of life care and for people who were cared for in bed. Namaste Care is a person centred, sensory programme designed to improve the quality of life for people living with advanced dementia. The programme offers sensory stimulation using all five senses and creates calm, comfortable surroundings. People are provided with a quiet, peaceful environment with meaningful, individualised activities that provide both physical and mental stimulation for them. A variety of different textures are offered to people in the form of twiddle muffs or items in their own right such as flowers, feathers and silk scarves, a continual staff presence ensures people are given individualised, sensory care at this time of their life. The service had trained specific staff to become Namaste Champions and a weekly programme was in place that supported people to continually engage and benefit from the Namaste Care concept.

At the time of our inspection there was no one receiving end of life care. There was a room allocated especially for hosting religious ceremonies and there was a remembrance wall of people who had lived at the home that had passed away. People had fully completed advanced care plans which clearly detailed what people's wishes were and included the relevant do not attempt resuscitation authorities if required. The service placed colour coded butterflies on people's bedroom doors for an additional easy reference if people did not wish to be resuscitated. We reviewed one person's end of life care plan which gave staff clear guidance on how the person would like to be cared for at this time of their life. Guidance included, "[person] would like to be maintained in a dignified peaceful environment with soft classical music in background. They would like to be kept comfortable and have their family around them." The service ran a bereavement support group for relatives and friends which took place every three months in the communal café in the home.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. 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. The registered manager was not available during our inspection but we were fully supported throughout the two days by the clinical lead and senior staff. The clinical lead told us they felt proud of the staff, their commitment to their continuing education and development and pride in the care they provided to the people who lived at Birchy Hill Care Home.

We reviewed the notifications the service had sent to CQC as required by the regulations. Staff had submitted notifications as required, apart from those relating to possible safeguarding concerns. For these incidents the registered manager had notified the local authority safeguarding team and had taken full and appropriate action to ensure people were kept safe and free from possible abuse but they had not notified CQC. We discussed our findings with the clinical lead who told us they would ensure all required notifications would be sent to CQC in future.

We recommend the service notifies CQC of all required notifications as required by the regulations.

People, relatives, staff and health professionals that had regular dealings with the service told us they felt the home was well led with the management team being open and honest. Staff told us they felt well supported and the regular staff meetings and handovers kept them fully informed about the day to day running of the home. Staff, people and relatives said the home had a friendly, caring culture. A relative said, "I like the manager. I can talk to him and know he'll do something about it." One member of staff told us, "It's a good place to work in". During our inspection the service had two agency care workers working. We asked one agency worker if they were given enough information to care and support people how they preferred. The agency worker replied, "Yes I get direction when I visit at handover. I enjoy working here and I know some of the residents well as I was employed here a few years ago."

The service recognised and encouraged staff achievement. There was a staff "High Flyer Award" scheme in place to celebrate staff who went above and beyond their duties. We spoke to one member of care staff who had achieved this award. They told us they felt valued and appreciated for the work they did at Birchy Hill Care Home.

People and their relatives were encouraged to share their views and opinions on the quality of service provided by Birchy Hill Care Home by completing quality assurance questionnaires. The surveys obtained people's views with regards to food, care and dignity and activities. There were mostly positive responses and when suggestions had been made the survey included information about what had been said and what action the home had taken to resolve any issues. The surveys were kept in the main communal hallway fully available for any person to view. This showed the service promoted an open and honest culture. We reviewed a selection of the completed questionnaires. Comments included, "Very satisfied with staff and home" and "Home very clean, I could not wish to be cared for in a better home, I feel loved and treated."

A range of audits to assess the quality of the service were regularly carried out. These audits included staff training, infection control, medication, nutrition, skin integrity, health and safety, activities and communication, engagement within the home. There was a system of spot checks which included unannounced night visits. The provider completed internal quality monitoring checks on the home and the resulting action plan was reviewed regularly to ensure actions were completed and kept to schedule. The service ran a policy of the week system to embed the providers systems and processes into staff's daily work and practice.

The service had established links with a variety of external companies and community groups to deliver a range of programmes to guard against people feeling lonely or isolated. This ensured people's sense of well being was maintained or improved. These included a monthly club where people could choose to join in with a choice of activities and events held at a local care home and a programme involving younger people and children visiting the home to join in activities with people. The service had also established links with a University, and an independent school for students and pupils to join in with people reading stories, baking, carrying out arts and crafts, singing and chatting. The students and children were invited to join special events throughout the year at the service such as Easter and Christmas parties and any open days the service may run such as National Care Home Day. Interactions with students and children gave people an enjoyable and stimulating way to spend their time which often resulted in lots of laughter, smiles and provided an uplifting experience for people. To welcome the very young children, the service had incorporated a 'children's corner' within an area of their on site café and furnished it with child friendly furniture, toys and crafts.

The service was established in reaching out to the local community. There was a quarterly newsletter that was sent out and made available to people, family and friends. This gave information on a variety of events that were scheduled for the home. The home ran regular "Open Days" where members of the public, relatives and residents were welcomed to a morning tea party and entertainment. They had run a Dignity Action Day which was an annual opportunity for health and social care workers and members of the public to uphold people's rights to dignity and provide a memorable day for people who used care services. The head of leisure and lifestyle organiser provided a variety of articles and pictures for the providers website which promoted different ways people had enjoyed the wide range of activities that were available at Birchy Hill Care Home.

The Head Leisure and Life Style Organiser provided specialised dementia training for staff and the local community which included the local woman's institute and local churches. The presentations had been very well received by all.

The homes last inspection rating was displayed in the home and on the provider's website.