

Bupa Care Homes Limited

Birch Court Care Home

Inspection report

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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

The inspection took place on 8, 9 March 2017 the first day being unannounced.

This was the first inspection of Birch Court since it had been re-registered with The Care Quality Commission in January 2017. The re-registration had taken place as a business entity to reflect changes to the providers named responsible people. This did not create any changes to the overall registration of the home.

Birch Court Nursing and Residential Home is split into five separate single -storey houses: Brook House; Moss House; Fern House; Bank House and Waterside House, each with the capacity to accommodate 30 people who need nursing, dementia, palliative, respite or residential care. The home is situated in the Warrington suburb of Howley, within a quiet residential setting. At the time of our visit Bank House was not in use and there were 20 people living in Moss House, 20 people living in Waterside House, 25 people living in Fern House and 26 people living in Brook House.

There was a registered manager in place. 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.

People were well cared for at Birch Court. People told us they were happy with the care and support provided and that staff were kind and caring. Staff maintained people's privacy and dignity ensuring that any care or discussions about people's care were carried out in private. We saw that interactions both verbal and non verbal between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. External health and social care professionals told us that the standards of care appeared to be very high.

Arrangements were in place to protect people from the risk of abuse. We spoke to staff about their understanding of safeguarding and they knew what to do if they suspected that someone was at risk of abuse or they saw signs of abuse. People who lived in the home and their relatives told us that they felt that staff provided safe and supportive care.

Relatives told us they were made to feel welcome and staff and managers were considerate to them and ensured they felt looked after and valued. They were kept informed of any changes and had open dialogue with staff about concerns or changing needs.

Staff were recruited through a rigorous procedure and attend mandatory training as part of their induction and continuous personal development. The registered manager ensured that staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them.

Staffing provision was responsive to the numbers of people living in each house and their changing needs.

We saw that staff on duty in one house were quite rushed around the lunchtime as a meeting had been arranged for one staff member to attend and they were therefore unable to assist with the care and support provision. However we noted that an extra staff member quickly joined the staff team to ensure that there were sufficient staff around to provide needs led care.

People's nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support.

People received their medicines as prescribed by their GP. The home had a medication policy in place and a range of associated procedures which included arrangements for the administration of homely medicines. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

The service had a complaints policy details of which were provided to all of the people who used the service and their relatives. One person told us they had raised a concern and it was quickly dealt with. Other people told us they had not had reason to complain but would know what to do if they did.

We observed a positive culture within the home with all staff having clear visions and values and being proud of the services provided. Staff told us that the registered manager and regional director led by example and they were constantly seeking ways to improve and enhance the lives of the people living at Birch Court.

Systems to continually monitor and review the quality of the service were effective and there were on going plans to further improve the environment and services provided.

We saw a range of risk assessments were in place which were reviewed on a monthly basis. We saw that actions were in place to minimise risk in order to support people and those around them to live more fulfilling lives.

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 was safe.

People and their relatives told us they felt safe.

People were supported by staff who understood how to recognise and report signs of mistreatment or abuse.

People were supported by suitable staffing levels. There were sufficient numbers on duty to meet assessed needs.

People's medicines were stored, administered and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People had access to a range of health and social care professionals in order to meet their needs.

People's nutritional and hydration needs were met.

People were supported by staff who understood the Mental Capacity Act (MCA) and how it applied to their role.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Interactions between staff and people were positive, warm and compassionate.

People's dignity was protected and their confidentiality maintained.

Is the service responsive?

Good ●

The service was responsive.

People had detailed care and support plans which were written by the person and those close to them.

People received personalised care that was responsive to their changing needs.

The service had a proactive approach to managing complaints. Any concerns raised were dealt with promptly

Is the service well-led?

The service was well led.

People, relatives and staff spoke highly of the registered manager and felt they were supportive and approachable.

Feedback on the service was sought using a variety of methods and was used to drive improvement.

There were a number of audits in place to monitor the quality of the service.

The registered manager promoted the ethos of openness, transparency and honesty.

Good ●

Birch Court 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 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 8 March 2017 and was unannounced. The inspection was undertaken by an adult social care inspection manager and three adult social care inspectors. The inspection also included an expert-by-experience who had knowledge and understanding of people living with dementia and older people who use regulated services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second announced visit was carried out on 9 March 2017 by one adult social care inspector.

The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners, health and social care professionals and other information we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law.

During the course of our inspection we spoke with thirty four people who lived at Birch Court and fifteen of their relatives. However a number of people using the service were living with dementia and therefore we were not always able to receive feedback. We also spoke with twelve care staff, the registered manager, the regional director, the regional quality support manager, the clinical lead, two housekeeping staff, three activities coordinators, an administrator and a maintenance person. We also met with three health and social care professionals who were visiting the home at the time of our visit. As some of the people who used the service had limited verbal communication skills we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experiences of people who could not talk with us.

We looked at the care records for eight people who used the service. We also looked at four staff files to review the provider's recruitment, supervision and training processes. We reviewed how medicines and complaints were being managed and how the provider assessed and monitored the quality of the service.

We also conducted a tour of the building, tested some of the essential services and with their permission looked at nine people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe living in Birch Court. People told us they trusted the care staff and felt safe with them around. Comments included "They (staff) always look after me and kept me safe", "I used to worry about being on my own but now I am here I am safe and well", "The girls (staff) make sure I have my medication on time, they make sure I am clean and warm ,oh yes I certainly feel safe here" and "I sometimes have to wait a little to be taken to the toilet, especially when we all want to go at the same time. It's alright though I never have to wait too long".

People's relatives also made positive comments about the safety in the home. Comments included "The staff ensure peoples safety they are very attentive and if (relative) tries to get up they are on hand to assist to make sure she does not fall", "The home has a very good security system so that people cannot come and go unnoticed. The home is always spot on in respect of cleanliness and general maintenance so people are well protected from any harm" and "There are always staff around if you need them".

People were protected from the risk of abuse. Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed that staff had received training in safeguarding and this was regularly updated and reviewed in line with The Care Act and Warrington Borough Council's safeguarding procedures.

Staff spoken with were able to describe the vital role they played in keeping people safe and free from harm, abuse and discrimination. They demonstrated their knowledge and understanding in how they would respond to safeguarding concerns and keep people safe; how they would report any actual or suspected abuse or neglect and who incidents should be reported to. Staff told us that they had received good training which had greatly assisted them to develop their underpinning knowledge of abuse. They told us about the provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. The registered manager and clinical lead were very clear about when to report concerns and the processes to be followed to inform the local authority, police and The Care Quality Commission (CQC).

We saw the service had a business continuity plan in place which identified persons to contact in an emergency. Designated places of safety and requirements to continue to provide a service were also included. We also saw that Personal evacuation plans (PEEP's) were in place in the event of unforeseen emergency such as fire or flood.

Risk assessments were in place which included step by step guidelines for staff to follow for every activity which had a level of risk involved. All files sampled provided evidence that risk assessments were reviewed monthly and updated as required to include trips, slips and falls and tissue viability. We noted that risk assessments had also been undertaken on how some people living in the home, due to their health conditions, may pose a risk to other people living in the home. We saw that in this event measures had been put in place to minimise risk and protect other people from harm. These included one to one support for people or the use of de-escalation techniques.

We saw that records were kept of incidents and accidents. These had been reviewed in order to identify ways of reducing the likelihood of them happening again.

Records we looked at showed that the provider had robust recruitment processes in place to carry out pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Staff duty rotas showed that sufficient numbers of staff were employed to meet the assessed need of the people currently living in each house. We saw that the registered manager had recently undertaken a review of staffing levels on each house to ensure that there were sufficient staff on duty with the relevant skills to meet each person's needs. We saw evidence of these assessments and the overall dependency levels on each house. We noted that the registered manager used a dependency tool each month when she reviewed each person's needs and checked that the staffing levels were adequate to meet all needs. Comments from staff were generally positive about the staffing levels. Comments included "This manager is fabulous. She has sorted the staffing levels out and there is a great improvement", "We generally have enough staff but sometimes if staff ring in sick we use agency and they need our help as they don't know who needs what" and "Today we have a problem with staffing as one of the nurses and a carer are in a meeting, one has gone to lunch and there are now only three of us on the floor. We have needed to ask people to wait for assistance as most people need two of us to help them, so we have needed to prioritise. We have another carer coming in soon but in the meantime we are a bit stressed". We noted that an agency staff member arrived on the unit to cover for the care staff member who was in the meeting. Our overall observations and discussions with people who lived at the home and their relatives did not identify that the staffing levels had a negative impact on the services provided.

The home has a medication policy in place and a range of associated procedures which include arrangements for the administration of homely medicines. We looked at a sample of medication files across the four units. Each file contained a photograph of the person living in the home, staff specimen signatures and accurately completed medication administration records (MAR). Sampled medication stocks were consistent with the MAR charts. We saw there were adequate facilities for the storage of all drugs, including controlled drugs. We saw that the provision of homely medicines and PRN medication was appropriately recorded in the medication records.

We saw that a programme of maintenance was managed by the provider's head office via the home maintenance person or where necessary external sources.

We noted that a health and safety audit was completed each month. This included areas such as fire safety, electrical safety, control of substances hazardous to health (COSHH), and the general condition of the building and gardens. Where any improvements were required we saw these were noted and monitored until they were completed. A more in depth audit was completed each year.

We looked at the regular checks that were completed throughout the home. We saw evidence that fire extinguishers, fire alarms, emergency lighting and water temperature were regularly tested.

Is the service effective?

Our findings

People told us that the staff were very good and were effective in supporting them to manage with their daily life. Comments included "The staff are very nice and they help me to get around and seem to know just what I need" and "They (staff) always talk to me about what I want them to do to assist me. They never do anything without discussing it with me. I like it here very much they are all so helpful and kind. See that lady over there, she cannot talk but the staff still make sure she understands them when they are assisting her".

Relatives of people living in the home told us that they were happy with the way the services were provided. Comments included "Staff understand (relatives) needs and know what to do to reassure her when she gets agitated", "My (relative) has very limited communication skills but staff understand her gestures and respond to them. This makes her happy, she is always smiling at them" and "We are very happy with this home. They have made (relative) better already and she has not been here that long. She is much calmer now and the staff know just what she needs to help her".

We saw that people received care from staff who had the skills and knowledge to meet their needs effectively. Care staff told us that they felt prepared for their role because their induction programme included observing experienced staff, training, reading peoples care plans and getting to know the people who lived in the home. Comments from staff included "I felt prepared to provide care because I got excellent training when I started here and I was also able to get to know people's individual needs during my first few weeks here".

The staff training records showed that as well as mandatory training in areas such as moving and handling, food hygiene and infection control, they were able to develop their skills and knowledge in other areas of their choice. One staff member told us "I had training about people living with dementia. I enjoyed it very much. We use 'Person first, dementia second' which is wonderful. I gained so much understanding about dementia that it helped me to do a better job". We saw records that an admiral nurse made monthly visits to the home when she provided training, support and advice regarding dementia specific issues.

The provider's recently issued training plan, showed training was available for a wide range of needs and conditions that staff could access either on the computer or at trainer led sessions.

All new staff were required to complete the Care Certificate unless they had already obtained a nationally recognised qualification in health and social care. The Care Certificate replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate care.

Care staff told us they had regular opportunities to discuss their practice, training needs and any concerns at one-to-one meetings with their line manager. They told us that these meetings enabled them to speak their mind about care and support, how they were working, training needs and general peer support. Records showed that all staff received timely one-to-one meetings on regular basis throughout the year.

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 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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Some of the people who lived in Birch Court required support to make decisions and records showed that 55 people had been referred to the local authority to be assessed as to their capacity to consent to their care and support. Currently 29 people had been assessed as being subject to a DoLS. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation. Throughout our inspection we saw examples of staff seeking to establish proper consent before providing any care or support. One staff member said "I do my best to assist people to make every day decisions. Even if they lack capacity to make major decisions I try to encourage them to choose what to eat or drink and what clothes to wear and wherever possible be in control of their daily life".

The registered manager was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's life. We met with a local authority social worker who confirmed that the staff of the home ensured that people wherever possible were supported to live a life of their choice and their best interests were considered in all aspects of daily life.

People told us they enjoyed the food and that they were able to discuss the menus and make changes if they wished. We saw that the home provided a very varied menu and people said they were offered choices for every meal. We saw the menu which offered many choices for breakfast, lunch and evening meal. Comments included "Food is good it's just like it was at home" and "Tasty food, plenty of it, we can get more if we want". We saw that the meals were prepared from a main kitchen area of the home and were taken to each unit in a heated trolley. We saw that drinks and snacks were readily available on request and staff told us they dealt with people's hydration needs through observation. Staff said that this ensured drinks were provided as an ongoing process. Staff told us that although food choices were provided, they encouraged healthy eating and encouraged people to choose healthy alternatives to high sugar drinks, snacks and fast food. People's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen. People who lived in the home and their relatives told us the food was good. Comments included "I have never had a bad meal yet", "The food is good and there is lots of it", "Food not really great. We have a lot of chicken. The salads are very good though so are the jacket potatoes", "We come in most days and the food looks appetising and varied" and "She (relative) has put on weight since being here. Food looks splendid". One person had made a comment during our visit to say the food was not too good. However when they had eaten their meal they changed their mind and said the gammon they had just eaten was 'the best gammon they had ever tasted'.

We saw that care plans held information about how to support people with their dietary needs. This included a malnutrition universal screening tool (MUST). This is an assessment which identifies risks to individuals in respect of their nutritional needs and intake. We saw that if people needed support with swallowing staff contacted the Speech and Language team and they carried out an assessment of their swallowing reflex.

People were supported to maintain their health and had access to health services as needed. Care plans

held clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists as well as intervention from the district nursing service. One person told us "I am waiting for my doctor to come to see me now as I need to have things checked". We saw staff talking to people about the tasks they were undertaking with them, asking what they wanted, seeking their consent and constantly reassuring people if needed.

We spoke with three visiting health professionals who told us that the staff of Birch Court were courteous and helpful. They said that they enjoyed effective communication with the home and the nursing communication book and clinical communication sheets were well maintained.

Records showed that staff were trained in the use of diversion and distraction techniques and we saw this training was effective in the management of challenging behaviour. We saw staff supporting a person who was agitated and shouting. They went to the person immediately, offered them a drink and a magazine and gave reassurance in a calm and easy manner. People living in the home told us that sometimes other people got a bit loud and troublesome but staff were always able to quickly calm them down.

All areas of the home had been adapted to suit the needs of the people living there. This included the communal bathrooms and toilets which had been adapted to meet the varying needs of the people who lived there. We saw that different brightly coloured doors were in place in the dementia unit and lots of photographs, memory boxes and memorabilia around the home.

The home environment was clean and welcoming and presented as most hygienic and sweet smelling at the time of our visits. Comments from people who visited the home included "The domestics are brilliant. This home is always clean and never has any unpleasant smells. It's a credit to them all".

Is the service caring?

Our findings

People who lived at the home who we spoke with said they were well cared for. Comments included "All the staff are caring and kind even though they are rushed off their feet"; "Most of the staff but not all are caring and kind. Those that are good are very kind when they are handling you"; "They are very dignified with us. They look after us very well"; "I have never come across any short comings. The staff really care but with some they have a better frame of mind to the job than others" and "All the staff are caring, one of the activities people gets the Times newspaper for me every day." People told us that the care workers were polite, respectful and protected their privacy. We observed care interactions that were kind, patient and sensitive. We observed a carer asking a resident if she preferred a cup or a mug for her mid-morning drink. Another carer was running a bath for a resident and took her by the hand back to her bedroom to select what she would like to wear that day. We observed care staff dealing sensitively with challenging behaviour. For instance stroking the hand and talking to a person who was shouting loudly.

Staff we spoke with were able to explain how they both supported people's needs whilst also helping to manage risks that their behaviour might pose. They said the registered manager had ensured that the care and support plans were very person centred and had been developed by involving the person and their family to ensure that their values, hopes and capabilities were recorded on file.

External professionals we spoke with told us they felt the staff had a mutual understanding with the people living in the home and were able to provide services in a kind and compassionate way.

Throughout our inspection we saw staff interact with people in a kind and considerate manner. We observed friendly banter between them with lots of jokes and laughter.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when needed. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information and staff also spoke with them to ensure they were able to make choices about how they spent their time.

Staff told us that their general approach was to stay watchful in the background and provide support when required. They said they tried to act as enablers with a view to maximising people's involvement in their activities of daily life.

Staff said they used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff was talking to them, continually offering support and encouragement by asking: "Are you

ok? Would you like a drink?" They then engaged the person in meaningful conversation encouraged them to listen to music asked them about how they felt and gave reassurances that staff were around to make sure everything was alright. One staff member said "I try to make sure everyone is OK. I am aware that people can get sad about the past; even if they can't tell me I can understand by their facial image. For instance (name) gets upset when she sees family photographs. All the people who live here need to be reassured. They have the right to get the best care possible and live the best life possible. We love and respect them for who they are".

People's privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people's belongings, such as photographs and other small personal effects to assist people to feel at home.

We found that people were treated with dignity and respect. We observed that staff knocked on people's bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

We found that people were supported to maintain relationships with families and friends. Visitors were seen throughout the inspection with no restrictions placed upon them. We saw that visitors could visit people in their bedrooms also accommodation was provided in the home to enable people to meet with their families in comfortable and private surroundings. Important occasions were marked within the home such as birthdays and other celebrations. A visiting relative said "This is a wonderful home. It is like home from home for me. I visit almost every day and I am always treated like part of the family. This is a very caring environment and I am most thankful for the care and support I also get".

Staff showed great knowledge and understanding of end of life care programme. People's end of life care needs and future decisions were also documented and contained within care plans to ensure people's wishes and choices were respected.

Information about people living at Birch Court was kept securely in a locked office to ensure confidentiality.

Is the service responsive?

Our findings

People told us that staff assisted them when they needed it. Comments included "They do their best to respond to my requests but I need to go to the toilet a lot and sometimes I feel that I am being a nuisance but I know they care for me and look after me well", "We are generally well looked after but if we all need help at the same time we sometimes have to wait. The girls (staff) do their best but cannot be everywhere at the same time. They do a good job",

Feedback from relatives was positive and included "Great improvement in (relative). The atmosphere is fabulous, staff are very good, they have transformed (relative) life. Staff listen to what I have to say and take notice. The activities are excellent and are provided by excellent staff who appear to understand everyone's needs and capacity to join in with whatever activity they do" and "On the whole it's very good here, (relative) is well looked after, has settled in well, staff fully understand her needs. We are always kept informed about her health and wellbeing; we have reviews of her care and updates on her progress. There are always staff around to talk with. We are more than satisfied with the way she is looked after".

We looked at eight plans of care which identified that before people moved into Birch Court they participated in a detailed assessment of their needs to ensure that the home was suitable for them and that staff could meet their assessed needs. Records showed that people were asked if they wanted to visit the home prior to them making a decision to enable them to decide if the home was the right place for them.

Once a person had decided to move in, staff prepared a full care plan and staff told us the aim of which was "To enable each person to live the life they wanted to live". We saw that plans were written in the first person and captured each person's needs and preferences to a high level of detail. They held a front sheet which detailed 'My day, my life, and my portrait'. This information enabled people to give information about their past background, how they wanted to spend their day and wishes for the future. For example, we saw that one person did not want to get out of bed until 'they were ready' and the staff respected this wish. For another person it was important that they enjoyed reading a newspaper or taking part in a quiz.

Care plans held detailed information as to daily life activity such as how people wanted to get ready for the day and level of help required. The plans also held details of outcomes for people to ensure that any difficulties were identified and care was provided in line with people's needs, preferences and capabilities.

Each person's care plan was reviewed monthly and involved the person and their family wherever possible. People told us that this made them feel in control of their lives.

Staff demonstrated a good understanding of the people they supported in relation to their changing behaviours and changing needs. Records and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs; dieticians, community mental health workers, speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that some of the people who lived at the home were able to enjoy activities such as outings with relatives, shopping, walks in the park etc. However, staff told us that they had lots of interaction with the people who lived in the home and enjoyed playing board games, watching television or just chatting.

The home employed three activity co-ordinators who we met with during our visit. We also observed them interacting with the people who lived at Birch Court. The activities programme was very diverse and included arts and crafts, quiz and reminiscence events, karaoke sing along, coffee mornings, gentle exercise and entertainment. Activities were in place every day and the activity co-ordinators worked on a seven day rota to ensure that people received social stimulation each day of the week to include weekends.

Observations of some of the activity provided identified that the people who lived in the home joined in with singing, dancing, quiz and reminiscence and appeared to be happy and stimulated by the various activity. People told us they were happy with the activities. Comments included "They are a grand bunch of staff who make us happy. We have a laugh and a joke with them and look forward to each day as I know we will do something to take away my boredom", "Even the people who cannot talk join in with us when the activities are on. They tap their fingers and toes and smile a lot especially when we have Karaoke" and "These people (activity co-ordinators) are so kind to us. They are good fun and make us laugh, especially when they tell us jokes and sing to us".

Care plans identified people's hobbies and interests and staff told us that they developed individual activity programmes from these plans.

We saw that 'dates for your diary' were recorded on posters in all the units which included all the activities for the next week such as a coffee morning and cakes and a singalong.

Arrangements were in place to encourage feedback from people using the service. Formal and Informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities. People told us they were encouraged to make any suggestions which may improve the home.

We saw that the home's complaints policy was on the notice board in the foyer of the home and in all the units. Staff told us that it was also provided to all people who lived in the home on admission. We saw that 'customer feedback' was posted on walls in corridors of each unit. It recorded 'what you said' and 'what we did'. For example one note said 'There are times when resident's clothes may go missing. We apologise if items of clothing have gone missing. All should be labelled and we can do this. We can also provide individual laundry bags for relatives. Please discuss this with the house manager if you have any concerns'.

People told us they knew about how to complain. One person told us that they had made complaints about small areas of concern and they had been most impressed with how the complaints had been dealt with. Other comments included "From what we have seen we would never have to complain", "Nothing would need to change, I have never had a complaint but know what to do if I have" and "Nothing concerns me but we are always asked to speak about anything that concerns us and I would do this if anything arose". We looked at the complaints file and saw that between June 2016 and February 2017 seven complaints had been received by the home. Records showed that all had been dealt with appropriately within the timescales recorded in the complaints policy.

Is the service well-led?

Our findings

Comments from people who used the service and their relatives were most positive about the way the home was run. People living in the home told us "Its lovely here, we have a laugh", "We are all fine here they run it well" and "There are more activities, more staff, people are very happy"

Relative's comments included "This home is so much better since the new manager came. It has improved so much we can hardly believe it", "This new manager has totally changed things round. There is a happy atmosphere, the manager walks around the home and talks with us. We all know her and she knows all of us".

Throughout our inspection we saw there was an open and welcoming atmosphere within the home. Everyone we spoke with said the home was well run and the registered manager was most helpful and approachable.

Staff told us that the registered manager was excellent in her role. They said she was passionate about providing quality care and support for the people living in the home and worked hard to make sure that staff had the knowledge and skills to provide this. Staff said that people living in the home were now truly at the heart of the service and they were constantly provided with opportunities to 'have their say'.

The registered manager and regional director were on hand on both days of the inspection visit and were able to quickly access and provide all the documentation required.

We saw minutes of meetings held with staff and the people who lived in the home to enable them to share their views of the services provided and make suggestions for improvements.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. There was a comments book in the entrance to the home and customer feedback posters on the walls in each unit to enable people to write comments, concerns or compliments.

Throughout our inspection the manager demonstrated an open management style and strong values-led leadership based on persons centred care and continuous service improvement. Her aims and values had clearly been absorbed and were put into action by staff. Staff told us the registered manager was highly respected by her staff. Staff said they were trained to think of Birch Court as a home from home for the people living there and to make it a very homely and comfortable place.

We saw that staff worked together effectively and were well supported by the registered manager and regional director. Comments from staff included "A lot of staff have worked here for a long time and we work well together. I could not work anywhere else. The home is now well managed, we also have an excellent unit manager and we all feel so supported" and "We are now able to speak our minds. We have regular staff meetings and we all speak up if we have anything on our minds. We are encouraged to give our ideas and

comments about how the service could improve". One staff member said "The regional director spends a lot of time here now and he is really good. He works well with the new manager and together they have made such a lot of improvements in such a short time". Another staff member said "We have seen such a great improvement in the short time they (managers) have been here. They support us and we support them".

Staff demonstrated a clear understanding of their roles and responsibilities within the team and also knew who to contact for advice outside of the service. Staff knew about the providers whistle blowing procedure and said they would not hesitate to use it if they had any concerns about the running of the home.

The registered manager understood her role in respect of notifications and maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies.

We saw that a quality assurance policy handbook was used by the home and systems were in place to enable quality of the service to be monitored. A range of audits were completed regularly in areas such as medicines management, food and fluid intake, care planning and activities. We saw that actions had been taken to address any issues highlighted in these audits. Records showed that regular visits were made to the home by the regional manager who used this system to monitor and review the staff and services provided at Birch Court.

Feedback from health and social care professionals who visited the home was most positive about the high quality of the staff and services provided. Comments included "Great manager, home much improved, the manager understands peoples care needs and makes sure the home is run in peoples best interests".

The registered manager told us that she had worked with Warrington Local Authority quality monitoring team who had been most helpful in drawing up action plans to ensure the home met with Warrington's commissioning requirements. She said that this had assisted the home to focus on any shortfalls, update some policies and practices and enhance services.