

Anchor Trust

Birchlands

Inspection report

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Date of inspection visit:
13 June 2017

Date of publication:
22 August 2017

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

Birchlands is a purpose built care home providing care and accommodation for 52 people. The home is arranged into seven units and all bedrooms are single.

There was 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 inspection took place on 13 June 2017 and was unannounced. At our last inspection in March 2016 we identified one breach in the regulations. This was around the recording of people's care needs. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that all the areas of concern had been addressed, and people had a positive experience living at Birchlands. There was positive feedback about the home and caring nature of staff from people who live here.

Since our last inspection the registered manager and staff team had made a number of improvements to the home. This included a change in the environment with the introduction of a coffee lounge and game area, new menus, and a greater focus on people being able to follow their individual hobbies and interests. A number of these initiatives had just started, but there was already a positive impact to the lives of the people who live here.

People told us they were happy living there. One person said, "Staff here run around after us all, they [staff] are very good". A relative said, "The staff are really caring people. They give a relaxed, homelike and welcoming feeling." Staff were happy and confident in their work and proud of the job they do.

People were safe at Birchlands because there were sufficient numbers of staff who were appropriately trained to meet their needs. Staff understood their duty should they suspect abuse was taking place. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. People received their medicines when they needed them.

People were cared for by a happy and confident staff team. Staff received comprehensive training, to ensure they could meet and understand the care needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make

decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements were met.

The staff were kind and caring and treated people with dignity and respect. People received the care and support as detailed in their care plans. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

Feedback was sought from people, and complaints and compliments were reviewed to improve the service. When complaints were received these had been dealt with in accordance with the provider's complaints policy. A family committee had been formed to work with the registered manager and staff to help continue improving the home, and the experiences of people who lived there.

The service was well led by a registered manager and senior management team who were striving to provide an excellent service to people. Numerous activities to achieve excellence had begun, with further work being planned to try and provide a 'better than good' service to the people who lived there.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. The provider had effective systems in place to monitor the quality of care and support that people received.

People benefitted from living in a home with good leadership and a confident staff team. Staff were very focused on ensuring that people received person centred care, and they took great pride in their work supporting people. This gave people a happy, caring and relaxed place to live.

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 felt safe living at the home. The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet people's needs. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good 

The service was effective

Staff had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and were supported with specialist diets where a need had been identified.

People had good access to healthcare professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good 

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests, and physical and mental health needs.

There was a clear complaints procedure in place. Complaints were used as a tool to improve the service for people.

Is the service well-led?

Good ●

The service was well- led.

People and staff were involved in improving the service. Staff felt supported and able to discuss any issues with the manager. Feedback was sought from people via surveys and regular meetings.

Quality assurance records were up to date and used to drive improvement throughout the home.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Birchlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2017 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with nine people and three relatives. We observed how staff cared for people, and worked together as a team. We spoke with 10 staff which included the registered manager. We reviewed care and other records within the home. These included five care plans and associated records, five medicine administration records, four staff recruitment files, and the records of quality assurance checks carried out by the staff and provider.

Is the service safe?

Our findings

People were safe living at Birchlands. People told us that they felt safe living there. One person told us, "Oh yes, I feel safe living here, it is very nice." Another person told us, "I feel safe, staff look after us really well." Relatives had no concerns about the safety of their family members. One relative told us, "My family member is very safe here, they have never been mistreated. The staff really look after all the residents really well."

People were protected from the risk of abuse. Staff were aware of their role in reporting suspected abuse and were able to recognise the different types of abuse that could happen at a care home. Staff stated they would not hesitate to report any bad practice they either witnessed or suspected, they stated they would report to the manager straight away. One member of staff told us, "We have safeguarding training every year and this includes whistle blowing. If I ever saw any one mistreated people here I would not hesitate to follow the whistle blowing policy and report them." There was safeguarding information displayed at the home, so people, visitors and staff would know who to contact if they had any concerns. The staff had reported appropriately to the relevant authorities when the need had arisen.

There were safe recruitment practices in place. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff deployed to meet people's care and support needs. One person told us, "I can always get a member of staff whenever I need them." Another person told us, "Staff always come quickly when we call them, you can always find a member of staff." Relatives told us that staff were always available at the home whenever they visited. A relative told us, "Staff are always here and there are a lot of them." Call bells were responded to in reasonable time by the staff.

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people who lived here. Staff enjoyed working at the home and said they felt there were enough of them to undertake their roles well. One member of staff told us, "They have recently increased the staff to two in each unit which is much better now."

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. People with limited mobility, were not prevented from moving around. They were supported by carers who ensured their safety, by being present in communal areas and offering help and support when needed.

Where support was offered it was discreet and followed good moving and handling practice.

People were kept safe because risks in relation to daily activities had been identified and assessed. Risk assessments included choking, falls, skin integrity and malnutrition (for people who may have difficulty eating, or a poor appetite). Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People had personalised mobility equipment to enable staff to move them in a safe way. People who may need help mobilising, such as with the use of hoists, had their own slings. This reduced the risk of accidents as the sling was the correct size for each person, and held them securely and safely when in use. In addition individual slings also reduced the risk of cross infection because other people did not use them. Observations made during the inspection confirmed that people were assisted by staff in a safe way that matched the information in risk assessments.

People lived in a safe home. The home was well maintained clean, and decorated to make a pleasant and interesting environment for people. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. People told us that they had locked cupboards where they could put their valuables.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People received their medicines when they needed them. One person told us, "I don't take any medicines, but I could have paracetamol if I needed them."

Medicines were administered, recorded and stored safely. All medicines received into the home were clearly recorded and records of medicines returned to the pharmacy were maintained. A team leader had the overall responsibility for the management of medicines at the home. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to.

People received their medicines when required and as they were prescribed by their GP. We observed medicines being administered to people. The member of staff administering medicines asked people if they were ready to take their medicines and proceeded in a caring way when they had replied 'yes.' Staff stayed with the person until they had swallowed their medicines before signing the MARs chart. We looked at a selection of the MAR charts and we saw there were no omissions of signatures. Only senior staff who had undertaken the medicines training administered medicines and they wore a tabard to inform people and staff not to disturb them whilst they administered medicines.

Records of medicines received and returned were well maintained by staff. Liquid and boxed medicines had the date recorded when they were opened and a continuous daily audit of medicines was carried out at the handover sessions between the team leaders. The home had recently had a pharmacy inspection and all of the recommendations made had been completed at the time of our inspection.

Records of competencies tests undertaken for staff who administered medicines were maintained. This showed that staff performance and understanding of medicines were checked every six months.

Is the service effective?

Our findings

People told us that staff always asked them for their permission before they did anything for them. One person told us, "They always ask me if they could do things for me like washing. They talk to me the whole time telling me what they are doing and why." People we spoke to told us they were able to make their own decisions like going to bed and getting up in the morning, the activities they wanted to do and the food they liked to eat. One person told us, "I do my own things, it is always my choice and staff respect that."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. For example around the decision to live at the home.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. Staff understood they had to always offer people choice, and never do anything without gaining their consent. Staff received training in relation to the MCA/DoLS and were able to describe the procedures to be followed.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person told us, "They must be trained because they help me a lot and I have never had any problems with them." Another person told us, "Oh yes, staff have training because they do everything well." A relative told us, "I believe they [staff] have the right training, they always know what they are doing." Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively.

Staff received ongoing training to ensure they were kept up to date with current best practice. Mandatory training such as safeguarding, health and safety were all regularly completed by staff. The effectiveness of the training was apparent because staff demonstrated the correct use of equipment such as walking aids,

foot rests for wheelchair use, and correct lifting techniques when supporting people to move using a hoist.

Staff were effectively supported. Staff had regular one to one meetings (sometimes called supervisions) with their line manager, as well as annual appraisals where they discussed their roles, training requirements and people living at the home. Staff told us that they felt supported in their work by the management.

People had enough to eat and drink to keep them healthy. People were complimentary about the food. One person told us, "The food is very good, it is very nice." Another person told us, "You always get a choice of meals, and if you don't like what is being offered then they make you something else." A relative told us, "The food is really good, I cannot fault the food. I wish I could have all my meals here." People had a choice of where they sat and who they sat with, for example some people sat in their chairs in the lounge areas, while others sat at tables or in the communal dining area where they could interact with people and staff. There was a happy atmosphere throughout the meal we observed, and people talked to each other and the staff.

People's special dietary needs were and choices met. The staff team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place.

People were protected from poor nutrition. They were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. When required a GP appointment was made if staff had any concerns about people. Referrals were then made to dieticians and speech and language therapists (SALT) if required. Staff recorded people's weights on a monthly basis or more often if a need arose. Records of people's weights recorded that effective care had been given as people's weights remained stable, or appropriate action had been taken if a change was noted.

People received support to keep them healthy. People have access to a range of medical professionals including, a dentist, doctors, opticians and district nurses. One person told us, "I see the chiropodist when I need to." Another person told us, "The GP visits here and I see him when I need to." Where people's health had changed appropriate referrals were made to specialists to help them get better.

Is the service caring?

Our findings

People were complimentary about staff and how caring they were. One person told us, "Staff here talk to us all the time we have a laugh and a joke." Another person told us, "Staff here run around after us all, they [staff] are very good". A relative said, "Staff are always polite and they are very caring with the residents." One member of staff told us, "It is like working with our own family members."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People told us that they were pleased with the standard of care at Birchlands because staff were very caring and they always helped them when they needed it.

Staff interacted in a caring manner with people. Some people were very independent and were able to walk and do whatever they wished to, other people required support and supervision which was provided by staff. People were able to have discussions with staff and shared jokes and stories with one another. We saw one person who had become disorientated and agitated. A member of staff spoke to the person in a quiet, gentle manner, put their arms around the person and gave lots of reassurance. The person walked slowly to a sofa where they sat down next to the member of staff and put their arm around the staff member. The person became relaxed and content in the company of the staff.

People were supported by staff that knew them as individuals. We saw a particularly positive interaction between one member of staff and a person. They started to talk about football and then burst into singing the anthem for a well-known football team who the person supported. We spoke with the person and asked if they were able to follow their team whilst living at the home. They told us, "Oh yes, I watch their matches when they are on the television and they have won a league title." We asked if we could have a look in their bedroom. They came with us and showed the photographs and pictures of the players who play for their team. Staff had supported them to put these on their bedroom wall. Relatives said that the staff knew people well and knew how they liked to be cared for. Throughout our inspection staff had positive, warm and professional interactions with people.

People said that staff encouraged them to be independent and to do as much for themselves as they were able to. One person told us, "I wash and dress myself and go to the toilet independently." Another person told us, "I do things for myself but staff are always available if I struggle." An innovative project to promote independence had been implemented by the home because one person managed the home's shop where people could purchase items such as birthday cards, shampoo, toiletries and scarves. They told us that they liked the responsibility that came with running the shop and helping people to purchase items they needed.

Staff treated people with dignity and respect. One person told us, "Staff always close my door when they help me get washed and dressed." Another person told us, "Staff respect my privacy and never do anything without asking for my permission. They always knock on my door, they never just walk in." Staff followed good practice when providing personal care to protect dignity. One member of staff said, "I cover exposed parts to preserve their dignity when I help them to wash, especially their legs as these soon get cold."

People were given information about their care and support in a manner they could understand. Pictorial menus were in use for people who live with dementia or were unable to verbalise a choice. This supported people in making their own choice. Information was available to people around the home. It covered areas such as local events, in house activities, and information from the provider, such which staff would be on shift. A 'family tree' was on show in each of the units, which had pictures of people that lived there and the staff that supported them. This added to the family feel the staff tried to bring to people's lives.

Visitors were seen coming and going throughout the day. One visitor told us that they thought the care provided to their family member was 'excellent' and they had no concerns about the home or staff. Relatives told us they could visit their family member at any time and there were no restrictions to visits. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Is the service responsive?

Our findings

At our previous inspection in March 2016 we identified one concern. This was around the recording of people's needs within care plans. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that all the areas of concern had been addressed.

People's needs had been assessed before they moved into the home to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. Equipment and support the person required was then put into place before they were admitted.

People and their relatives were involved in care and support planning. One person told us they knew about their care plan and they had been involved in writing it. They told us, "Staff do talk to me about my care plan, I am happy with it." Not all the people we spoke with could remember if they had a care plan, however one person told us, "I have a care plan and staff always talk to me about it." Other people told us that staff always spoke to them about their care so did not really need to see their care plan.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. This was designed by gathering information from personal preferences, from relatives, and previous assessments of the person's care needs. This covered all aspects of the person's activities of daily living and the level of assistance the person required. People told us they did all the things they wanted to do. One person told us, "I do activities if I want to, I walk about the home and staff do the rest for me." They told us that staff encouraged them to do things for themselves but they did not force them to.

Care records were well organised so information about people and their support needs was easy for staff to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. It was clear staff had read and understood these files as they were able to tell us about the people they cared for, such as interests and life story, and the information they gave matched with that recorded in the care records. Records showed that care plans were regularly reviewed with the involvement of the person, their relatives and the healthcare professional involved.

People received support that matched with the preferences record in their care file. One member of staff told us, "We ask people about their likes and dislikes and assessments are done before they move in to the home. We discuss their care plans with them during our monthly key worker meetings with people." Another member of staff told us that relatives could read the care plans and they were all reviewed every month. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink.

Care plans were person centred and reviewed every month. They provided guidance to staff about how to attend to the assessed needs of people. For example, personal care such as bathing, showering, toileting and personal hygiene. Dietary requirements were also recorded and records of referral to speech and

language therapist (SALT) were maintained for those who had eating and swallowing difficulties. Other information included mobility, communication, and mental capacity assessments.

People had access to a wide range of activities many of which focussed and promoted people's well-being, physical and mental health. One person had an interest in the garden and helped the maintenance team to clear the garden of rubbish whilst the grass was being cut. It was an interest of this person to help with general maintenance and the maintenance staff let them help whilst keeping close supervision on the person. We could see the enjoyment on the face of this person as they busily picked up the fallen twigs and small branches. A coffee shop area had been developed with the plan to have people who live at the home run it.

People told us that there were activities every day and they could choose whether or not to join in with them. On the day of the inspection the activity for the morning was a quiz. Those who wanted to went downstairs to the lounge, supported by staff, to take part in this activity. People were interested in the quiz and demonstrated their enjoyment, by laughing with each other and staff, and getting involved in answering the questions. A number of community based activities had been trialled and were being developed to enable people to take part in their local area. This included volunteering at a local charity shop, and taking the lead for the local neighbourhood watch.

The afternoon activity was bowls on the patio and gardening. Again, people were seen to enjoy the activities and actively took part in them. It was a hot day and staff responded to this additional need by asking people if they wanted to wear a hat (they were encouraged to); there was also a shaded area in the garden where people were encouraged to sit.

People were supported by staff who listened to and responded to complaints or comments. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. People told us that they had no real concerns.

Relatives confirmed they had been given a copy of the home's complaints policy when their family member moved into the home, so understood how to complain if they felt the need to. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

Where complaints had been received these had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service.

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. The atmosphere was very welcoming and open. Staff were confident in their roles, and proud of the job they did. This was demonstrated by how they welcomed us into the home and sought us out throughout the day to tell us about the home and the people that lived there. People were complimentary about the registered manager and the management team. One person told us, "It is always nice and relaxed here. Staff spend their time talking to us." Another person told us, "I think it is well managed. Staff are efficient and the manager is always walking around the home." Staff were seen to provide a positive experience for people living at Birchlands. There was a warm atmosphere amongst staff with good support and teamwork between them when supporting people.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. Relatives told us that they believed the registered manager was good and he always knew what was happening in the home, for example, activities and who was where.

There was an emphasis on continually striving to improve the service that people received. The registered manager had introduced a number of initiatives across the service to create a better working environment for staff. This improved people's experiences living at the home, as staff were positive and knowledgeable in their roles. Initiatives such as 'employee of the quarter' recognised staffs achievements, having a positive impact on staff moral and retention. Birchlands is seen as a centre of excellence within the Anchor group. As part of the induction process for new home and deputy managers they visit the home to learn organisational best practice.

Staff felt supported and able to raise any concerns or ideas for improvements with the registered manager, or senior management from the provider. Staff were complimentary about the registered manager. One member of staff told us, "The culture here is very much open, staff are friendly and we all get on well together." Another member of staff told us, "The manager is excellent; he is always available to us." Staff told us that they could put forward ideas on how to improve the service. They had regular staff meetings and completed questionnaires where they could make suggestions. One member of staff told us they had asked for woollen soiled clothing to be placed in a separate red bag and put into a specific area of the laundry so they did not shrink in the washing cycle for other clothing. This had been actioned and people's laundry was better managed as a result.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people. The areas checked included accuracy of care plans, staff practice around dignity and respect, and staff training. People and staff were consulted during these audits to give their views.

Regular monthly checks on the quality of service provision took place and results were actioned to improve

the standard of care people received. Audits were completed by the registered manager and staff on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. The registered manager and staff also responded well to external feedback received about the service. For example all the issues we had raised at our last inspection had been addressed.

People and relatives were included in how the service was managed. There was a resident and family committee (the Birchlands Family Group) who had the opportunity to identify areas of improvement and give praise for achievements by the staff and people who live here. The last meeting showed the open way the registered manager and provider worked. Issues around the home had been discussed with people and their family, such as the menu and events planning, training (for staff and relatives) and management and staffing of the home. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled him to observe care and practice to ensure it met the home's standards. The manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.