Victoria Nursing Group Limited

# Birch Trees Nursing Home

## Inspection report

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Date of inspection visit:
24 January 2022
25 January 2022

Date of publication:
02 March 2022

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

About the service
Birch Trees Nursing Home is a residential care home providing personal and nursing care to up to 22 people in one adapted building. The service provides support to people with a range of health conditions, including people with terminal illnesses and/or dementia. At the time of our inspection there were 18 people using the service.

People's experience of using this service and what we found
People were safe living at the home. One person said, "Day and night-time, there's always someone around". People's risks had been identified and assessed, and were managed safely. People received their medicines as prescribed. There were sufficient staff to meet people's care and support needs. The home was very clean and well-maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to a range of healthcare professionals and services. People's nutritional needs were met. One person commented, "The quality of the food is good, but I don't have much appetite. Because I eat slowly, they do special things for me to tempt me and don't rush me".

People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect, and their diverse needs were catered for.

Personalised care was the focus of the home. People were encouraged to stay in contact with their family and friends. One person said, "My wife visits once a week. We can sit here in my room or outside in the summer". A relative said they had visited other homes before finally choosing Birch Trees Nursing Home for their loved one and said, "We liked it so much and we're happy with the care here".

The management team were involved in all aspects of the home. People knew who the managers were and commented they saw the home manager regularly. Staff felt supported by the provider and the management team. One staff member said, "We became people's family through Covid when relatives couldn't visit".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
This service was registered with us on 11 June 2019 and this was their first inspection.

The last rating for the service under the previous provider was Good, published on 13 December 2016.

Why we inspected

The inspection was undertaken in order to give the home a rating under the new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Birch Trees Nursing Home

**Detailed findings**

## Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by an inspector 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at statutory notifications which the registered manager is required to send to us by law. We used all this information to plan our inspection.

During the inspection
We spoke with nine people and two relatives about their experience of the service. We spoke with the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service. We also spoke with the registered manager, the home manager who was in charge of the day-to-day management, a registered nurse, two care staff and the housekeeper.

We reviewed a range of records including five care plans and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We sought feedback from health care professionals who work with the service.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- One person said, "Oh yes, it's safe here. There are plenty of staff around and I've got my call bell". Another person told us, "I feel safe with the staff here. They are exceptionally caring people. For example, they bring me a cup of tea in the night if I wake up".
- Staff had completed safeguarding training and explained what action they would take if they had any concerns about people's safety. One staff member said, "If I suspected anything I would speak to [named home manager]. I would put what happened in writing so it could be followed-up. I've completed my safeguarding training".
- The provider had a safeguarding policy, with information and guidance available for staff to follow.

Assessing risk, safety monitoring and management

- People's risks were identified and assessed safely.
- A relative told us, "[Named person] has had several falls before coming here and a few here at first. It was difficult to encourage him to call for assistance, but the staff keep checking as he doesn't use the call bell much, but there are less falls now". This person was at high risk of falls and since they came to live at the home, staff had encouraged them to use their call bell to ask for assistance. This had worked well, and the number of falls this person sustained had decreased.
- A range of risks were reviewed within people's care plans. These included mobility, nutrition and skin integrity. For example, where people required a textured or modified diet, advice had been sought from a speech and language therapist and this was recorded in the care plans. One person required fluids to be thickened and a pureed diet, as they had swallowing difficulties. We saw this person was given their lunchtime meal and the food had been pureed.
- People had personal emergency evacuation plans (PEEPs) which described their care and support needs. Staff would follow this guidance in the event of an emergency if people needed to leave the building. The registered manager told us they had fire drills that included staff practising how to move people safely.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- People felt there were enough staff on duty. One person said, "There's always a nurse on at night-time. If I press my bell, they come to see me, I don't have to wait long".
- A healthcare professional told us, "Staffing levels I find are good, with someone free to speak with me when I come to the home. I don't make appointments, so turn up at all different times of the day. I see it how it is on the day and am never disappointed by what I find".

● Staff commented there were enough staff, with opportunities for overtime when there were gaps in staffing rotas. One staff member explained, "Generally we try and have more staff on duty during the morning. We organise a daily allocation of staff, which nurse is leading the shift and who is team leader. Morning jobs are allocated, including the laundry, then staff work on the floor. We work as a team, and as long as you're all communicating, it works well".
● Agency staff were used to fill any gaps in staffing levels. Profiles of agency staff were reviewed at inspection. Generally the same staff came to work at the home, who knew people's needs well and could provide a consistent level of care.
● New staff were recruited safely. All necessary checks were completed, including with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● All aspects of medicines management were managed safely.
● Each person had a locked medicines cupboard located on their bedroom wall. The nurse on duty had access to this cupboard for easy dispensation of medicines.
● People told us they received their medicines as prescribed. One person said, "You can set your watch by the pill trolley coming round". Another person told us, "Yes, I get medicine when I need it. I have heart problems and sometimes I need to have a spray under my tongue".
● We observed the nurse on duty administering medicines to people at lunchtime. The nurse asked people whether they had any pain and if they would like some pain relief. The nurse was patient and kind in their approach and waited with people while they took their medicines.
● The administration of topical creams was recorded on a body map which showed staff which part of the body each cream should be applied.
● Medicines to be taken as required (PRN) were given according to the provider's policy and in line with current guidance.
● Any surplus or unwanted medicines were disposed of by a specialist contractor. There was a stock of these on the floor in the medicines room. The nurse explained they were waiting for the contractor to visit, and the registered manager said this contractor was often late and would frequently need to be chased-up. Following a call to the contractor when we inspected, the contractor arranged to dispose of the surplus medicines the following day.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A healthcare professional told us, "The home's infection control has been amazing with attention to detail second to none, following all procedures as required and above and beyond what is required".
● We were assured that the provider's infection prevention and control policy was up to date.
● The provider had a policy relating to visitors wanting to come into the home and government guidance was followed. Any visitors were required to undertake a lateral flow test and receive a negative result before being allowed into the home or on site, and were supplied with personal protective equipment to wear. Relatives and friends visited by appointment.

Care homes (Vaccinations as Condition of Deployment)
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong
- Lessons were learned if things went wrong.
- Incidents were used for reflective learning and changes were made as a result.
- The home manager gave an example relating to one person who unexpectedly became very unwell, but was not identified as being at the end of their life. Anticipatory medicines had not been acquired as they were not felt to have been needed. However, this person subsequently passed away unexpectedly. This incident was reviewed and discussed with healthcare professionals. As a result, any person now who would not be for hospital admission would have anticipatory medicines in place.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Birch Trees Nursing Home. They received care and support according to their preferences and in line with good practice.
- Care plans showed detailed information about people, the kind of support they required and enabled the provider to decide whether each person's needs could be met.
- The home worked closely with Macmillan Cancer Support and some people had been referred by them. Healthcare professionals from Macmillan Cancer Support met regularly with the management team at the home, to discuss people's needs and treatment.

Staff support: induction, training, skills and experience

- Staff had the necessary skills and training to undertake their caring responsibilities. One person said, "The staff are a lovely bunch. Trained? Very much so. They don't have a big turnover of staff here, so you get to know everyone".
- Staff completed an induction programme and a range of training when they commenced employment at the home. New staff with no previous experience of working in care studied for the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was refreshed as needed and staff told us about the professional development opportunities available to them. For example, one staff member was attending university for a day each week and was studying towards a nursing qualification.
- A review of the training plan showed that staff had completed training in areas considered essential by the provider. Staff had undertaken training on safeguarding, moving and handling, diabetes awareness, dementia awareness, and end of life care for example.
- Staff told us of the training they had completed and demonstrated their understanding of this in practice. Staff received supervision every three months with their line managers. One staff member explained the supervision enabled them to discuss their training, how they were feeling, and whether there was any further support required from the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and they were supported with a healthy, balanced diet.
- One person said, "The food here is very good. We have a roast dinner twice a week and fish and chips on Fridays". Another person commented, "There are wonderful cooks here, we have lovely meals". Drinks were readily available for people in communal areas and in their bedrooms.

● We observed people having their lunchtime meal. People were encouraged to eat independently, and the atmosphere was relaxed and friendly. Two staff sat with two people to assist them with their lunch.
● People were asked if they still wanted the meal they had chosen previously or if they would like something different. Staff were attentive to people's needs. We overheard one staff member say, "I hope the jacket potato isn't too hot; I've cut it through to let it cool down".
● A staff member explained people's dietary needs. They said, "We've got a few people on special diets, soft and pureed, thickened fluids. Some are diabetic. There's no strict diabetic diet, but we try and encourage people not to eat too much sugar. People can make choices. You can advise, but you can't make people do things".
● People's dietary requirements were printed on laminated cards in the kitchen, so the chef could check what was safe for people to eat and cater accordingly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and had access to a range of healthcare professionals and services.
● One person said, "A doctor will come in and see you after the first consultation on the phone with the staff. They will get you ready for the doctor's visit, take your blood pressure and temperature". Another person told us, "I see the chiropodist here and go to the hairdressers downstairs". People's oral care was assessed and managed well. People could see a dentist for check-ups or if they had any problems with their teeth.
● Staff accompanied people when they met with their GP or if they had a hospital appointment.
● Multi-disciplinary meetings were organised to discuss people's health and care needs. A healthcare professional explained, "Referrals to outside agencies are appropriate and timely. Effectiveness is delivered through robust education and updates for staff. Staff appear to be well supported and opinions are valued with a kindness demonstrated. They are always available to attend the multi-disciplinary team [meeting] on Wednesday where we review relevant patients; the end of life consultant, GP and family are included, if required".

Adapting service, design, decoration to meet people's needs
● The home had been adapted and designed to meet people's support needs.
● Overhead tracking to assist with hoisting was available in people's bedrooms. A stair lift and a lift elevator enabled people to move between floors.
● People's bedrooms were personalised and contained items of interest to them, such as photos of loved ones, ornaments and memorabilia.
● People had access to a garden and outdoor space.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been assessed. Where a person lacked capacity to make a decision, this had been evaluated and DoLS applied for as needed. Some people's DoLS had lapsed and were waiting for the local authority to review the re-applications.
- Staff completed training on MCA and DoLS. One staff member said, "Deprivation of liberty is there to keep people safe. We may have to distract people, if they want to leave for example". Another staff member told us, "DoLS is about keeping people safe and making decisions in their best interests". A best interests decision taken for one person enabled staff to give them their medicines covertly, that is, without their knowledge. The home manager explained this action had not been required yet, as the person was happy to take their medicine. However, the decision was in place should the person refuse their medicines at some point in the future. Any best interest decisions were recorded appropriately and showed relevant health professionals and relatives had been included in the decision-making process.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated as equals and with respect by staff.
- The provider had an equality and diversity policy and staff had completed training on this topic. One staff member explained, "Equality and diversity, it's about treating people the same and giving equal opportunities; understanding their opinions".
- One person's beliefs meant they did not celebrate religious festivals. So that they were not excluded from receiving a Christmas present, staff bought them a basket of flowers just after Christmas. At Easter, they were given chocolate buttons instead of an egg.
- People's spiritual beliefs were acknowledged and catered for. If people wished for a priest at the end of their life, then this was organised. One person at the home chose to join a church service online.

Supporting people to express their views and be involved in making decisions about their care
- People were supported by staff to be involved in every aspect of their care.
- One person said, "I was asked when I came here if I minded having male carers to help me with my personal care. I don't mind, but I do as much as I can for myself. They rub cream into my back after my wash and I can have a shower if I want one".
- Staff explained the importance of involving people in decisions. One staff member said, "We can discuss preferences and options with people. We involve their family and close friends too. A couple of people may decline to have personal care, but you can leave them for ten minutes, then go back and try again. A different approach can work or a different member of staff. One person only likes to be cared for by female staff; we always check with people what their preferences are when they come to live here".

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect by staff who knew them well.
- One person said, "I get on well with the staff here, and we are cheeky to each other. They say, 'Here's trouble!' and we laugh together. This is like a second home to me here, I'm very happy". Another person told us, "The staff are good here. They introduce themselves and knock on the door". A third person commented, "Staff are always doing something kind. When it was my birthday, I had a hospital appointment, so they waited till I got back, and we celebrated".
- Staff explained how they treated people with respect and protected their dignity. One staff member said, "Doors are closed, windows and curtains. It's important to cover people up and check with them when we do anything. I try and promote independence, try and follow people's normal routines. For example, one person has a particular routine and he will shave, while we make his bed. We encourage and support people, give them opportunity and don't rush them".

Good

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs and preferences.
- A relative referred to care planning and said, "There were four-way conversations between my father, the family, the doctor and the home; we were all involved. It wasn't easy for him to understand that he couldn't cope at home, but he has settled here now".
- A healthcare professional told us, "Care is individualised and personal, including what people choose to eat and drink; specific likes and dislikes are catered for. This is shown through really good documentation, eating and drinking charts, and bowel charts, and the fact that they really know each individual well. They make a real effort to ensure they are doing their best. Staff appear to be well supported and educated, such as provision of end of life care".
- Care plans included detailed information about people, their lives before they came to live at the home, and their choices and preferences. Staff also gave their views about people's care and support. One staff member said, "Personalised care is about making it happen for people and adapting to their preferences".
- Although care plans were comprehensive in detail, the electronic planning system used at the home did not enable information about people's specific health conditions to be written about in detail. This was an issue with the system, rather than an oversight by the management team. Some information was included. For example, for people living with dementia, there was a separate dementia care plan. However, other health conditions did not have a separate care plan. We discussed this with the registered manager who agreed to look into this.
- During the inspection, the registered manager told us they had devised a template to be used alongside the electronic care plans. This template would enable staff to receive information and guidance about people's health conditions, what support was needed, and how their particular condition affected their day-to-day lives and wellbeing. The lack of specific care plans had no adverse impact on people; staff knew people well and about any medical conditions that affected them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met in a way that suited them.
- Where people lived with a hearing impairment, the wearing of masks by staff and visitors impacted on the way they received and understood what was being communicated. A staff member explained that one

person had picture cards in their room which were used to communicate with them. The staff member added, "We can use the cards and also speak a bit louder, or we can write things down".
● Information could be provided in an accessible format where people had difficulty in reading or understanding the written word.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The home endeavoured to provide meaningful activities and mental stimulation for people. The activities co-ordinator who was employed at the home had recently left and the registered manager told us they were in the process of advertising for a new member of staff for this post.
● People told us of the activities that had been on offer at the home. One person said, "We did have a weekly list of activities, but I don't often want to join in. I'm happy in my room and play chess on my computer". Another person told us, "I do sit out in the garden in the summer. We had a barbeque last summer and a jazz band; that was good". A third person commented, "My brother takes me out to a local farm, sometimes in his car".
● People were encouraged to receive visitors and to maintain contact with people that mattered to them. Some people had their own laptops and telephones in their rooms.
● People and their relatives received a newsletter to update them on what was happening or planned at the home; they also had access to social media.

Improving care quality in response to complaints or concerns
● Complaints were managed in a responsive manner and in line with the provider's policy. A copy of the complaints policy was available to people in a resident's handbook located in their bedrooms.
● People knew how to make a complaint. One person said, "I've not made any complaints here; I'd tell the manager if I did". Another person told us, "I once complained about a member of care staff and the manager sorted it out". A third person said, "The other evening the night staff came to put me to bed, but I hadn't had my tea. They got me something to eat and made a nice fuss of me. I don't need to complain".
● Three complaints had been received within the last year. These were documented and an outcome clearly recorded. One complaint came from a relative about the 'poor décor' in their family member's bedroom. The room was redecorated and the person was involved in choosing the colour scheme.
● One staff member said, "If I can deal with a complaint myself I will, and it could be easily resolved, otherwise I'll talk with [named home manager]. I can always go to the nurse on duty or one of the managers if it's something out of my limit".

End of life care and support
● People could live out their lives at the home, if this was their wish and their needs could be met.
● At the time of the inspection, no-one was receiving end of life care.
● Care plans recorded people's wishes and preferences for their end of life care.
● Staff completed training on this topic. One staff member said, "It's hard and you can have all the training in the world, but it's the 'hands-on' experience and support. It's just making sure people are comfortable, clean and okay". The registered manager told us, "Staff will stay with people and with families. It's simple things, people have favourite perfumes for example, so it could be about making sure the family have a familiar smell to remember the person by".
● When a person died, a candle would be lit in their memory and kept burning for seven days in the porch of the home.

Good

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One part of the provider's Statement of Purpose read, 'We aim to provide personal care and support in ways which have positive outcomes for service users and promote their active participation'. This statement was met at inspection and a culture had been developed that promoted people's welfare and encouraged participation in all aspects of the service.
- A healthcare professional stated, "I think they go over and above what is needed to get the best for the residents … and I consider the manager to be empowered, confident and a skilled nurse. Any time I go in I find the same high standard of care, kindness to others, excellent communication and respect'.
- The management team had good oversight of the home and was supported by the provider who was in regular contact, in person and virtually. One staff member said, "They have a really good team here and everyone works well together. All the residents are happy, so you know you're doing something right".
- The registered manager demonstrated their understanding and responsibilities under duty of candour. They explained, "It's about ensuring you're transparent when something happens, that lessons have been learned and are shared".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff were clear about their roles within the home.
- The registered manager had completed statutory notifications, and sent these to the Commission, as required by law.
- The registered manager said, "It's quite a small company and you do feel valued. [Named provider] knows his staff pretty well. He's not a nurse, but he respects our professional judgement. Here, if you need anything, it gets done, and you can provide the right care".
- A robust system of audits had been developed to monitor and measure the service overall and to drive continuous improvement.
- Audits relating to catering, care planning, accidents and incidents, infection prevention and control, and health and safety were reviewed. An analysis of incidents identified any patterns or trends, for example, when people sustained falls, so changes to people's support and their care plans could be made.
- Several compliments and 'thank you' cards recorded positive comments from relatives. One read, 'A big thank you for looking after my Mum. You do an amazing job and you keep her smiling'. On a care home review website, another relative had recorded, 'From my first conversation with the manager, I wanted my

mother to go to Birch Trees. He put me at ease, and I felt assured that mum would receive the kind of dignified care we all want for our loved ones in their last days. They didn't let me down. Usually in healthcare settings you find singular people who shine above the rest in their compassionate care, but at Birch Trees it's difficult to find someone who doesn't shine. Never before have I met a group of people who are so compassionate, kind and caring.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and staff were engaged in developing the service and their feedback was encouraged and listened to.

● One person said, "We had no formal meetings during the pandemic, but the managers are very approachable. I can ask to see them any time. You can't change the layout of the building, but I'd score the home 10/10; I'm happy here". Another person told us, "I know the managers and it's well run here. I don't think I want any changes, they do enough for me". A relative commented, "I find the staff are helpful and willing to talk to me by phone as I can't get here regularly; there's good communication between us".

● Residents' meetings had taken place to discuss what was happening at the home and to invite people's suggestions. Where people chose not to attend, a staff member visited people individually to obtain their feedback.

● Staff felt supported in their roles. One staff member explained, "If we have any problems, we don't really need supervisions because they're always dealt with quickly. We are encouraged with career progression. The home has a family feel. It's brilliant, I love it. Anything we think could be changed, we can talk about it. The management are always here and we can sort it quite quickly". Staff surveys had been completed and actions were recorded against any issues raised.

● The managers felt supported by the provider and by their colleagues. One manager said, "The team here are lovely. Everyone seems to come to work because they want to make a difference". Both managers were aware of the importance of maintaining their own wellbeing and that of staff.

Working in partnership with others

● The home worked in partnership with a wide range of health and social care professionals.

● A healthcare professional stated, 'There's a passionate manager who will push through to provide excellent care and shows this to the staff as being an excellent role model. In the multi-disciplinary team meetings all the information is clearly set out with all relevant details to hand to be as efficient as possible in care planning and provision'.

● Managers from across the provider's other homes shared ideas and met regularly.