Birchlands (Haxby) Limited

Birchlands Care Home

Inspection report

Moor Lane
Haxby
York
North Yorkshire
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Tel: 01904760100

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10 June 2016

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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

Birchlands Care Home provides residential and nursing care for up to 54 older people. The home is in the village of Haxby on the outskirts of York. Accommodation is provided across three floors and there is lift access.

We inspected this service on 9 and 10 June 2016. The inspection was unannounced. At the time of our inspection there were 47 people who used the service.

The service was registered by a new provider in September 2015 and this was our first inspection of this service under the new provider.

The registered provider is required to have a registered manager as a condition of registration for this service. The service did have a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found that the service was safe. Staff understood their responsibility to safeguard vulnerable adults from abuse. Risks were identified and assessed. Risk assessments were used to guide staff on how to provide safe care and support. Where accidents and incidents did occur, steps were taken to reduce any future risk of harm.

There was sufficient staff employed to meet people's needs. Appropriate recruitment checks were completed to ensure suitable staff were employed.

People received support to take their prescribed medicines which were managed safely.

Staff completed on-going training and had supervisions to support them to develop in their role. Although some training needed to be updated, people who used the service were complimentary about the skills and knowledge of staff. We have made a recommendation about training in our report.

Consent to care and treatment was sought in line with relevant legislation and guidance.

We received positive feedback about the food provided and saw that people were supported to eat and drink enough.

Support was provided for people who used the service to access healthcare services.

Staff were described as kind and caring. We observed that the care and support provided generally maintained people's privacy and dignity. Staff listened to people who used the service and encouraged and

supported them to make decisions.

Care plans were person centred and were reviewed and updated regularly.

There were systems in place to gather feedback about the service and to respond to any issues or concerns that arose. People who used the service told us the registered manager was approachable and they felt able to complain if they needed to.

We received consistently positive feedback about the registered manager and the management of the service. There was a positive atmosphere within the service and people who used the service, relatives and visitors commented on the improvements and changes the registered manager had made. There was an effective quality assurance system in place to identify and address any issues or concerns.

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.

Staff we spoke with understood their role in safeguarding vulnerable adults from abuse.

Risk assessments were used to identify and manage risks to promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

People were supported to receive their prescribed medicines.

Is the service effective?

Good

The service was effective.

People who used the service were positive about the skills and knowledge of the staff that supported them. Although some training needed to be updated the registered manager had a system in place to monitor and address this.

Staff sought consent to provide care and support in line with relevant legislation and guidance on best practice.

People who used the service were supported to eat and drink enough and to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were kind and caring.

We observed that people were supported and encouraged to make decisions and express their wishes and views.

People who used the service told us that staff respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and person centred care plans put in place to support staff to meet people's individual needs.

There were systems in place to gather and respond to feedback about the home.

Is the service well-led?

Good

The service was well-led.

People told us the service was well-led and we received positive feedback about the registered manager.

We identified that there was a positive atmosphere within the service.

There were quality assurance system in place for the registered manager to monitor the quality of the care and support provided.

Birchlands 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. The inspection was planned to check whether the registered provider was 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.

The inspection took place on 9 and 10 June 2016 and was unannounced. On the first day of our inspection, the inspection team was made up of one Adult Social Care (ASC) Inspector and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. On the second day, the inspection team was made up of one ASC Inspector.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us. Notifications are made by providers to give us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's quality assurance and adult safeguarding team to ask for their feedback about the service. We used this information to plan our inspection.

During the inspection, we spoke with seven people who used the service and six people who were visiting their relatives or friends. We spoke with the registered manager, deputy manager, a nurse, a senior carer, three care assistants, the activities coordinator, the administrator, two cooks, the maintenance person for the home and the housekeeper. We also spoke with a visiting health and social care professional.

We looked at five people's care files, four staff recruitment and training files, records relating to the management of medicines within the home and a selection of records used to monitor the quality of the service, such as audits. We observed interactions between staff and people who used the service and observed lunch being served.

Good

Is the service safe?

Our findings

People who used the service consistently told us they felt safe with the care and support provided at Birchlands Care Home. Comments included, "Yes I feel safe here because they [staff] look after me", "I do feel safe because the staff check on me during the night" and "I feel safe here, because the staff know me very well now."

Relatives of people who used the service said, "We are sure [name] is safe here...they are looked after very well and we have peace of mind", "Yes they are safe, there is always someone around" and "Yes [name] is safe here...I can't fault the staff, they are so good."

We observed that people who used the service were relaxed and at ease around staff showing us that they felt safe in their company. Staff were observed responding to people's needs and providing appropriate support for people to move safely around the home.

The registered provider had a safeguarding vulnerable adult's policy and procedure. We saw that this needed updating to reflect changes introduced by the Care Act 2014 and were told this was in the process of being completed, but not available at the time of our inspection. Training was provided to staff on how to respond to safeguarding concerns, however, we noted that a small number of staff needed to complete or update this training. Despite this, our conversations with staff showed us they understood their role in identifying and responding to safeguarding concerns. We saw that safeguarding referral forms were available in the entrance to the home so that people who used the service, staff or visitors could use these if they had any concerns.

Records showed that safeguarding concerns were appropriately investigated in consultation with the local authority's adult safeguarding team and action taken to promote and maintain people's safety.

Each person who used the service had a care file. These contained individualised assessments which identified potential risks to people who used the service and to the staff who supported them. Risk assessment tools were used to quantify the level of risk and care plans and risk assessments contained proportionate details of how support should be provided to reduce those risks and promote people's safety. For example, where someone who used the service was at risk of falls, a falls risk assessment tool had been completed to identify the level of risk which was recorded as low risk. The corresponding moving and handling risk assessment documented the level of support required from staff and details of the equipment used to further minimise risks. This showed us risk assessments were being appropriately used to promote people's safety.

We asked staff how they kept people who used the service safe. One person told us, "They [the registered provider] make sure staff have the training and knowledge to identify risks. We do risk assessments on everything. I think getting to know the residents as well, so you build up confidence and trust, so they will tell you if something is wrong."

Where accidents and incidents did occur, a record was kept of what had happened and how staff responded, including what had been done to reduce the risk of future harm. We saw that accident and incident forms were reviewed and signed off by the registered manager or clinical lead to record that they were satisfied that appropriate action had been taken. For example, where a person who used the service had fallen out of bed, a low-profile bed had been put in place and a crash mat used to reduce the risk of injury associated with falling out of bed. Information relating to accidents and incidents was collated and analysed to try and identify any areas of concerns, patterns or trends. This showed us systems were in place to monitor accidents and incidents to reduce any future risk of injury or harm.

We reviewed the health and safety practices within the home. We spoke with the maintenance person and were shown comprehensive records which evidenced extensive health and safety checks were completed. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas services, water temperatures, electrical items and all lifting equipment including hoists and the passenger lift. A suitable fire risk assessment was in place and regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure they were in safe working order. Fire drills took place to ensure that staff knew how to respond in the event of an emergency. Monthly checks of equipment were carried out to ensure that any damaged, broken or dangerous equipment was repaired or replaced at the earliest opportunity. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises. However, we spoke with the registered manager about remaining vigilant with regards to health and safety risks. We noted that a number of doors, including a door to a sluice room, which were meant to be locked, had been left unlocked. We also found that a set of scales had been left on the floor in a communal hallway and this was a trip hazard for people who used the service. The registered manager addressed our comments and moved this trip hazard during our inspection.

Personal Emergency Evacuation Plans (PEEPs) were used to document the level of support each person who used the service would need to evacuate the home in the event of an emergency. The registered provider had a business continuity plan which detailed how they planned to continue to meet people's needs in the event of an emergency, such as a flood, fire or loss of power. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We reviewed four staff files and found evidence that appropriate recruitment checks were completed before staff started work. Records showed new staff were required to have an interview, provide references and Disclosure and Baring Checks (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. This showed us systems were in place to ensure only people considered suitable to work with adults who may be vulnerable had been employed.

The registered manager told us that they used a dependency tool to provide an indication of the staffing levels required to meet people's needs. However, they explained this was used as a guide and they monitored staffing levels by spending time out of the office and speaking with staff and people who used the service.

People who used the service and relatives we spoke with told us they felt there were enough staff employed to meet people's needs. Comments from people who used the service included, "I only have to press the call bell and they are usually straight here" and "They come in regularly, there's always somebody around."

A relative of someone who used the service told us, "One thing I have noticed is when they [people who used

the service] are in the lounge together there seems to be loads of staff." Another relative explained they accidently stood on a pressure mat and there was an immediate response from staff to respond to the alert.

Staff told us "Staffing levels are loads better", "Staffing levels have been fine" and "Staffing levels are good." We observed there was sufficient staff on duty to meet people's needs throughout our inspection. We saw that there was a visible staff presence in communal areas of the home. Care and support was provided in an attentive and unrushed manner during the course of our visit. We observed that staff responded promptly to people's call bells or requests for assistance.

People who used the service reported no issues or concerns with the support provided by staff to take their prescribed medicines. Medicines were securely stored in locked treatment rooms and checks were completed to ensure medicines were stored at the correct temperature. However, we spoke with the clinical lead about ensuring that staff consistently recorded when medicines were opened so that they could be disposed of if not used within the recommended shelf-life.

Staff responsible for administering medicines had training and competency checks were completed to ensure they had retained the information and were administering medicines safely.

The pharmacy supplied medicines in a monitored dosage system, which contained a 28 day supply of each person's prescribed medicines. The pharmacy also provided printed Medication Administration Records (MARs) for staff to record medicine given to people who used the service. We reviewed MARs and found that staff correctly signed to record medicine given to each person using the service. Spot checks showed that accurate records were maintained of medicine in stock.

We observed the service to be clean and tidy during our visit. A relative of someone who used the service said, "One thing I have noticed is it's very tidy and the waste baskets are always emptied."

Good

Is the service effective?

Our findings

People who used the service provided positive feedback about the skills, knowledge and experience of staff working at the service. Comments included, "Yes they [staff] are well trained", "They are very good...they do a good job" and "I am well looked after by staff."

Relatives of people who used the service told us, "Staff are very good...[Name] is well looked after", "Yes they [staff] are definitely well trained" and "They [staff] know what they are talking about. The communication is very good."

We reviewed the registered provider's training and induction programme used to equip staff with the skills needed to carry out their roles effectively. We saw that training was provided on topics which included fire safety, first aid, health and safety, food hygiene, infection prevention and control, moving and handling, safeguarding vulnerable adults, mental capacity act, medication management and person centred care.

The registered manager showed us a training matrix, which recorded training that had been completed. This showed us that regular training was provided, however, there were some gaps in staff training. For example, records showed that eight staff needed to update their fire safety training and six staff needed to update their safeguarding vulnerable adults training. Where there were gaps in staff training or training needed updating, the registered manager told us they had nominated staff for courses to bring all training up-to-date. We also saw a number of gaps in the training record where new staff had started. The registered manager explained that all new staff completed the registered provider's essential training programme during the first two to three months of working at the home. However, they explained that new staff worked supernumerary, with another more experienced member of staff, for their first week to identify any gaps in their knowledge or concerns that would prevent them from working safely by themselves. One member of staff told us ,"When somebody new starts they are supernumerary. They read through the care plans and if they don't understand anything ask questions...anybody new would always be with someone [another member of staff] until they felt comfortable and confident." We saw that reviews were completed at four and six weeks as part of staff induction to monitor their progress.

Staff we spoke with were positive about the training provided, with one person commenting, "The training is good...If we want to go on different courses they put our name forward." They explained that they had complete National Vocational Qualification Level 2 and 3. These are nationally recognised training qualifications and showed us that the registered provider supported and encouraged staff in their core professional development.

Although some staff training needed to be updated, people we spoke with were positive about the skills and experience of the staff supporting them. Throughout our inspection we observed staff providing effective and competent care and support to meet people's needs.

We recommend the registered provider continues to review staff training needs to ensure training is completed and updated regularly.

The registered manager told us that supervision was provided every three to four months. All staff had received one or two supervisions in 2016. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important for staff to have regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development needs and address any concerns or issues regarding practice. Records of supervisions completed showed that they were being appropriately used to support staff's development.

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. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. At the time of our inspection there were 19 people who used the service subject to DoLS and a further seven applications in progress. The registered manager understood their responsibilities under DoLS and had a system in place to monitor when these expired and ensure that new authorisations were submitted.

Care files showed that consent to care and treatment was sought in line with relevant legislation and guidance. Where there were concerns about people's ability to make a decision, mental capacity assessments had been completed and if necessary best interests decisions made regarding the care and support provided.

People who used the service were consistently positive about the quality and variety of the food provided and told us they were supported to eat and drink enough. Comments included "The food is good, there is always two choices", "The meals are very good, we have a choice of two, but even then they will find something else if we want. There is too much sometimes", "There is plenty of good food and if we want a snack there are sandwiches in the fridge", and "The food is very good. We can choose what we want or we can ask for something else like an omelette."

Relatives of people who used the service told us, "The food is always excellent and they always offer us a meal if we are here" and "[Name] is eating much more here than they did at home...they enjoy the food."

We observed lunch being served and saw that people were offered a choice of what to eat. The food was home made with fresh vegetables and looked appetising and nutritious. We saw that appropriate portion sizes were provided and people were supported and encouraged to eat and drink enough. People who used the service were offered drinks and snacks in between meals and had juice or water jugs in their rooms.

Care files contained details of the support people who used the service needed to ensure they ate and drank enough. Assessment tools were used to determine the level of risk of dehydration, malnutrition and of choking. Where there were concerns we saw that people had been assessed by speech and language therapists or the dietician and appropriate diets put in place. Food and fluid charts were used to monitor people's daily food and fluid intake and monthly or weekly weights completed to monitor weight loss or weight gain. However, we spoke with the registered manager about being more consistent when completing weights, as we noted that some weekly weights were completed a few days late. We also spoke with them

about recording when people refused to be weighed and subsequent attempts to reweigh them or consider using other methods to monitor and identify those at risk of malnutrition.

A member of staff told us "Most people have food charts. If they need assistance we help them. If they are not eating very well we make sure food is fortified...we make sure they get as much calories and fat as we can." A relative of someone who used the service told us "They tend to give one to one during mealtimes; they help with the meals." This showed us that staff were mindful of their role in encouraging and supporting people to eat and drink enough.

We spoke with the cooks, who explained that they did not have a set menu, but instead bought a range of ingredients and spoke with people who used the service to plan the menu from one day to the next. The cooks showed us how they kept a record of the meals prepared so that they could ensure variety. The cooks showed a good understanding of their responsibility to provide soft diets, diabetic diets and fortified meals to promote weight gain.

We saw that where people were unwell or had additional health needs, support was provided to ensure they could access health care services. One person who used the service told us, "I see a doctor regularly. There was an incident last week and they [staff] had paramedics here in minutes. The staff are there to take you to hospital."

On the day of our inspection the local GP was visiting the home to complete a weekly round of routine appointments. Staff told us they added people's name's to the list for this weekly consultation or requested an urgent appointment if people were unwell.

Care files contained details of people's health needs and contact information of any healthcare professionals involved in supporting them. Where someone who used the service visited or was visited by a healthcare professional a record was kept of the appointment, the outcome and any recommendations made. These records showed that people who used the service were regularly seen by a wide range of healthcare professionals to promote and maintain their physical health and wellbeing.

Good

Is the service caring?

Our findings

People who used the service said, "The staff are very caring", "Staff have been a good support to me", "I get on well with all the staff…they love their job", "They all take good care of me" and "They are all very nice."

We asked relatives of people who used the service if staff were caring. They told us, "They [staff] are amazing...we are delighted with the care here", "They have been so patient and caring with [name]...they have tried all sorts to get them to eat" and "The staff know their [people who used the service] first names and are always in communication with the residents. There's just general banter, they [staff] are down to earth." A visiting health and social care professional told us, "From what I've seen the care is good."

We observed that staff were kind and caring towards people who used the service. During lunch, we saw staff were patient and respectful when supporting people with their meals and drinks. We observed that there were friendly conversations, jokes and positive interactions between staff and people who used the service throughout our visit. People who used the service responded positively towards staff and valued the interactions with them.

We asked staff how they got to know people who used the service and how they developed positive caring relationships. One member of staff said, "I get to know people by talking to them, I like to take an interest in them" and "I take my time with people, you have to do what's best for them." Other staff told us how they read the care files of people who used the service to learn important information about their likes, dislikes, hobbies and interests. Information such as this is important to help staff get to know people who used the service and to start conversations when providing care and support.

People who used the service told us they felt listened to. Comments included, "They [staff] are there for me…whatever I need I only have to ask. Even when they are busy, they don't forget me", "I get on very well with all the staff...we have a laugh and a joke, but they do listen to me" and "They have helped me so much and listened to what I want."

We observed that people who used the service were supported and encouraged to make decisions and have choice and control over how they spent their time. Staff told us they supported people to make decisions by explaining or showing them options and using visual cues to help them decide. One member of staff said, "We show them [people who used the service] options, get clothes out of the wardrobe and show them. Staff are caring; they listen to residents and do what they ask." We saw that a picture menu board was used to support people at mealtimes to choose what to eat.

Staff supported people who used the service to maintain their independence. People who used the service told us "I go out to town", "I could go out if I wanted, but prefer to stay in my room" and "[Maintenance person's name] helps me go into the village by pushing my wheelchair for me." Relatives of people who used the service told us "[Name] has improved so much since living here, they've put weight on and their legs are much better."

At the time of our inspection, some people who used the service were supported by an advocate. Advocates support people to ensure that their views and wishes are heard on matters that are important to them. Although there was no visible information displayed about advocacy in communal areas of the home, the registered manager showed a good understanding of the role of advocacy services and had contact details in their office of advocacy service in York so they could refer people if necessary.

People who used the service consistently told us that staff respected their privacy and they could close their door if they wanted some time alone. One person who used the service told us, "They [staff] always knock before coming in."

We asked staff how they supported people to maintain their privacy and dignity when assisting with personal care. Comments included, "We make sure they are covered, the curtains are shut and the doors shut" and "I explain what we are going to do. If it is ok get their consent. I place a towel over them so they are not exposed...how you would want to be treated in that situation. The doors are always shut and the curtains always closed." A relative of someone who used the service said, "They have been so helpful and treat [name] with such dignity."

During our inspection, we saw staff spoke with people in an appropriately respectful manner and tone. People's confidentiality was respected as staff did not talk about people's needs in communal areas. Although we observed staff were generally proactive in maintaining people's privacy and dignity, we did observe one member of staff supporting a person to use the toilet with the door open. The member of staff recognised this was not appropriate and promptly closed the door, however, we spoke with the registered manager about monitoring this to ensure people's privacy and dignity was consistently maintained.

During our inspection, we found no evidence that people who used the service were discriminated against in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation.

Good

Is the service responsive?

Our findings

People who used the service told us staff were responsive to their needs. Comments included, "I only have to ask once...they don't forget things" and "They are very good and helpful."

Each person who used the service had a care file containing records about them and their support needs. We reviewed five people's care files and saw they documented person centred information about what support was required from staff and people's preferences with regards to how those needs should be met. Person centred care takes into account people's needs, preferences and strengths and recognises the importance of the individual as an equal partner in planning their own care and support.

Care files contained a 'This is me' document gathering information from that person or, where they were unable to complete it, their relatives or friends. This showed us that people who used the service and their relatives or friends were involved in planning how care and support should be provided. A relative of someone who used the service told us "They [staff] listened to us before [name] moved in and their room is just as they wanted it." Other relatives told us that they were involved in care planning and review meetings.

We asked staff how they ensured that the care and support provided was person centred and responsive to people's needs. Comments included, "We ask them [people who used the service] or if they can't tell us we speak to their family about what they liked doing and put that into practice" and "By chatting with the residents. Making sure the residents get what they want."

We saw that care files were reviewed and updated regularly to ensure that they contained relevant information as people's needs changed. We saw that a daily handover record was maintained to share important information about people's needs, changes and any significant events that had occurred from one shift to the next. This was designed to ensure staff had up-to-date information and supported staff to provide responsive care to meet people's changing needs.

The registered provider employed a fulltime activities coordinator to take the lead on organising and encouraging activities within the service. They provided details about the range of activities on offer. These included regular events such as games, quizzes and one to one sessions with staff to talk, for manicures and pamper sessions. We were told a church service was held at the home once a month and a dog also visited the home for residents to pat. We were shown photographs of recent activities that had taken place in the home and could see that people who used the service enjoyed these activities.

We observed the activities coordinator worked hard to encourage people to take part in planned activities. During our inspection, we saw that people who used the service were supported to play cards and snakes and ladders and clearly enjoyed taking part in these activities. Alongside daily activities we also saw that themed days were organised including a summer fayre, a celebration for the Queen's birthday and an afternoon tea event for Wimbledon. A member of staff told us, "The care's good, there is a lot more activities going on now. Its person centred, whatever they need, the care is for them. We listen to what they want, board games, we take them out to the duck pond, 'pat dogs' come in, even the simplest things like painting

their nails or movie days."

Although a range of activities were on offer, some people who used the service preferred to spend time in their rooms. They told us, "I like reading and listening to music" and "I prefer to read and watch television." We saw that staff invited people to take part in activities, but respected people's choices where they did not want to join in.

We saw that people's relatives and friends visited the home throughout our inspection and staff were warm and welcoming towards them. One relative of someone who used the service said, "I always get a cup of tea when I visit and they say 'are you staying for lunch?'" Another relative told us how they had emailed the home pictures of their holiday. They explained that staff had printed these off to show their relative. This showed us that staff supported people who used the service to maintain important family relationships.

The registered provider had a policy and procedure in place which recorded how they would deal with complaints about the service. A copy of this policy was prominently displayed in the entrance of the home for people who used the service and visitors to use if needed. The registered manager told us that there had been no formal complaints received about the service since the registered provider took over management of the home in September 2015. The registered manager explained that they operated an 'open-door policy' and dealt with minor issues or concerns before they escalated into complaints. Although minor issues or concerns might not be dealt with under the registered provider's formal complaints procedure, we spoke with the registered manager about keeping a record of how these minor issues were resolved to ensure transparency and accountability.

We saw that a board titled 'You said/We did' was displayed in the entrance to the home providing details about how minor comments, issues of concerns were dealt with. This encouraged other people who used the service to raise minor issues or concerns by showing that feedback was taken seriously and comments acted on.

Relative's meetings were held every six months to share information and gather feedback about the service provided. A relative of someone who used the service said, "I have found the meetings very useful...I am able to speak about any niggles I may have." Minutes from these meetings showed that the complaints procedure and activities taking place within the home were discussed. The registered manager told us people could also request a one to one meeting with them if there were any issues or concerns they wanted to discuss. People who used the service consistently told us that the registered manager was approachable and that they felt able to raise issues or concerns if needed.

We saw that staff had received numerous letters or cards complimenting them on the care and support provided. Comments in these included "The staff should be very proud of the care that they provide" and "Great care home, staff are very receptive towards residents and visitors."

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for Birchlands Care Home. At the time of our inspection there was a registered manager in post and they had been registered with the Care Quality Commission (CQC) since March 2016. The registered manager was supported by a deputy manager, a clinical lead and registered nurses in the running of the service.

People who used the service told us, "I'm very happy here", "I would recommend this home to anybody", "I am a lot better since I have been here", "It is a well-run home " and " I have come a long way...I was very ill and neglected myself before I came here." Other people we spoke with said, "The management are very helpful", "This is a well-run home", "[The registered manager] is very helpful", "I can ask for anything and [the registered manager] will sort it for me."

Relatives of people who used the service said, "We are so pleased to have found this home…it had a bad reputation before but they have turned it around" and "It is well-run. They are all so good and kind to us, we all get on so great. It's family orientated and we have no complaints about the care or the facilities."

A visiting health and social care professional told us, "It has improved over the last six months. It's a lot more organised and communication is better. There seems to be a better atmosphere."

We asked staff if they thought the home was well-led; feedback included, "In the past six months things have improved a lot. [The registered manager] has come and brought a good team in. There's good structure – it runs a lot better now", "I think it has improved loads, we have a great team and I love coming to work" and "[The registered manager] has got their vision of what they would like. I can see exactly where they want to be and I'd like to be there as well...they want everything to be right." One member of staff said, "Definitely the home is well-led. [The registered manager] is really approachable and the [management] team have made really good suggestions. We want what's best for the home and the people in it."

We found that there was a good atmosphere and positive culture within the home. Staff spoke positively about the progress and improvements that had been made and were optimistic about the future. One member of staff told us, "[The registered manager] is a very approachable manager. It's a lovely atmosphere and the carers do look after the residents. I would be happy for my relative to come here."

People who used the service, staff and visitors consistently told us that the registered manager was approachable and we received positive feedback about the communication with the home. A relative told us, "They keep us informed of anything happening with mum." A member of staff said, "Management are fine, they have an open door policy. You can go to them with anything. When I have had a problem it has been resolved. The manager is approachable."

The registered manager showed us that a range of quality assurance audits were used to monitor the quality of the care and support provided. We saw that regular care plan audits, medication audits, infection control audits and kitchen audits were completed. Where issues were identified audits contained details of the

actions needed to address this. We saw that audits were also completed on staff's response times to call bells to ensure they promptly responded to people's requests for assistance. Feedback from people who used the service, staff and visitors was positive about the changes that had been made since the registered manager took over showing us that proactive steps were being taken to improve people's experiences of using the service. Our conversations with the registered manager showed them to be passionate about providing person centred care and they were knowledgeable about their role.

A questionnaire had been sent out to people who used the service and their relatives in March 2016 to gather feedback about the home. At the time of our inspection this information was still being collated and the registered manager explained that an action plan would be formulated to address any issues or concerns. We reviewed returned questionnaires and found that they contained generally positive feedback. Where negative feedback had been provided we saw that the questionnaires had been annotated to record the actions already taken to address the concerns. This showed us that the registered provider was interested in seeking people's views about the service and responding to comments and concerns to improve the service provided.

Registered providers are required to notify the Care Quality Commission (CQC) of certain incidents or important events that happen in the service. The registered manager understood this responsibility and could appropriately describe situations under which a 'notification' would be required. We found that the CQC had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked for a range of records and documents during our inspection. We found these were securely stored, but accessible on request. We noted that a number of the policies and procedures needed up-dating and were shown evidence that the registered provider was in the process of addressing this. We found that records kept were generally detailed and kept up-to-date. We noted minor recording gaps in some of the daily records and spoke with the registered manager about improving recruitment records. This was immediately addressed and we were shown a new recruitment checklist that would be implemented to better record and evidence DBS checks completed. This showed us the registered manager was responsive to feedback and committed to addressing issues or concerns.

We asked the registered manager how they kept up to date with important changes in legislation and guidance on best practice. The registered manager explained that they were a trained nurse and had a commitment to evidence based practice. They told us they received updates from Skills For Care (an organisation that provides resources to help adult social care organisations recruit and develop their workforce) and the Independent Care Group (a regional organisation which supports care providers). The registered manager spoke with us about recent guidance produced on behalf of the Department of Health by the University of Leeds regarding medicine management in nursing homes. This showed us the registered manager was keeping up-to-date with best practice guidance and developments in health and social care.

The registered manager explained that information was shared with staff through a 'memo book'; information was put in the staff room and raised at team meetings. We saw minutes of the most recent staff meeting. Topics discussed included safeguarding vulnerable adults, roles and responsibilities, care plans and paperwork, upcoming events and practice issues. This showed us that team meetings were being appropriately used to share information, address issues or concerns and promote best practice.