South Yorkshire Housing Association Limited

Birch Avenue

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

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, and to pilot a new inspection process being introduced by the Care Quality Commission which looks at the overall quality of the service.

This inspection was unannounced and was undertaken on 5th August 2014.

Birch Avenue was last inspected in October 2013 and was meeting the requirement of the regulations we inspected at that time.

Birch Avenue provides accommodation and nursing care for up to 40 people living with dementia. There were 38 people living at Birch Avenue at the time of this inspection.

A registered manager was in place. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We found that equipment was not always safely maintained and fit for purpose. For example, we found that hoist labels were worn and information that was supposed to be legible was illegible or not easy to read. Slings are supposed to be taken out of circulation if this information is not clear. The care plans of people who required hoisting did not include information about the type of sling and position of loops to ensure they were assisted to move safely.

An equipment check had taken place in January 2014. A further check which was due to tae place in June 2014 had not taken place. Whilst clean and in working order, there was no evidence that the hoist in one of the bathrooms had been serviced.

All staff had received moving and handling training within the past year; however, some staff had not received in-depth moving and handling training for a number of years. This may mean that staff were not aware of up to date techniques and ways to safely support people to move. Staff received a range of other relevant training courses as well as supervision and an annual appraisal.

We found that people were appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). Staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to describe how these pieces of legislation applied to their practice. Birch Avenue had followed the correct procedure in order to ensure that people's rights were protected. Staff knew how to safeguard adults and we saw that any concerns had been reported and appropriately dealt with.

The environment was not dementia friendly. There was a lack of appropriate signs and aids to orientate and support people living with dementia to find their way around the home.

People's nutritional needs were met. Our observations of mealtimes and our review of nutritional records evidenced that people received a choice of suitable food and drink. People's physical health needs were monitored and referrals were made when needed to health professionals.

We found that there were enough staff to meet people's needs. Our conversations with the registered manager, staff and our review of records evidenced that the home had an effective process to ensure that employees were of good character and held the necessary checks and qualifications to work at the home.

Conversations and interactions with people tended to be task focussed and we noted that there was often a lack of engagement and interaction from staff outside of these direct care tasks. Staff had a good understanding of people's individual needs and preferences and people told us that they were treated with kindness. Staff knew how to respect people's privacy and dignity.

Some people told us that they were bored during the day. The registered manager told us about the action being taken to increase activities and showed us a range of equipment which had recently been bought to support this.

Regular audits were undertaken to monitor the quality of the service. People and relatives did not raise any complaints about the home. There were no complaints at the time of our inspection.

During our inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Equipment used to support people was not always well maintained and fit for purpose. The care plans of people who required hoisting did not include information about the type of sling and position of loops to ensure they were moved safely.

Staff knew how to identify and report abuse in order to ensure people's safety. People were supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). The Deprivation of Liberty Safeguards had been followed to ensure that people were looked after in a way which did not inappropriately restrict their freedom. Individual risks, incidents and accidents were assessed and analysed.

There were enough qualified, skilled and experienced staff to meet people's needs and keep them safe. An effective recruitment process was in place. These included checks to make sure staff were safe to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment was not dementia friendly. There was a lack of appropriate signs and aids to orientate and support people living with dementia to find their way around the home.

All staff had received moving and handling training within the past year; however, nine members of staff had not received in-depth moving and handling training since 2010 and ten members of staff had never received this training. Staff received a range of other relevant training courses as well as supervision and an annual appraisal.

People enjoyed the food provided and were appropriately supported to maintain a balanced diet. People had access to health care professionals.

Is the service caring?

Requires Improvement

The service was not always caring.

We found that conversations and interactions tended to be task focussed and noted that there was often a lack of engagement and interaction from staff when not directly supporting people.

People and relatives told us the staff were kind and caring. When supporting people, we saw that staff showed patience, reassurance and were respectful of people's privacy and dignity.

Summary of findings

Observations and our review of records showed us that Birch Avenue had a good understanding of people's individual needs and preferences. People told us that they were happy with the care they received and the way their needs were met.

Relatives told us that they could visit at any time and were made to feel welcome when visiting the home.

Is the service responsive?

Good

The service was responsive.

Whilst activities were provided, people and relatives felt that these were not sufficient. The registered manager acknowledged this and talked about the plans to improve activities. They also showed us a number of items which had been purchased to improve activities within the home.

People's needs were assessed. People's individual choices and preferences were discussed with them and/or their relatives. A complaints process was in place and people and relatives told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection there was a registered manager in place at the service.

Regular audits were carried out to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

Birch Avenue

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

We visited Birch Avenue on the 5th August 2014. The inspection team consisted of an adult social care inspector, a registered physiotherapist who acted as a moving and handling specialist and an expert by experience, who had experience of the needs of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider 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. Prior to our inspection visit, we reviewed the information included in the PIR, together with information we held about the home.

Local authority commissioners contacted prior to our inspection informed us that they had last visited Birch Avenue in March 2014. They informed us that they were due to re-visit in order to follow-up the actions identified during their last visit.

During our inspection we used different methods to help us understand the experiences of people living at Birch Avenue. These methods included both formal and informal observation throughout our inspection. The formal observation we used is called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke directly with six people who lived at the home and with four visiting relatives. We also spoke with the registered manager, the deputy nurse manager, four support workers, two nurses, the senior housekeeper and the cook. We reviewed the care plans of seven people and a range of other documents, including staff training records and records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

A number of people living at Birch Avenue required a range of differing moving and handling equipment to move safely. We talked with staff and the registered manager about how they moved people who were not mobile in order to maintain good blood flow and to reduce the risk of skin damage. Staff told us that a number of people had specialist chairs which they regularly moved the position of or tilted in order to relieve pressure. They also told us that some people returned to bed each day in order to relieve pressure and that pressure was also altered when people were supported with their continence needs or by assisting people to change position. At night time we were informed that some people had specialist mattresses and that other people were turned throughout the night in order to relieve pressure. Our observations and review of records confirmed that these pieces of equipment were in place and that turns were undertaken.

Observations during our inspection did not always correspond with the information we received from staff. For example, whilst we saw that some people were supported to change position by their chair being tilted or by being moved, we noted that one person in particular did not appear to have been supported to move as often as needed. This persons feet had become redder in colour and were slightly swollen and shiny; an indication that their feet had been at a lower level for too long. We fed this back to the registered manager. They said that they were surprised to hear that this had occurred and stated their expectation that people unable to move themselves would be regularly offered a change of position. The registered manager informed us of her intention to discuss this further with the clinical lead who was responsible for this area of practice.

We looked at some wheelchairs, specialist chairs, and all the mobile hoists and bath hoists within the home. Each item was clean and in good working order. We saw that regular checks and audits of bed rails and mattresses took place. Any actions or repairs arsing from these were noted. The last service for all of the equipment we looked at was 24 January 2014. Lifting equipment is serviced and tested under the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and should be services every six months according to a schedule. We noted that the bath hoist in bungalow three was clean and in working order but had not been tested under LOLER. The registered manager said that equipment is routinely checked by an outside contractor every six months. They were surprised that a recent check had not taken place and informed us of their intention to follow this up with the contractor.

We looked at a number of hoist slings. Some hoist labels were worn and that the information that was supposed to be legible was illegible or not easy to read. Slings are supposed to be taken out of circulation if this information is not clear. We also noted that one sling was frayed. The providers moving and handling policy stated that slings are subject to LOLER testing. We could not find any evidence that this had been carried out.

We observed staff supporting people to transfer and use a range of equipment. Our observations demonstrated that staff were aware of the equipment used by each person and how people liked to be supported. We saw that staff explained what they were doing, offered reassurance when needed and supported people at their own pace. Staff told us that the provider responded quickly when equipment faults were reported. Some staff expressed frustration about how often equipment was out of action. They told us that equipment had to be borrowed from other bungalows when this happened and said that this could be time consuming and could result in them not being able to respond to people's needs in a timely way.

A number of staff had gained knowledge about how to support people as a result of working at the home for a number of years. Whilst people's care plans contained information about supporting people to move safely, none of the care plans or risk assessment reviewed included information about the size of slings to be used, or which loops the sling should be placed on. The lack of this information meant there was a risk that agency and new members of staff may be unfamiliar with key information about how to safely move and handle people living at Birch Avenue.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (safety, availability and suitability of equipment).

People's care plans included moving and handling risk assessments as well as risk assessments relating to other needs. Risk assessments were completed on people's admission to the home and were also updated or created following any accidents, incidents or changes in need.

Requires Improvement

Is the service safe?

Our review of records and our conversations with the registered manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes in place. The registered manager told us the clinical lead analysed accidents and incidents in order to identify any recurring patterns and risks. We also noted that the provider's monthly monitoring visit also included a list of accidents and incidents that had occurred during the previous month. This also listed any learning outcomes, as well as changes to working practices taken to reduce risk.

People we spoke with said they felt safe at Birch Avenue Nursing Home. One person said, "I feel really confident here". A visiting relative stated, "I feel [my family member] is safe here, I feel safe with the staff."

We spoke with four members of staff about how they safeguarded people living at the home. Each member of staff was able to tell us about different types of abuse and the possible indicators of these. They were also clear about the actions they would take if they suspected that any form of abuse had taken place. Information reviewed prior to, and during, our inspection visit showed us that the home had reported concerns and followed local procedures in order to safeguard people.

The Mental Capacity Act (MCA) 2005 is an act which applies to people who are unable to make all or some decisions for themselves. It promotes and safeguards decision–making within a legal framework and states that every adult must be assumed to have capacity to make decisions unless proved otherwise. It also states that an assessment of capacity should be undertaken prior to any decisions being made about care or treatment and, that any decisions taken or any decision made on behalf of a person who lacks capacity must be in their best interests.

Our conversations with staff demonstrated that staff were aware of the MCA and how it related to their practice. They told us that the MCA and the Deprivation of Liberty Safeguards (DoLS) had been covered in safeguarding training. The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. One of the nurses showed a considered, person centred approach when talking about the MCA. For example, they talked about the importance of involving people's families or advocates when making best interest decisions in order to, "Consider what the person would previously have done in the situation".

Our review of records demonstrated that Birch Avenue were compliant with the MCA code of practice. However, we spoke with the registered manager about the fact that one document could be misleading and potentially lead to 'blanket' decisions being made about the capacity of people living at Birch Avenue. The document frequently stated that people did not have capacity but then rightly stated that capacity should be, 'assessed as required for individual requirements.' The registered manager was aware of the need for capacity to be assessed about each decision and agreed to speak with the clinical lead in order to make the content of this document clearer.

At the time of our inspection, two people living at Birch Avenue were subject to a DoLS. We reviewed these care plans and found that the correct procedure had been followed in order to ensure that people's rights had been protected. The clinical lead had begun to prioritise DoLS applications following a recent Supreme Court ruling.

Our observations and our check of the staffing rota showed us that there were sufficient staff to meet people's needs and keep them safe. We looked at the recruitment records for three members of staff. Our conversations with the manager, staff and our review of records evidenced that the home had an effective process in place to ensure that employees were of good character and held the necessary checks and qualifications to work at the home.

Requires Improvement

Is the service effective?

Our findings

We looked at the environment at Birch Avenue and found that it did not always reflect, 'Improving the patient experience: Developing Supportive Design for People with Dementia,' a recommended, published guidance document about dementia friendly environments by the Kings Fund (2013).

For example, whilst there were signs on doors with people's names on, the text on these signs was small and did not contain any other identifying feature such as a photograph of the person or a memorable object to support them to identify their room. Similarly, signs for bathrooms and toilets did not contain large text or pictorial information. Additionally, bedroom, bathroom and toilet doors were all painted the same colour which may make it difficult for people to identify these rooms. We also noted that there were no directional signs to support people to locate these and other key areas of the home.

One of the nurses we spoke with was knowledgeable about the way clear signposting and adaptations can enhance environments for people living with dementia. They felt that the environment at Birch Avenue was not dementia friendly and said they would like to see coloured doors and more contrasting, bold colours to help people find their way around the home. They also felt that pictures of familiar brands and items would help to prompt memories and initiate conversations with people.

There were boards on each bungalow to provide information about the day, date, menu and weather to inform and orientate people. We saw that a menu board in the entrance area of the home and two of the four boards within individual bungalows were not up to date and could potentially exacerbate any disorientation. Around the corridor areas there were seating areas with differing books to aid reminiscence and prompt conversations with people living with dementia, for example we saw books about old Sheffield, the second world war and film stars.

A number of people living at Birch Avenue needed support to move safely. We reviewed the providers training matrix and found that all the members of staff requiring this training had received it within the past 12 months. Moving and handling was covered within the providers induction and by two further courses. The second course was a practical skills course following which staff were observed by an in-house moving and handling trainer in order to ensure that they were able to move people safely and competently.

Whilst the training matrix showed that all staff had received moving and handling training, some staff had not received the more in-depth practical skills course for a number of years. The provider's training matrix documented that 51 members of staff required moving and handling training. Nine members of staff had not received in-depth moving and handling training since 2010 and ten members of staff had never received this training. Whilst we did not observe any unsafe moving and handling practice, the fact that some members of staff had not received this in-depth training meant that they may not be aware of up to date techniques and ways to safely move people.

The providers training matrix showed that staff had received a range of training courses relevant to supporting people living with dementia. For example, staff had received training in dementia awareness and communication as well as 'respect' training. This is a person centred model of preventing and managing behaviours which may challenge. Other training courses provided included, infection control, hand hygiene, basic life support, diabetes and oral health.

We spoke with staff and the registered manager about staff supervision and appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. We found that most staff had received an annual appraisal. The registered manager said some supervisions were outside of the providers expected timescale of every six to eight weeks and said this was an area they and other members of the management team were working on. They also told us that supervision and appraisal had been identified as one of the services five objectives for the year. Our check of the supervision matrix and service objectives confirmed the information provided by the registered manager.

Staff spoken with during our inspection told us that senior members of staff were supportive and said that they could approach them should they feel they needed supervision, support or guidance. One member of staff told us that they had requested a supervision to discuss some personal issues. They told us that this took place during their shift and were positive about the support they received.

Requires Improvement

Is the service effective?

We spoke with a newly employed member of staff about their induction period. They told us they had attended a corporate induction day followed by a three day mandatory training course covering a number of key areas. On returning to Birch Avenue they had 'shadowed' more experienced workers for three weeks in order to familiarise themselves with people's needs and the way the home operated. They described their induction period as, "A nice gradual introduction to get to know everything," and said that they had felt supported by the management team at Birch Avenue.

We spoke with people and their relatives about the food at Birch Avenue. All the comments we received were positive. One person described their lunchtime cooked meal as, "Beautiful." Relatives were also positive; one relative stated that food was, "Home cooked and plenty of it." A relative who visited most lunchtimes in order to assist their family member to eat described the food as, "Lovely," and welcomed the fact that they were able to have a meal together with their family member.

Our observations evidenced that the mealtime experience was positive, well organised and relaxed. There were sufficient staff available to ensure that people were supported to eat at the same time, this was also aided by members of the management team providing support at meals times. Meals were served quickly, looked appetising and were well presented. Appropriate cups, plate guards and large handled cutlery were in place to support people to maintain their independence. Where meals were pureed, individual elements of the meal were pureed separately. This is good practice and ensures that people can experience different flavours and textures.

We noted that meals were served on bare tables and we noted that there was a lack of items such as table cloths and napkins to enhance the meal time experience. The lack of napkins to preserve people's dignity when eating was highlighted by one relative having to ask for a napkin in order to wipe their family member's mouth. A number of people wore fabric aprons to protect their clothing.

We visited the kitchen and spoke with the cook on duty. They were proud of the fact that they, "Cook everything from fresh." They told us that they always had enough fresh and store cupboard ingredients to enable them to make meals and that the kitchen contained all the equipment they needed. The cook was aware of how to meet people's differing nutritional needs. For example, they told us how they met the nutritional needs of people with diabetes and how they increased the calorie content of food for people who were frail or had small appetites. They were also knowledgeable about the differing cultural and religious needs of people at Birch Avenue and talked about, and showed us the separate area and utensils used for storing and preparing halal foods.

People's care plans included information about their favourite foods and any risks associated with their nutrition. For example, they documented how people should be positioned to ensure safe swallowing. These documents were reviewed each month and referrals were made to the GP, a dietician or to speech and language therapists if risks, or the need for further advice was identified. The registered manager told us that the dietician reviewed the weekly menus to ensure that they were nutritionally balanced. They also said that the dietician and a dysphasia nurse had held awareness sessions about nutrition for staff. Dysphagia is when people have swallowing difficulties

Our review of care plans also demonstrated that people's healthcare needs were met by GP visits and referrals to, and visits from other healthcare professionals such as physiotherapists and mental health professionals. Visits from these professionals were recorded in people's care plans. Care plans were also updated to reflect any advice given. This information was also included in staff handover records to ensure they were aware of any changes to people's health care needs.

Requires Improvement

Is the service caring?

Our findings

People were positive about the care they received at Birch Avenue. One person told us, "The lasses [care staff] here are great. Everything here is lovely, I give it 110%." Relative were also positive about the care people received. One relative told us, "I am happy with how they look after [my family member]. They are helpful and approachable." A health professional who regularly visited the home commented that, "the staff really care here."

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We used this tool for one hour in order to observe five people who were sat in one of the lounge areas of the home. Our observations were mixed. For example, we saw that the items which one person found reassuring were not left within their reach. On entering the room, the registered manager noted this and placed the items within the persons reach. This noticeably occupied and calmed the person. A support worker removed these items 45 minutes later. This was not a positive or person centred interaction for this individual.

Our SOFI and other informal observations undertaken during our inspection showed us that conversations and interactions with people tended to be task focussed. When supporting people with a task, we saw that staff interacted well with people. For example, there were a number of occasions when people approached staff asking for support or reassurance. On each occasion we saw that staff treated people with respect and dignity. They did not rush people, were polite and took time to answer people's questions and offer reassurance. However, there was often a lack of interaction and engagement with people outside of these direct care tasks. For example, whilst staff were around and frequently checked on people during our SOFI, they did not always greet or engage with people.

Our SOFI and other informal observations showed us that staff knew about the likes, dislikes and things which were important to people living at the home. For example, staff were knowledgeable about people's food, drink, music and television programme preferences.

We saw that care staff respected and preserved people's dignity and privacy. For example, we saw staff knocking on people's doors before entering and saw them discreetly adjusting people's clothing when needed. Staff spoken with during our inspection were also knowledgeable about privacy and dignity. When asked how they respected people's privacy and dignity when supporting with personal care needs, one support worker told us, "I tell people what I'm doing, close the curtains and doors, cover people up and, other than any emergencies, make sure I'm there for as long as I need to be."

Our conversations with a range of staff demonstrated that Birch Avenue were aware of the differing cultural and religious needs of people living at the home at the time of our inspection. We saw that a monthly church service was held at the home and noted that people's care plans contained information about their spiritual and religious needs. For example, one care plan noted that a person found comfort from the support their family provided to enable them to visit their spouse's grave each week, whilst another care plan noted that a person liked to pray.

Our review of Birch Avenue's training matrix showed us that a number of training courses were provided to enable staff to provide appropriate care and respect the diversity of people living at the home. We saw that courses were provided in promoting dignity and compassion in care, death, dying and bereavement and equality and diversity.

Relatives told us that they could visit at any time and were made to feel welcome when visiting the home. One relative visited with their dog and told us that it was a great favourite with people living at Birch Avenue. There was a nicely furnished relative's room containing tea and coffee making facilities and information leaflets. Relatives welcomed the fact that they could use this room to make drinks during their visits. The registered manager also told us that relatives visiting people who were unwell or at the end of their life were also able to spend time and/or stay in this room should they wish to be near their family member.

Good

Is the service responsive?

Our findings

We saw a board listing the weekly activities taking place during the week of our inspection was displayed in the main corridor area of the home. The activities listed for the week of our inspection were TV and soaps, books and newspapers, film of choice, hairdresser, hand and nail care and birthday parties for two people living at Birch Avenue. In addition to this we saw that the Birch Avenue relatives group met each week in order to provide a weekly activity session and that 'Lost Chord,' a music group visited each month.

During our inspection three people told us that they were, 'bored', with one person commenting, "There's not much to do here." One relative also told us that there were not many activities. A comment in the last relative's survey expressed similar concerns and stated, "There has not been any improvement in over two and a half years of any activities of any kind. Residents need more structure. An activity coordinator would be useful. One activity a week is not enough."

Two members of staff commented about the lack of activities. One of these staff members said that, whenever possible, they took people for a walk around the garden area or with them when they visited other bungalows in order to, "give people a bit of interaction and a change of scene." This member of staff commented that they rarely saw their colleagues interacting with people. Observations throughout our inspection confirmed this. We did not see any activities provided and saw little evidence of engagement outside of supporting people with specific tasks.

We talked with the registered manager about our findings. They acknowledged our concerns and said, "We're not there yet but hope to be soon." They provided us with a copy of the services yearly objectives which listed activities as one of the five priority areas. The registered manager said that a support worker had recently begun to work one supernumerary shift per week in order to plan weekly activities and explore other possible activities. They also told us that Birch Avenue had recently recruited, and were in the process of training a team of seven volunteers to spend time with people and also support people with activities. They hoped that these volunteers would also be able to support people with trips to local shops, cafes and markets.

The registered manager showed us a range of items purchased to provide activities and meaningful interaction with people. For example, a coffee machine, small café type tables and table cloths had been purchased so that the hairdressing room could be turned into a café type area when not in use. Black-our blinds and a mobile sensory station to play music and project calming images had also been purchased so that this room could also be used as a sensory room. The registered manager also told us of their plans for the sensory unit to be taken into the rooms of people who were nursed in bed in order to enhance their environment. This showed us that Birch Avenue were planning activities to meet the differing needs of people living with dementia.

Our review of care plans showed us people's needs were assessed. We saw that an assessment was undertaken before people moved into Birch Avenue. In addition to information gained directly from the person and/or family members, we saw that this assessment was also informed by information from health and social care professionals. Individual care plans covering areas such as nutrition, personal care and mobility were developed from this assessment.

We reviewed the care plans of seven people and found that they were person centred, with each care plan providing information about how the person liked to be supported and the things which were important to them. We found the care plans also demonstrated a holistic and caring approach and noted that additional care plans were added in response to people's individual needs; an example of this being a bereavement care plan noting the emotional support one person needed following the death of their spouse. We found that care plans and risk assessments were reviewed each month to ensure that they remained up to date.

Relatives spoken with during our inspection told us that Birch Avenue had responded and adapted the care provided to their family members changing needs. For example, one relative told us that a referral had been made to a speech and language therapist following a change in their family member's needs. Each relative spoken with was confident in the care their family members received. One relative commented upon the way in which the staff responded to people's anxieties and stated that, "The staff get to know residents and know how to calm them."

Good

Is the service responsive?

Our observations confirmed the views of relatives and demonstrated a responsive approach. We observed a staff handover in which a member of staff reported that one person was reluctant to sit long enough to eat their meals. The member of staff had noted that the person would eat whilst walking around the bungalow and therefore suggested providing snacks they could eat whilst walking. We saw that this person was provided with, and ate an appropriate snack during the afternoon of our inspection.

We found that Birch Avenue were committed to gathering information about people's preferences and backgrounds in order to provide person centred support to people. For example, we saw that each person's care plan included a, 'This is Me' booklet. These are good practice documents which provide key information to enable care staff to get to know people and the things which are important to them. For example, the books included information about people's childhoods, their working life and their interests and hobbies. Members of staff were positive about the value of these books. One carer commented that the books, "Help you to help residents to reminisce."

Relatives told us that Birch Avenue contacted and informed them of any changes to their family member's health needs. One relative told us that the staff at Birch Avenue had sat and spent time going through the content of their family member's care plan with them. Other relatives told us that they could approach members of staff at any time should they wish to discuss their family members care. We saw that the importance of maintaining contact with relatives was reflected in some people's care plans. For example, one person's care plan stated, "speak to relatives on a weekly basis."

We looked at how the home gained the views of people, visitors and relatives. Relatives spoken with on the day of our inspection could not recall being asked to complete a relative's survey. The registered manager confirmed that this had not taken place and told us there were plans to address this. Relatives and the registered manager told us that Birch Avenue had an active and supported relative's forum called, 'Group 67' which met each Thursday in order to provide activities and discuss the home.

We saw the complaints policy was displayed in the entrance are of the home together with a suggestions box and comments book. People and relatives we spoke with told us they had no complaints. A relative said they had asked about an incident involving their family member. They told us that they were satisfied with the way in which the incident was handled and the homes response and explanation of this. Our review of the provider's compliant file showed us that there were no current complaints at Birch Avenue.

Good

Is the service well-led?

Our findings

We saw that there was a system in place to monitor and assess the quality of care provided at Birch Avenue. The provider conducted a monitoring visit each month and produced a report of their visit. We reviewed the previous three monthly monitoring reports and found that they were comprehensive and incorporated key elements of the service. For example, they included information about complaints and concerns, incidents and accidents, health and safety, staffing issues and resident and relative involvement.

A range of other quality assurance checks also took place. For example, the provider also undertook a detailed audit about a specific area of practice each month. Recent detailed audits included an audit of care plans, a health and safety audit and a menu planning and food hygiene audit. Each audit document we reviewed clearly recorded the actions required to address any identified shortfalls together with timescales. We saw that these actions were fed into the next audit and checked in order to ensure that they had taken place.

The registered manager told us that they, or another member of the management team also undertook a daily walk round of the home in order to monitor the quality of the service. We saw that any issues identified as a result of this were documented together with the action required to address the issues. In order to assess and monitor the quality of service throughout the day, the registered manager told us that they, and other members of the management team, were looking at working different shift patterns.

The registered manager was proud of the way in which they and other members of the management team led the service in order to provide good care to people living at Birch Avenue and identified the ways they had been able to do this. For example, they told us that reducing staff sickness levels from 26% to 6% had enabled people to be cared for by a consistent team of carers and said that an analysis of the increased needs of people living at Birch Avenue had resulted in increased staffing numbers both during the day and night to meet people's needs.

We saw evidence of how the service planned to continually improve. For example, a list of five key service objectives had been produced together with the actions needed to address these. We noted that these objectives covered a range of areas, some of which had been identified during our inspection. The five objectives for 2014-2015 were care planning, handover, activities, appraisal and supervision, and creating a positive environment.

Staff told us that information about the service was shared within staff meetings and told us about the different meetings which took place. These included full staff meetings, management team meetings, housekeeping meetings and regular meetings for each bungalow. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to.

A staff survey had been completed in January 2014. Our review of this identified that the home were not capturing the views of a number of staff. Only 15 of the 80 members of staff employed at Birch Avenue had completed the survey. We saw that the results had not been sufficiently analysed and noted that an action plan had not been produced to inform staff how the service planned to respond to any issues raised. The manager told us that further analysis and an action plan had not been produced in light of the poor response rate. They said they planned to re-look at the survey and ways of capturing the views of more staff during a forthcoming management team away day.

Relatives and staff were positive about the management team at Birch Avenue and the way in which they led the service. They told us that the registered manager, clinical manager and deputy nurse managers were visible and approachable. One member of staff described them as, "Really, really good," and told us, "I can go to any of them at any time about anything." Another staff member descried the management team as, "excellent."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment **The registered person did not have suitable arrangements in place to protect service users and others who may be at risk form the use of unsafe equipment by ensuring that equipment provided was:** **(a) Properly maintained and suitable for its purpose; and** **(b) Used correctly.**