Birds Hill Nursing Home Limited

Birds Hill Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and was carried out on 13,14 and 15 June 2017.

At our last inspection in May 2017 the service was rated Requires Improvement overall, we found breaches of the regulations relating to risk and medicines management, record keeping and people's assessments and care planning. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'Safe' and 'Responsive' to at least good.

At this inspection we found significant improvements throughout the service had been made and these breaches of the regulations had been met. The manager and provider acknowledged they now need to embed and sustain these improvements.

Birds Hill is a 'nursing care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Birds Hill Nursing Home is a nursing and care home for up to 72 older people some of whom may be living with dementia and or have nursing needs in Poole. There were 62 people living at the home which is divided in to three separate living units over three floors. One of the living units, Nightingale was specifically for people living with dementia, Merlin was for older people some of whom may have nursing needs and or be living with dementia and Starling was for people with high level and complex nursing needs and or people living with dementia.

There was not a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had been an unsettled period of management at the home. The manager had previously worked at the home as the deputy manager for 20 months and they had applied to register with the CQC.

The culture at the home had improved and there was an open, friendly and homely atmosphere. People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them and understood the care they needed. There were processes in place to ensure people did not experience discrimination in relation to their care and support.

Risks to people's personal safety had been assessed and plans were in place to manage these in the least restrictive way possible. Medicines were managed and administered safely. This was an improvement. There were also risk assessments and action plans in relation to the premises, which were maintained in good repair.

People received very personalised care and support they needed and in the ways they preferred. Staff took the time to get to know people and their life and social histories so they could truly understand their experiences. Their needs and preferences were consistently assessed or planned for. People and their representatives were actively involved in developing and contributing to their care plans. Care plans were written in an exceptionally person centred way with detailed instructions on how to provide care which focused on people's strengths and abilities. Records were person centred and reflected the care, treatment and support people received. This was a significant improvement that had a very positive impact on people's lives.

Following our feedback people's clinical care needs not being consistently included in care plans, the manager and provider took immediate action to address this. They also produced an action plan that focused on how to further develop the nursing elements of people's care into their care plans and the service as a whole.

People's rights were now protected and staff understood and acted in accordance with the Mental Capacity Act 2005 (MCA). This was an improvement.

People were protected from abuse and avoidable harm. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. People involved in accidents and incidents were supported to stay safe and robust action was taken to prevent further injury or harm.

People's independence and wellbeing had been enhanced by improvements made to the environment of the home. The provider had invested in new equipment, furniture, the refurbishment of the building and used their knowledge of best practice to make the environment suited to the needs of people, including those living with dementia.

People were supported to eat and drink enough to obtain a balanced diet. People's dietary needs were respected.

Communication needs and sensory impairments were flagged in people's care plans. People got the support they needed to communicate in a very personalised way.

Staff told us they felt well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people living at Birds Hill Nursing Home.

There was an emphasis on striving for improvement through quality assurance systems, audits and reflective practice. The manager and directors reflected on accidents, incidents, complaints, safeguarding investigations, audits and inspections to consider how practice could be improved. Learning from Birds Hill Nursing Home and the provider's other services were shared between the services. The manager and provider produced an improvement plan with a focus of constantly improving the quality of service for people and also achieving a rating of outstanding.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe because the service protected them from abuse and avoidable harm. Risks were managed in the least restrictive way possible.

There was a culture of learning from mistakes and an open approach. The service managed incidents, accidents and safeguarding concerns promptly and investigations were thorough.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed.

Staff had an understanding of The Mental Capacity Act 2005.

People were offered a variety of choice of food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate. Immediate action was taken to ensure people's nursing needs were included in their care plans.

Is the service caring?

Good

The service was caring.

People and their relatives praised the caring attitude of the staff.

The service had a strong, visible person-centred culture. Staff were highly motivated to provide kind and compassionate care.

People, and where appropriate their relatives, were fully involved in decisions about their care and support.

Is the service responsive?

Outstanding ☆

The service was very responsive.

The service was very flexible and extremely responsive to people's individual needs and preferences. There was a strong focus on recognising and building on people's strengths.

There was an emphasis on personalise meaningful activity that was based on people's interests and past experiences. People took part in activities and events both at Birds Hill Nursing Home and in the local community. The manager and staff were actively involved in building community links such as a community cafe.

Complaints and concerns were encouraged and seen by the provider and manager as part of driving improvement.

Is the service well-led?

Good ●

The service was well-led

Quality monitoring systems were in place which ensured the manager and provider had a good oversight of the service.

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn and improve the delivery of the service to people.

Birds Hill Nursing Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 13,14 and 15 June 2018 and was unannounced. There were two inspectors, a nursing specialist advisor and an expert by experience, whose expertise was in older people, in the inspection team on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were two inspectors on the second day and one inspector on the third day.

We met and spoke with most of the 62 people living at Birds Hill Nursing Home. Because some people were living with dementia we used the 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. We spoke with nine visitors and relatives and one visiting commissioner. We also spoke with the acting manager, clinical lead, director of care, managing directors and 11 staff. The staff spoken with included nursing staff, care givers, care team leaders, chef, activities staff and facilities manager.

We looked at five people's care, health and support records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at people's medication administration records and documents about how the service was managed. These included four staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

Following the inspection, we also received six feedback forms via the CQC website.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered persons notified us of and a provider information return (PIR). A PIR 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.

We contacted commissioners prior to the inspection and sought the views of professionals involved in the service following the inspection. We received email feedback from the local safeguarding team, five health and social care professionals, a local children's nursery, one GP practice and commissioners.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe at the home. Comments from people and relatives included; "It's a great comfort to know he's here and he's safe", "The regular staff all know me and I trust them" and "I feel safe here, the girls (carers) are very good, they look after me well". One person who had moved from another service wrote a letter to the manager that included; 'Since I moved to Birds Hill my life is much better and I feel safe and I know [Partner] is better now she is listened to by staff'.

People were protected from neglect and abuse. Information about safeguarding adults was readily available around the premises for people, their visitors and staff. Staff had training about their responsibilities in relation to safeguarding adults. They were confident about the procedures they were expected to follow if they thought someone might be experiencing abuse. The local authority safeguarding team told us the service reported all allegations of abuse, worked well with them and always took action to immediately safeguard people.

At our last inspection we identified shortfalls in how risks were assessed and managed. This was a breach of the regulations. The provider told us in their updated action plan they would be compliant with the regulations by March 2018. At this inspection risks were assessed and managed in the least restrictive way possible. For example, one person was at risks of falls if they attempted to get out of bed unsupervised. There was a risk management plan in place that their bed was to be placed at the lowest position and soft crash mats were to be placed alongside their bed. This had been effective in reducing harm because, when the person had fallen when they tried to get out of bed on their own they did not sustain any injuries.

Guidance and instructions were also in place so staff had the information on the actions they should take to help mitigate risks and improve people's health and welfare. For example, an assessment of a person's pressure sore care was completed as soon as it was identified. There was clear evidence of the actions that staff had taken to minimise the risk to the person's skin integrity. For example, an air mattress was supplied and advice was sought from the tissue viability nurse. The clinical lead explained if a person required skin integrity care the provider identified and acted on this quickly, which also included informing the chef. This was to make sure that appropriate nutrition and hydration was provided and monitored to promote effective skin healing.

Since the last inspection there had been a high turnover of staff and managers at the service. The provider was aware of this and explained that this was in the main due to the need to change the culture and ways of working at the service. However, people and relatives told us that this high turnover of staff had impacted on people's continuity of care and the loss of staff they knew very well. We fed this back to the provider who took immediate action to use the feedback as an opportunity for improvement. They identified they needed to keep people and their family members informed as to what was happening with staff recruitment and retention. They also developed ways of monitoring staff recruitment and retention on a monthly basis and identifying ways of improving retention throughout all of their services.

People, staff and relatives told us there were enough staff on Nightingale and Starling living units. One staff

member said, "I am given the time by the management to do the job, that's a big help if we are to give the residents the best care possible". However, we received mixed feedback from people and relatives about the staffing levels on Merlin living unit. One person said, "I am quite happy here, the carers are lovely" they added "Sometimes I have to wait for attention, especially at night, but I know they are busy elsewhere and they do come eventually…things have got better recently, they seem to have more staff on duty". A relative told us, "I'm 99% happy with my Mothers treatment, overall the care is good and apart from occasional staff shortages I am happy". Another relative told us their parent had told them they often had to wait a long time to have their continence wear changed. A third relative told us there had been times when they were concerned about the safety of one person who was attempting to get up in the lounge unaided but there were not any staff around. The manager and provider told us they had already identified that more staff were needed on 'Merlin' living unit. The week prior to the inspection they had increased the staffing levels and reviewed the staff support one person needed. They said they would be keeping the staffing levels under constant review and would discuss relatives concerns about staffing levels with them.

The service followed appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history, nursing registrations and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

At our last inspection we found medicines management was not safe. The provider told us in their updated action plan they would be compliant with the regulations by March 2018. At this inspection we found this had improved. People now had PRN 'as needed' medicine care plans in place. This meant staff knew when to administer these medicines. In addition, reminder systems had been introduced to make sure that people received time critical medicines.

Medicines were stored securely. There were suitable storage facilities, including a controlled drugs cupboard and a fridge for medicines requiring refrigeration. Records were kept of the temperature of the fridge and the medicines area, ensuring that medicines were stored at the correct temperature.

Medicines audits were completed and identified any shortfalls in record keeping and or the monitoring of equipment such as fridges and medicine storage areas. Action was taken in response to any of the shortfalls identified. Staff told us there was a positive, open and learning culture about reporting any medicines errors or omissions. However, the audits had not identified there was not a second dose of one person's epilepsy rescue medicine as detailed in their epilepsy care plan. This rescue medicine had not been needed to be used since the person was admitted six months earlier as their epilepsy was currently well managed. The manager took immediate action to arrange for a second dose of the person's epilepsy rescue medicine to be obtained and reviewed the audits so they identified this in the future.

People were protected from the spread of infection. Staff had training in infection control and hand washing facilities were available. Hygienic hand rub was also available around the building. Personal protective equipment for staff, such as disposable gloves and aprons, was in plentiful supply. The service had achieved the highest possible hygiene rating at a food standards inspection in April 2017.

Equipment owned or used by the registered provider, such as specialist beds and hoists, were suitably maintained. However, we noted one person's specialist chair cover was damaged and cracked which meant it could not be cleaned effectively. We advised the manager of this who took immediate action and arranged for the cover to be replaced. The provider confirmed the chair cover was replaced within 48 hours.

The provider had a facilities manager who managed the maintenance workers, housekeeping and catering teams across the group of homes. There were robust systems in place to ensure the premises were maintained safely. This included audits to make sure all maintenance and servicing was up to date. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems, gas safety and hoisting equipment. Legionella testing was regularly completed.

Lessons were learned and improvements made when things went wrong. Staff readily reported accidents, incidents and concerns. Managers reviewed accident and incident reports to check all necessary action had been taken for people's safety and wellbeing. The provider reviewed accident and incidents for developing trends that indicated further changes might be necessary.

Good

Is the service effective?

Our findings

People told us and relatives confirmed people's needs were consistently met by competent staff. People and most relatives spoke very highly of the service. One relative told us, "We moved our Nan here because the last home was so terrible, this is so much better for her. She's much happier…"

When staff first came to work at the home, regardless of what their role was, they undertook a seven day induction training programme. This covered all essential core training. New staff completed the care certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. One staff member fed back to us, 'The training I was given prior to starting work was excellent. I felt it was informative, educational and in-depth but delivered in a relaxed manner which put us at ease.' Another told us, 'As a newly employed registered nurse at Birds Hill, I can honestly say my experiences of the company and the home so far are excellent. My seven day induction course was happily to say the best induction course I have ever had at a new employment.'

Staff had training following their induction to develop the skills and knowledge they needed. All staff had refresher training covering core topics such as safeguarding, fire safety and moving and positioning people. This took place annually or every two or three years depending on the topic. Those who administered medicines had annual training and competency assessments in medicines administration. In addition, staff received training in understanding end of life care, person centred care, safe holding techniques, and mental health awareness. Staff also received training specific to their roles. Staff were expected to work towards qualifications relevant to their role, such as diplomas in health and social care for care staff.

All of the different staff groups had completed dementia awareness training. Some staff had also completed a four day specialist dementia course. All staff were set to complete this training within the next 12 months .This training focused on understanding and validating people's feelings and emotions.

We spoke with staff and received feedback via our website. Staff told us they felt very well supported by the manager and provider. The supervision records reflected this and showed staff were supported to think about reflective practice, their responsibilities and people's changing needs. Most staff who had worked at the service for over a year had received an annual appraisal. They had the opportunity to review their learning over the previous year and set new objectives and learning opportunities.

The service and its staff were committed to working collaboratively and had good links with health and social care professionals. For example, during the adverse winter conditions and the winter pressures the service worked with the local hospital to relieve the pressures on acute services. This included the manager and concierge undertaking emergency assessments of people who were assessed as medically fit and offering them short term placements the same day. This meant acute hospital beds were freed up quickly.

We discussed equality, diversity and human rights with staff and the manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed all aspects of their needs including characteristics

identified under the Equality Act such as the awareness of the needs of people who identified as LGBT+. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

People's needs were assessed and care planning and delivery was based on people's individual needs. Each person had both an electronic care passport summary and paper care plan for staff to follow. People received the care, support and health care they needed. However, from discussions with staff, people's care plans and our observations, it was not always clear how the nursing and health care elements of people's care and treatment were an integral part of their care plans. For example, one person was diabetic but their care plan did not show signs of hypoglaecemia and hyperglycaemia and to monitor for these. The person had been having their blood sugars monitored daily to establish a safe range following a GP request but the plan did not detail what this was. Their food passport and medicines care plans also did not identify that they were diabetic. We discussed this with the manager and provider and the person's care plan was amended to reflect the clinical elements of their assessed needs by the end of the first day of the inspection. The manager and provider told us they had reviewed other people's care plans to make sure this information was included.

Overall, feedback from professionals was very positive in relation to how people's health care needs were met by the service and the positive working relationships they had with the service. For example, one healthcare professional told us the service had improved both the mental and physical health of one person. They said, "I cannot fault their care". However, a small minority of professionals told us that because there was a high turnover of nursing staff this had had some impact on how effective the service was in relation to fully assessing and planning to meet people's health needs. They also told us that at times there had of high numbers of un-coordinated requests for health care professionals input. They felt this was an area for improvement.

The provider and manager told us they were currently reviewing how the nursing staff worked at the service to effectively meet people's clinical health care needs. This included each nurse taking a lead in a specialist clinical area. Following our feedback, the provider and manager arranged nurse clinical practice meetings, reviewed the arrangements for nurses' clinical supervision and consulted with nursing staff as to how best to include people's clinical needs in their care plans. Before the inspection the provider had pro-actively requested support with the nursing care at the service from the clinical commissioning group's quality team. This was because they acknowledged their areas of expertise were care homes for people living with dementia not nursing homes. Nursing staff fed back to us following the inspection that they were feeling positive about the new opportunities and that the management team were open to listening to them and look at ways of improving the nursing care for people.

People can only be deprived of their liberty so that they can 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). The manager and duty managers understood when DoLS applications would be required and had made appropriate applications. There was system in place for making early applications for people's DoLS authorisations that were due to expire. Some people had DoLS conditions and we saw that these were being met. The manager had added the monitoring of these conditions to the daily handover and to the electronic recording system to make sure staff were fully aware of people's DoLS conditions.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with the provider, manager and the deputy manager who was the lead for the MCA. There were significant improvements in relation to the understanding and implementation of the MCA since the last inspection. There was a very personalised rights based approach at the service. This resulted in people being at the heart of all decision making and where best interests decisions were required these were always the least restrictive option. Any best interests decision making also considered whether the decision was only required for short period of time. For example, one person had delirium and presented some challenges that required positive support from staff including hourly monitoring. This decision was kept under review and as soon as the person was well again the monitoring was reduced.

People told us their consent was sought and they were involved in decisions making. One person told us, "They [staff] all ask me before they do anything" and "They [staff] talked to me about my plan and then I signed to agree to it". Staff felt the new electronic recording systems supported them to be more effective in all aspects of the care, treatment and support they offered to people. This included the recording of people's consent when they provided any care, treatment and support. There were multiple examples of when the service had ensured people's consent and rights were paramount to all aspects of their lives. These examples included challenging health professionals who made a decision without the person's consent and ensuring people had access to independent advocates where there conflicts in family relationships.

Staff had completed training in MCA and DoLS and there was a good understanding of the principles of the MCA. The manager and provider recognised that some of the training previously for staff had been confusing so they had developed a new training programme for staff to make it easier to understand.

People's nutritional needs were met and those who were nutritionally at risk had their foods and fluids monitored to make sure they ate and drank enough. People's care plans included their food preferences and we saw that staff offered people these foods first. For example, one person who was reluctant to eat was offered a chocolate bar to stimulate their appetite. They then went on to eat their meal.

People told us they enjoyed the food and comments included; "We get a choice", "Nothing wrong with the food at all" and "I like my food and there is always enough". Relatives who visited and supported their family members to eat said the food was good quality, presented well and there was always a choice.

The chef was very knowledgeable about people's specialist dietary needs and consulted with people about their preferences. There was always a choice of main meals including a vegetarian option.

People helped themselves to the snacks and drinks on the living units and or staff offered them to people throughout the inspection. People who were living with dementia were offered visual and verbal choices of food and drinks.

Nightingale living unit had been fully refurbished to meet the needs of people living with dementia. The environment reflected current good practice in relation to dementia friendly environments. There were plenty of bright contrasting colours so people could easily find their way around. There were also lots of different interesting and reminiscence items, clothes and hats for people to use.

Both Merlin and Starling units had also been refurbished. People had been involved in choosing the décor and furniture throughout the building. There was a new hairdressing/beauty salon with electronic touch screens and sensory lighting. Staff told us these helped people who were living dementia relax whilst they

were having treatments or their hair done.

People had personalised their bedrooms and they were decorated as they wished. People had access to the garden and balcony areas. These areas were well used during the inspection as the weather was sunny and warm.

Good

Is the service caring?

Our findings

People and relatives told us and we saw staff were extremely caring and attentive. For example, staff helped one person to the dining room and stayed patiently and compassionately to listen to the person talking before fetching their dinner. The staff member was unrushed and showed a good understanding of the person's obvious need to talk. Another person complained to the staff that they had a head ache. Within a few minutes the nurse appeared with pain management medicines. The nurse showed compassion and sympathised with the person's predicament. After the nurse had gone the person said, "The carers are so good to me, the look after my needs." A third person was drinking a cold cup of coffee. Staff noticed this and fetched the person a fresh cup of coffee.

People said about staff, "She [staff] is lovely, she looks after me so well" and "The carers are so good to me, the look after my needs. I feel so much more cared for than when I was at home being looked after by [domiciliary] carers".

Staff were exceptionally caring, compassionate and positive about people and their families. Staff comments included; 'The welfare of the residents at Birds Hill are paramount to all staff working within the home. There is no differentiation of care and support shown to our residents no matter of the job role we have. I also would like to point out the care and support the family members receive from said staff. We understand dementia is a family journey and as such the whole family is treated with love, support and understanding,' and 'Birds Hill is ever changing, since Luxurycare [provider] have taken over, the company has worked hard to employ staff who are compassionate and caring, they aim to employ people who will be putting the social and holistic needs aspect of residents first.' Another member of staff said, "We all know we must do our best to make sure everyone gets the best possible help and care".

Staff told us they also felt very cared for by the managers and provider. A new member of nursing staff fed back to us, 'The owner, directors, manager, deputies and all the other staff, have given me the warmest welcome and have made me feel part of 'the family' already.'

Respect and dignity was at the heart of the service's culture and values. There was a dignity champion, the service had taken part in 'Dignity in Action Day' in February 2018 and they had produced a dignity tree wall. People and visitors had contributed towards this tree by producing a leaf with what was important to them written on it.

People told us staff always treated them with respect and maintained their dignity. They explained the impact that this had on their well being. One person said, "They're marvellous. I was in a mess and they made me feel ok about it. We chatted laughed and joked whilst they were helping me. I can't tell you what a difference that makes to me".

There was a chaplain who worked across the provider's four homes offering pastoral, religious and spiritual care to people. People's spiritual needs were acknowledged and catered for regardless of whether they were of a specific faith or had none. There was an interactive non-denominational Christian dementia friendly

service held at the home each week. The chaplain had a network of different faith groups and contacted the relevant group to visit and provide faith support to people living at the home.

Professionals involved with the service told us how caring staff were. A local pre school nursery who visited once a week to spend time at the service told us, 'We are always made to feel very welcome and put at ease by the staff. There is always someone to greet us with a smile and they are always very attentive to the children's needs as well as their residents which is lovely to see. The children really enjoy going to see both the residents and staff and love to tell their parents all about their time there.'

Families were able to visit at any time and described staff as very welcoming. They told us they were made drinks and offered cakes and food when they visited. The service had also developed a new concierge role. This staff member was responsible for undertaking people's assessments alongside nursing staff and welcoming the person and their families on admission and when they visited the home. People, visitors and professionals spoke extremely highly of the concierge and how caring, understanding and compassionate they were. They said and fed back that the concierge always listened to them and constantly checked with them they were happy with everything.

Relatives told us staff cared for them as well as their family members. One relative told us how staff "Care for me as well, they're all fantastic, there's nothing they can improve on". They said they provided them with meals and emotional support and training to be able to continue to be involved in caring for their spouse. They had been provided with moving and assisting training so they could assist with their spouse's care. They had also had health and safety training as they liked to help out with maintenance jobs around the service. Another relative said, "The carers are welcoming to me and my family, they always speak to us and it feels very homely here as a result".

Outstanding ☆

Is the service responsive?

Our findings

At our last inspection we found shortfalls in people's record keeping and the assessing and planning for people's care needs and this was a breach of the regulations. The provider told us in their updated action plan they would be compliant with the regulations by March 2018. At this inspection the record keeping and people's care plans had improved. People's care plans were very personalised, comprehensive and focused on people's strengths and staff told us they were easy to follow.

The written compliments received by the service and feedback to CQC from people, relatives, staff and professionals without exception included how person centred staff were. For example, comments and written feedback from people and relatives included; 'Thank you for the care given to me by the staff', 'In my experience my mother enjoys a high standard of nursing and care which sets it apart from others', 'Your care workers are Angels', and 'Birds Hill staff are without exception wonderful. Like in life there are those that rise beyond the exceptional and are truly wonderful and beyond compare.'

A relative told us staff had "Bent over backwards" and spent "Hours and hours finding out all about [person] so they can understand and support him". Their family member was a person who was living with dementia, who needed one to one staffing support at all times because of their complex positive behaviour support needs. The relative told us this had resulted in staff being able to support the person and their family out in the community for the first time in over two years. The relative said, "[person] calmed and smiled when we were all out together it was unbelievable. I never thought we'd be able to do this".

Staff on Nightingale knew people well and understood the importance of people's life history and experiences. They were skilled at knowing how they needed to respond and communicate with each person. For example, for one person living with dementia, who was previously a business professional, staff kept them quietly and calmly updated as to the plans for the day and the jobs that needed doing. This reassured the person and they clearly felt involved and respected by staff acknowledging their skills as a manager. Staff told us this approach had reduced the amount of times the person became upset with other people living at the home. This approach was included in the person's positive behaviour support plans.

The service was truly responsive and people's preferences were paramount when delivering their care, treatment and support. For example, one person could sometimes be a little unsettled in the middle of the night and often chooses to have a bath at this time. Staff told us they supported the person and this helped them relax and subsequently sleep.

Staff were very proud of people and their strengths, achievements and celebrated when people improved. For example, one person, who was living with dementia and who had not been communicating verbally, spent time with the visiting animals and reptiles and pre school children during the inspection. Following the visit, the person spontaneously started talking about it and told their relatives and staff what they had done. Staff told us and shared with the rest of the staff team and provider what the person had said and how they had enjoyed themselves. They also updated the person's care plan so staff could continue to offer the person similar opportunities.

A health professional fed back on behalf of their team. They told us they were all impressed by the positive, person centred but also realistic approach of the service. They were especially impressed by the service's keenness to pursue the training and transition work the hospital staff offered. Staff members went to the hospital so that the hospital staff could teach the methods and techniques how best to care for the person. This initial experience reassured the professionals that they were placing the person in a caring environment, where they were recognised and appreciated as an individual and interesting person.

Staff had an excellent understanding of how people communicated and were creative to using visual and environmental cues to assist people to understand things. For example, staff working on Nightingale living unit at night wore pyjamas and low level lighting was used so people understood it was night time. One staff member said, "We're always thinking about their communication. We keep it simple and use visual clues and body language. If they can't verbalise it we can usually see by their face if they understand. What we're asking may not always click with them but by using words and pictures it helps a lot. We eventually get to know what their facial expressions and body language may mean".

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. Communication needs and sensory impairments were flagged in people's care plans and on the staff handover sheet. For example, staff told us they used picture and photo cards with people who could not communicate verbally.

People's bedrooms were personalised with belongings, such as furniture, photographs and ornaments. Bedroom doors on Nightingale reflected the colour of people's choosing or that of their previous home front door. One person said, "I have not been here long, but I love it here…I have a nice room with a view"

There was a team of six staff responsible for providing activities based on people's interests. Staff had developed personalised activity plans. Everyday staff would spend one to one time with people in their bedrooms and offer group activities. There was a weekly activities plan given to people and displayed on notice boards. When we asked about activities comments included, "We usually have something in the afternoon, today its animals. I go into the lounge most days, I love the lady singer that comes in" and "I love to read. The carers bring the library in so I can choose books as I can't get them myself". One person explained that they loved knitting and sewing but couldn't do them now due to poor sight. They said, "I wish I could but I can't now, the carers are very understanding and try to help me".

The manager and facilities manager showed us the plans for changing a ground floor staff training space into a community café. The space was already being used by people at the home for weekly Alzheimer's society coffee mornings and other activities.

The service had introduced a scheme where they worked with the local schools and colleges and young people were offered work experience placements at the service. There were up to three young people having work experience at the service at any one time. They worked supervised at all times with the activities workers. This had benefitted people as they had the opportunity to meet and spend time with young people from different cultures and backgrounds both in the service and in the community. We received the following feedback from the college following the inspection, 'This experience supports the students with their time keeping, work ethics, communication skills, improves their confidence and gives them a hands on 'real' experience about working within the care environment. I would like to express my gratitude for the continued support from all the staff and Management regarding my students. Some students have been lucky enough to have gained some part time paid work. I look forward to continue to work with this amazing staff group next year.'

The staff had worked with people and their families to identify any dreams or wishes that they wanted to achieve or relive. They called this a 'diamond moment' and made effort to ensure they made this happen for people. For example, one person who was living with dementia who had been a midwife attended a family church service with staff support. There was a family attending with a new born baby who allowed the person to hold their child. The person confidently held and comforted the new born child who then slept in their arms throughout the service. Staff took photographs so they could share the person's 'diamond moment' with their family and friends.

We received email feedback and spoke with relatives whose family members had recently died at the home. One relative told us their family member had been admitted into the home for end of life care and had received excellent care for the seven weeks they had lived there. They said that the whole family had been made welcome when they visited and their family member had the opportunity to take part in activities that were important to them. Their family member had not been left alone at the end of their life and that staff had sat with the person when they were not able to. They said their family member had received emotional and spiritual comfort from the provider's chaplain.

The manager told us the service was attempting to meet people's dreams particularly when they were reaching the end of their lives. For example, one person had always wanted to visit Scotland before they died. This was not possible so the manager arranged for Scottish bagpipe player to visit and play for the person before they died. The person told staff they had really enjoyed the experience.

The palliative care nurse told us the care the service had provided extremely individualised care to one person who was admitted to the service for end of life care. They told us the staff went to significant lengths to meet the person's individual needs and this undoubtedly helped maintain their quality of life in the last few weeks of their life. For example, enabling the person to be taken outside for 'fresh air' and providing specific foods and drinks for them. The person was often resistant to pain management and symptom control but nursing staff recognised the person had the capacity to make decisions themselves and they all worked together to look at ways of finding agreeable strategies for the person.

Complaints information was displayed throughout the home. People and relatives told us they knew how to make a complaint and felt comfortable to do so. One person said, "I know if I bring up an issue something will get done".

There was a positive, open, transparent culture about complaints and concerns. The manager told us and records showed us complaints and concerns were taken seriously and used as an opportunity to learn and improve the service. In addition, the provider also reviewed any complaints or concerns to ensure there was an impartial view. The manager and/or provider wrote to people and or their representatives to apologise when there were any shortfalls that had impacted on the person.

Most relatives/visitors we spoke with did not raise any concerns or worries. Where relatives raised concerns with us at or before the inspection we discussed these with the manager and provider and where necessary reviewed people's care and treatment records. We saw the concerns had been fully investigated, followed through and fed back to the relatives or the electronic care records showed that people had received appropriate care and treatment and no concerns were identified.

Good

Is the service well-led?

Our findings

The culture at the home had improved and there was an open, friendly and homely atmosphere. People, staff and relatives were relaxed and felt able to talk openly with us about anything, the improvements since the last inspection and any ongoing areas for improvements or concerns.

There had been two changes in registered manager since the last inspection. The manager had worked at the service for two years and had been promoted from deputy manager. The manager had applied to be registered.

People, staff and relatives were very positive about the approach and skills of the manager. One person told us the manager was often out and about in the home and always spoke with them. They said, "I think she is very nice". Comments from staff included; "The Manager is very good, she has been great in supporting and training me for my job" and "The Manager's door is always open and I know I can ask for help or advice if I need it".

The provider was very open and transparent. Following the last inspection, the provider had developed a very robust action plan as to how the service would improve and meet the regulations. They set realistic timescales and kept us updated with any changes to when they thought they were fully compliant with the regulations. For example, following the departure of the registered managers, they acknowledged that they had not made the progress they and wanted and sent us new updated action plans.

People and staff spoke highly of the management team and provider. One person said, "[Concierge] is very good, he gets things done. I trust him to sort things out". One staff member said, "They are great, supportive and happy to help". An agency member of staff said, "this is the best care home I have worked in, even though I have a long cycle ride every shift to get here I look forward to coming here".

The vision and values of the service were person-centred, with people at the heart of the service. These were owned by all and underpinned practice. This was evident in the way people, their visitors and staff spoke about the service and the manner in which staff interacted with people. All of the staff and managers we met were positive about their work. They acknowledged that Birds Hill Nursing Home was an improving service. There was a strong open focus about the areas for improvement and all feedback or learning was used as an 'opportunity for improvement' not just at Birds Hill but at the provider's other services as well. For example, the provider had used our feedback about staff retention and turnover to develop a plan of how to improve and record this across all of their services.

There were robust quality assurance and audit systems in place that identified any shortfalls and drove improvements. The provider had recently linked all of their 'opportunities for improvement' forms to CQCs five key questions and KLOES. They planned to use these to evidence and focus on areas for improvement and this was embedded in their plan towards gaining 'outstanding' at Birds Hill Nursing Home and improving retention and reducing staff turnover at the service.

Relatives told us about how well-led they thought the service was and that they had a positive response from managers when they raised anything. There were seven positive responses about the home from relatives that had been left on a national care home review website since May 2017. These responses included rating the management of the home as 'good' or 'excellent' and all of the respondents were 'likely' or 'extremely likely' to recommend Birds Hill Nursing Home.

Staff told us their views were actively sought and they had regular staff meetings where they received important updates and given clear guidance on their practices and roles. Staff felt valued and there was an employee of the month who was nominated by people, staff or visitors.

Staff were also supported to understand their roles and responsibilities by the communication systems in place. There were daily handovers between staff shifts and the new electronic recording systems had significantly improved how and what staff recorded. Domestic and maintenance staff were also electronically recording their contacts and interactions with people and their visitors. This was because the manager and provider acknowledged the important role these staff played in the time they spent with people.

Feedback from commissioners showed an effective open relationship where advice and guidance was sought appropriately. For example, the provider had asked the clinical commissioning group for support with developing nursing care at the service.

The provider has four homes in Poole and Bournemouth. Each home has a registered manager and the director of care services oversees the running of all four homes within the group, along with the managing director of the provider. The registered managers of all four homes met on a monthly basis and shared good practice ideas and any learning from incidents.

Learning from this service and the provider's other services was shared between the services. Managers and directors from the services met regularly to share good practice and learning from incidents. There were also meetings from time to time for groups of staff from across the services to share ideas and good practice.

The service worked in partnership with other organisations and professionals to make sure they were following current practice and providing a high quality service. The provider strove to improve the quality of care for people living with dementia, both in the provider's services and in the wider community. The managers and directors were involved in Partners in Care and Skills for Care learning hubs for managers. The managing director was chair of the Dorset Care Homes Association.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

The rating from the last inspection was prominently displayed on the service's website and in the reception area.