

Springhill Care Group Limited

# Birch Green Care Home

## Inspection report

Ivydale  
Birch Green  
Skelmersdale  
Lancashire  
WN8 6RS

Date of inspection visit:  
05 April 2018

Date of publication:  
24 May 2018

Tel: 0169550916

Website: [www.springhillcare.com](http://www.springhillcare.com)

## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 5 April 2018 and it was unannounced. We last inspected the service on 2 and 21 February 2017, when we found breaches of regulations in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and the proper and safe management of medicines. As the proper and safe management of medicines was, on that occasion a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, a warning notice was subsequently served.

Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, caring, responsive and well led to at least good.

At this inspection we found the provider had made the improvements required in accordance with their action plan, so that the key questions of safe, caring, responsive and well led were found to be rated to at least good. During this inspection we found the service to be meeting the requirements of the current regulation.

Birch Green Care Home (Birch Green) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Birch Green is located in a residential area of Skelmersdale. Public transport links and local amenities are nearby. It provides accommodation for up to 74 people, who require support with nursing or personal care needs. There are two separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia. A passenger lift is available for easy access to the first floor. All bedrooms are of single occupancy and some have en-suite facilities. Bathroom and toilets are situated throughout the home. Ample parking spaces are provided.

At the time of our inspection there were 64 people living at Birch Green Care Home (Birch Green). We spoke with 17 of them and three family members or friends. The manager was on duty at the time of our inspection. She had been in post for a short period and was in the process of submitting her application to the Care Quality Commission to become the registered manager of Birch Green.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The managing director of the organisation and general manager from another home within the company attended the inspection in order to support the manager of Birch Green.

At this inspection, we found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Mental capacity assessments had been conducted and Deprivation of Liberty Safeguards had been submitted to the local authority, as was deemed necessary.

We found recruitment and disciplinary procedures to be robust and these were being followed in day-to-day practice. People's human rights were being protected and anti-discriminatory practices had been adopted by the home. This helped to safeguard those who lived at Birch Green.

Staff members were very knowledgeable about those in their care. We found the staff team to be well trained, through induction programmes, training modules, regular supervision and annual appraisals. Evidence was available to show staffing levels had recently been increased and that these were sufficient to meet the needs of those who lived at the home.

Although, additional minor issues in relation to medicines management were noted at this inspection, we found that overall medicines were being managed safely. However, we did make two recommendations about the auditing process of medicines and the storage of items in the drugs fridge.

Personal Emergency Evacuation Procedures (PEEPS), emergency plans and robust policies had been established. The premises were safe, well maintained and hygienic throughout. Significant improvements in the environment had been made since our last inspection. The home was very pleasant and suitable for those who lived at Birch Green. The dementia care unit was well designed to help with orientation and daily activity. This helped to maintain the safety and well-being of those who lived at the home.

Systems and equipment within the home had been serviced, in accordance with the manufacturer's recommendations. This helped to ensure they were fit for use and therefore promoted the safety of those who lived at Birch Green. Accidents and incidents had been recorded appropriately and a wide range of robust risk assessments were in place.

A robust system was in place for monitoring the quality of service provided and it was clear the management team were open, transparent and visible during the inspection process. Action plans had been developed and lessons were learned when things went wrong and when improvements needed to be made. This helped to ensure the home provided a good quality of service for those who lived at Birch Green.

Records were retained in a confidential manner and those we saw were maintained to a good standard. However, those who lived at the home were able to easily access general information and records pertaining to themselves. The home would be able to produce information in various formats, should the need arise.

People's needs had been thoroughly assessed and the care plans we saw were well written, person centred documents. However, some care charts were not always up to date. We made a recommendation about this.

Systems involving digital technology had been introduced and these enabled the service to move forward.

## 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.

Medicines were in general being managed safely, although we did note some minor shortfalls, for which we made recommendations.

People who lived at the home were protected by the safeguarding practices adopted by the home and staff were confident in reporting any suspected incidents of abuse.

Assessments had been conducted within a risk management framework and the premises were safe and hygienic throughout.

New staff were inducted to their role well and recruitment practices were robust. Sufficient numbers of staff were deployed to meet people's assessed needs.

### Is the service effective?

Good ●

The service was effective.

Staff were supported through regular supervision, annual appraisals and a wide range of learning modules. Those we spoke with felt this was sufficient for them to do their jobs well.

People's needs had been assessed and mental capacity assessments had been conducted. Evidence was available to demonstrate decisions had been made in the best interest of those who lived at the home. Deprivation of Liberty Safeguard applications had been submitted to the relevant authorities.

We saw a positive lunchtime dining experience where people were supported by staff with their meals when it was required.

### Is the service caring?

Good ●

The service was caring.

We saw staff treating people in a respectful manner. We observed kind and caring interactions between staff and those who lived at Birch Green. Staff members were compassionate and

demonstrated a genuine commitment towards those who used the service.

We saw people being treated equally and records confirmed they had been involved in decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The care plans we saw were well written, person centred documents. They included people's likes, dislikes and preferences.

Three activity coordinators were appointed, who provided a varied programme of activities, which was displayed within the home.

Assistive technology was utilised in a variety of ways in the home to monitor the quality of the service and support people's needs and choices.

Complaints were being well managed.

### **Is the service well-led?**

**Good** ●

The service was well led.

People who used the service, relatives, visiting professionals and staff were all positive about the manager of the home and the changes they had made since commencing their role.

A wide range of audits were conducted, which demonstrated a proactive approach to the oversight and management of the service. Feedback from those with an interest in the home was sought.

Action plans were developed when it was identified that improvements needed to be made.

Records confirmed meetings were held for those who lived at the home and their relatives, as well as for the staff team.

# Birch Green Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 April 2018 and it was unannounced. This meant the service did not know we were going to visit the home. The inspection was carried out by two adult social care inspectors and a pharmacy inspector as well as, two specialist nurse advisors and an expert-by-experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert by experience had personal experience of caring for an elderly relative who lived with dementia.

Prior to our inspection we reviewed all the information we held about this service, which included notifications informing us about significant events, such as serious injuries and safeguarding concerns. We looked at any information received from other professionals, people who used the service and their family members.

We had received the 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 any improvements they plan to make.

We used a planning tool to collate all this evidence and information prior to visiting the home.

During the inspection, we spoke with a range of people, including 17 people who lived at Birch Green, three relatives and 15 members of staff, as well as the manager of the home, the managing director and the manager of another service within the company. We contacted community health and social care professionals who visited the home and local commissioning groups responsible for external monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing

support to help us understand the experience of people who could not talk with us.

We 'pathway tracked' the care of nine people who lived at the home. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We also looked at other documentation, which included medicine records, staff files, training information, minutes of meetings, surveys, audits of the service and other quality monitoring systems.

# Is the service safe?

## Our findings

Comments we received from those who lived at the home were mixed in relation to them feeling safe whilst residing at Birch Green. These included; "Wonderful. The girls are lovely they all look after you as best as they can"; "Staff are kind if anyone goes to the shop they will ask if I needed anything"; "Safe? Yes. Nothing bad I can remember"; "Oh I am very safe here" and "I don't feel anxious at all. They treat us very well." However others said; "Scared sometimes of the higher ranks. I can stick up for myself though" and "The chair in my room is low. I need assistant to get up."

When we asked people about staffing levels in the home, most told us they thought there were enough staff to meet their needs. However, a minority felt more staff would be beneficial. One person commented, "I think at night time they could do with more staff." Another told us, "When I press the button, they do come to acknowledge they are busy working" and a third said, "They are good, always busy. Staff can't sit and spend time with you."

A family member told us, "[Name] needs staff to come quickly. She gets very anxious with delays" and "[Name] is lonely in her bedroom and needs someone to talk to, but staff have not got time, as they are busy with tasks."

At our last inspection we identified concerns around the management of medicines. During this inspection we noted additional minor issues around the management of medicines. However, we found that overall, medicines were being managed safely.

The home was using an electronic system for managing medicines. All relevant staff had completed a series of training programmes to enable them to give medicines safely. We spoke with three staff members, who were knowledgeable and confident in using the system. The system enabled managers to produce daily, weekly and monthly reports, in order to monitor stock levels and to ensure medicines were being given properly and evidence of this was seen.

Staff reported that sometimes the system gave inaccurate stock readings, but work was in progress to correct this. Staff told us they received good support from the providers when issues occurred. We looked at an investigation regarding an error resulting from incorrect use of the electronic record system. The home had taken appropriate action and put a system in place to reduce the possibility of it happening again. It is recommended that on-going review of the systems for auditing stock and electronic recording keeping be continued, so that safe administration of medicines can be fully assured.

We looked at how medicines were stored in the home. Each floor had a treatment room that was secure and tidy. Medicines were administered from one of four trolleys, which were kept locked when not in use. Storage temperatures were monitored daily. However, we saw gaps in some of the fridge records and staff had recorded when the fridge was above the maximum 8°C without taking action. Managers assured us that an electronic monitoring device was also in use to ensure accurate readings were made. There was an item other than medicines in one of the fridges that staff removed when highlighted. It is recommended that staff



be reminded medicine fridges should be used solely for storage of medication.

At this inspection, we saw staff had received medication training and processes were in place to address the issues and reduce risks for those who lived at the home.

At the last inspection we found some care plans and records lacked detail regarding one person who looked after their own medicine and another who received their medicine covertly, which is hidden in food or drink. We checked the records at this inspection and found that improvements had been made. Records were detailed and ensured staff knew each individual's specific needs, in relation to their medicines.

We found that although the home had detailed paper records about people's medicines, information was not available at the point of contact, when medicines were given using the electronic Medicine Administration Record (eMAR). Some people were prescribed medicines to be taken 'when required' and the details of when and how much to give was not readily available. Staff on the day of inspection acknowledged this, and began to add personalised details to the electronic record.

We looked at records for one person, who was receiving medicine via a transdermal patch (on the skin). The patch position was recorded, but not rotated in line with manufacturers' guidance, to reduce the risk of skin irritation. The manager produced a new patch recording system following the inspection and informed staff of the change.

Homely remedies were available for people who may have required medicines which could be bought over the counter, such as cough medicine or indigestion remedies. The home had a policy stating which medicines could be used and how these were to be given and stored. We checked these medicines and found they did not accurately match the policy list and were not stored correctly. The manager gave us assurance that this would be addressed without delay.

One person was prescribed a powder to thicken their drinks, because they had difficulty swallowing. We found this was not managed safely. The powder was not stored securely and instructions of the required consistency was not always available. Care staff who prepared drinks did not always record when this was done. This was escalated to the management team and the powder was moved to a safe place. Notices of the person's requirements were created and staff were informed of these changes.

Both treatment rooms had large number of full medicine waste bins on the day of the inspection. Staff told us they had raised the problem with the supplier, who had failed to make a timely collection. Some of the bins were unsafe as they were not sealed and access to the discarded medicines was possible. This was escalated and managers informed us later that collection was going to be made imminently.

At the previous inspection we identified concerns around the management and recording of risks. Following that inspection we found improvements had been made.

At this inspection, we found that a wide range of comprehensive health and social care assessments had been undertaken within a risk management framework and these were reviewed every month. They included moving and handling, pressure care, dependency, nutrition, weight, falls prevention and physical health checks.

Evidence was available to demonstrate one person had sustained a fractured hip during a fall. However, the records of this individual provided staff with clear guidance about their needs and how to manage the risk of falls. The individual had regained full mobility with support from the staff team and physiotherapist. Another

person, who was assessed as being at risk of falls was receiving one to one support during the day. However, we saw their risks of falls increased when one to one support was not provided, despite monitoring systems being installed. This was discussed with the management team at the time of our inspection, who assured us a reassessment of their needs would be requested without delay.

At the previous inspection we identified concerns around safeguarding incidents not always being reported to the local authority. Following that inspection, we found improvements had been made and appropriate referrals were made to the appropriate authorities when required.

The policies and procedures in relation to safeguarding vulnerable people and blowing the whistle on those suspected of potential abuse were well written. All staff we spoke with demonstrated good knowledge of safeguarding procedures and how to recognise the signs of possible abuse. There was a flowchart displayed prominently in the nurse's office, which provided clear guidance of the correct reporting procedures. We noted that a member of the staff team had been appointed as the safeguarding lead. This helped to ensure correct procedures were being followed and that staff maintained up to date knowledge and skills about safeguarding policies.

During our inspection, we observed the day-to-day activity within Birch Green and saw that people's human rights were being consistently promoted. The policies and procedures of the home supported these observations and records showed the importance of protecting people from discriminatory practices. We saw people who lived at the home appeared relaxed and comfortable in the company of staff members.

Records we saw demonstrated a commitment to learning following incidents and we saw several examples of lessons which had been learned when things went wrong. These included the introduction of additional training, the implementation of various records and the revisiting of specific policies.

We established that staffing levels had recently been increased and the deployment of staff reviewed on the dementia care unit. This positive change was in response to investigations following un-witnessed falls and the increase in people's dependency levels. These changes had resulted in a reduction of un-witnessed falls within a two week period. All staff we spoke with confirmed there had been an increase in staffing levels and minimal agency staff were utilised, which had resulted in a positive effect on the quality of care provided.

We looked at the personnel records of three members of staff. We found that recruitment practices were robust. All required checks and documents had been obtained before prospective employees started to work at the home. This helped to ensure all staff appointed were fit to work with the vulnerable people who lived at Birch Green. There was evidence available to demonstrate that any incidents of misconduct were managed well through appropriate disciplinary procedures. This helped to keep people safe from harm.

A deputy manager and two maintenance personnel had been appointed since our last inspection, which complimented the staff team. We looked at the duty rotas and the allocation of staff within the home. We found there was a full complement of staff and that staffing levels had recently been increased, which helped to better promote the safety and well-being of those who lived at Birch Green.

We toured the premises and found these to be well maintained and safe for people to live in. We observed good infection control procedures and clinical waste was being disposed of in the correct manner. The home was clean and hygienic throughout, which helped to promote good infection control practices.

At the time of our inspection, it was reported that the passenger lift was not working properly. The management team dealt with this efficiently and an urgent request was made immediately for a lift engineer

to attend the site and repair it.

Records showed that systems and equipment within the home had been serviced, in accordance with the manufacturer's recommendations. This helped to ensure they were fit for use and therefore promoted the safety of those who lived at Birch Green. Records we saw were maintained to a good standard and a wide range of detailed risk assessments were in place. These covered specific health care needs and potential environmental areas of risk. This helped to keep people safe from harm.

Several people we spoke with reported problems with the nurse call system. We discussed this with the management team, who were working on rectifying the fault. The managing director subsequently confirmed a new nurse call system had been installed, which was fully operational.

A fire risk assessment was in place and detailed Personal Emergency Evacuation Plans (PEEPS) had been developed. These identified how each person should be assisted to evacuate the premises in the event of an emergency. These records were easily accessible by the emergency services, should they be required. This helped to ensure those who lived at the home would be evacuated in the safest and most effective way, in the event of fire.

On our arrival to the home the inspection team were asked to read the fire procedure prior to the inspection commencing. We considered this to be good practice. Fire drills were conducted periodically in order to ensure staff were competent in taking appropriate action on activation of the fire alarm.

Records showed that emergency plans were in place and a business continuity plan had been developed. This helped to ensure the staff were aware of the correct procedures to follow in the event of an environmental emergency, such as fire, flood, utility disruption or adverse weather conditions.

We found that people who lived at Birch Green were protected by the robust policies, procedures and practices adopted by the home. Accident and incidents had been recorded appropriately. Records showed that action plans had been developed when improvements needed to be made. This helped to ensure the home provided a safe service for those who lived at Birch Green.

## Is the service effective?

### Our findings

When we asked people about the meals served, their responses included; "They're very good"; "The chef will try and accommodate you if they can"; "I get Diabetic meals"; "The food choices change"; "Staff will read the menu for those who can't read it" and "They [staff] don't ask what I would like to eat."

People told us staff members supported them when they felt unwell, but that contact with GP's was minimal. Comments received included; "You have to tell the staff your symptoms and they will discuss them with the doctor"; "I would prefer to talk directly with the doctor to understand my condition"; "I haven't seen the doctor. The nurse relates my problems to the doctor" and "The doctor should come here once a week. Staff agree with this too." On the day of our inspection we observed two GP's and other community health care professionals visiting people who lived at the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The care records we saw demonstrated that a specific tool was consistently being used to assess people's capacity to give consent and to make decisions. These were regularly reviewed and updated, as people's capacity fluctuated. Where it was determined that people lacked the capacity to make judgements, meetings were held to ensure decisions were being made in the best interests of those who lived at Birch Green. Records we saw showed that consent had been formally sought and documented within people's care files.

Where people's liberty was being deprived, for their own safety or that of others, appropriate mental capacity assessments had been conducted and applications had been made to the DoLS team. This helped to ensure people were not being unlawfully restricted. We saw clear guidance for staff about limited use of restrictive practices and evidence was seen that alternatives would be considered, so that any restrictions used would be as a last resort only.

During our inspection we observed staff speaking kindly to people gaining their agreement before they undertook any care or activity with them.

We established that an Admiral Nurse worked at the home. Admiral Nurses provide specialist dementia support which individuals and their families need. They work alongside people when things get difficult, providing one to one support, expert guidance and practical solutions. This helped people and their families to live more positively.

Care records we looked at showed that people's needs had been thoroughly assessed before a placement at the home was arranged. This helped to ensure the staff team were confident they could provide the care and treatment people required. One relative told us the manager of the home had visited and assessed the needs of her loved one before they moved in to Birch Green.

At the time of our inspection we found that effective outcomes were being delivered for those who lived at Birch Green. The staff we spoke with were able to tell us how they supported people and demonstrated good knowledge of individual needs. They told us that wherever possible, people were encouraged to be involved in planning their own care, but if this was not achievable, then carers and family members were also encouraged to participate in the care planning process.

New staff were issued with a broad range of information, which outlined what was expected of them whilst working for the organisation. A detailed induction programme was completed by all new employees and an assessed six month probationary period was required prior to permanent employment. A wide range of mandatory and selective training modules were provided for the staff team. This helped to ensure all staff were provided with relevant information to enable them to do the job for which they were employed.

Records showed that regular supervision sessions and annual appraisals were conducted. These enabled staff to meet with their line manager on an individual basis, in order to discuss best practice, work performance and any concerns or training needs they may have. Staff we spoke with confirmed this information to be accurate. One member of the staff team told us, "It [supervision] was good, as it was two way and really constructive."

Many learning modules were followed up with knowledge checks, which helped to ensure staff members had understood the training provided. Records showed that competency assessments were conducted, which included medicines and moving and handling techniques. These consolidated details of individual learning and knowledge. During our inspection we observed staff members displaying good de-escalation techniques, which helped to calm potential volatile situations.

One member of staff explained that four colleagues from the home had recently undertaken a four day 'dementia champion' training course. We spoke with one of these people who had been appointed a dementia care champion and they seemed committed to this role and their additional responsibilities. Another staff member we spoke with was the moving and handling instructor who delivered the training to the staff team when needed. We also established that three members of care staff had embarked on the assistant nurse practitioner course, which is a Foundation Degree programme. This supported staff members to progress with their personal and professional development.

One member of staff told us, "Since I have been here, I can say that I am doing a job that I love. When I started, I just observed for three days, then I shadowed for two weeks with a senior experienced care worker." Another commented, "The training was good. I did all the ones that we have to do, like manual handling, fire and evacuation procedures. The mandatory training lasted two weeks and was really good, as I hadn't had any previous experience. We had safeguarding training last week and an update on fire safety."

Evidence was available to demonstrate the home had developed good working relationships with

community professionals and that these were working effectively. The home had also linked in with a local university in order to provide placements for student nurses to work in the home.

On our arrival at Birch Green we noted a central display in the reception area of the home, which was very colourful, displaying upcoming national events, such as the Queen's birthday, St Georges day and the grand national. This helped to keep people in touch with current events. We observed a number of people sitting in this area during the day.

During the course of our inspection we toured the premises viewing a selection of private accommodation and all communal areas of the home. We found good improvements had been made since our last inspection. The environment was bright, light and spacious. It was appropriately adapted for those who lived at Birch Green, which made the home a suitable and pleasant place in which to live. We saw that corridor areas were easily accessible, so that people who preferred to walk around could be easily seen and assisted if necessary. The dementia care unit had been refurbished. It was tastefully decorated and well planned, in accordance with guidance around environments for those who live with dementia. Tactile boards were available along the corridors and good signage was evident. This helped with orientation and provided good spaces for people to walk around safely.

The home had been awarded a five star food hygiene rating by the Food Standards Agency in 2017. This was the highest rating that can be achieved and demonstrated the standard was 'very good.' Three members of the inspection team ate lunch in separate areas of the home, with those who lived at Birch Green. We found a four-week rolling menu was in place and the lunch service in all areas was calm and relaxed. People were encouraged to exercise a choice of menu and we found lunch to be a pleasant dining experience on both units of the home. The dining tables were nicely prepared with table linen, place settings, condiments and central decorations. Some people chose to eat in the lounges or within the privacy of their own bedrooms. Many people needed full support with their meals which was provided by the care staff, who demonstrated patience, kindness and compassion. We noted people were not rushed and were enabled to eat at their own pace. Specialised cutlery was provided, as required and independence was encouraged as far as possible.

People we spoke with told us they enjoyed their meals and food and beverages were plentiful. They said the food was of good quality and the food we sampled was home cooked and appetising. We observed staff members taking the tea trolley round during the afternoon, offering people a variety of beverages, snacks and fruit. It was clear that staff knew what people preferred to eat and drink, although they were able to make different choices, if they so wished.

The plans of care we saw provided the staff team with clear guidance around people's specific dietary needs and food preferences. This helped to ensure they maintained good nutrition and hydration.

## Is the service caring?

### Our findings

People informed us they received good care from a kind and caring staff team. They told us staff respected their privacy and dignity and would ask for their consent before carrying out any tasks. People told us that staff would knock on their doors and state their name before entering bedrooms.

Comments we received from those we spoke with included; "Staff tap the door before coming in"; "Staff explain what they are doing"; "I chose to come here. I was lonely at home"; "All the staff are qualified. We are lucky here"; "I would not like to go anywhere else"; "if you just sit here they will come and ask if anything is wrong" and "It is nice here. They will let you do what you want to do."

We observed positive interactions between staff and those who lived at Birch Green. We saw staff providing kind and compassionate support for people throughout the day, but independence was promoted as far as possible. On occasions it was necessary for staff to manage situations which were challenging. This was done in a sensitive and appropriate manner, which reassured people and provided them with the support they needed.

Throughout our inspection, we saw staff consistently demonstrating caring skills towards those who lived at the home. The staff team very clearly knew people well and had an excellent rapport with them. People were seen to be treated equally and all were offered the same opportunities.

The activity coordinators were visible and were seen to be positively attempting to encourage people to join in activities, although choices were always respected if people preferred not to participate.

Everyone who lived at the home was approached with warmth, dignity and respect and we observed consent being obtained before interactions commenced. Information was readily available about advocacy and we were told people would be supported to access this service, should they wish to do so. An advocate is an independent person who helps to ensure that decisions are made in the best interests of those they support.

All staff we spoke with were positive about a new initiative called 'resident of the day.' This was arranged to allow everyone who lived at the home to be the 'resident of the day' on a regular basis. Relatives we spoke with expressed their satisfaction with the home, the staff and the management team for the care delivered to their loved ones. Relatives told us they were made to feel welcome and were encouraged to visit at any time of the day. One relative described her loved one's personal care and appearance as 'excellent.' She talked fondly of all staff and told us they really knew and understood her relative's needs and she was always kept informed of their progress. Another family member confirmed she had been fully involved in the planning of her relative's care and was told if there were any changes in their condition.

People's privacy and dignity was being promoted. We observed staff knocking on bedroom doors before entering and speaking with people in a respectful manner. However, we observed a nurse undertaking a clinical check whilst the person was sitting at the dining table and whilst others were eating lunch. We were

told this individual was given the option of going to their room, but preferred to remain seated where they were whilst the test was carried out.

The use of 'clinical hotspot' flashcards were evident in front of the care files we looked at. These directed the reader to relevant sections of the care records, for easy access of important clinical information, such as falls risk and 'Do Not Attempt Cardio-Pulmonary Resuscitation (DNARCPR)' orders.

We observed staff members transferring people with the use of moving and handling equipment. On each occasion this was conducted in a safe and competent manner and reassurance was provided to people throughout each manoeuvre, which demonstrated that good care was provided during such interventions.



## Is the service responsive?

### Our findings

Everyone we spoke with expressed their satisfaction in relation to the care and support, which was offered to them by the staff team. They told us there were no restrictions on visiting times and that friends and relatives were always made to feel welcome to the home.

People were aware of how to make a complaint and those we spoke with told us they would not hesitate in doing so, should the need arise. One person said, "They do tell you how to make a complaint when you first come here." Another commented, "I stick up for myself. Sometime staff do apologise, sometimes they don't." And a third told us, "I would tell the nurse in charge [if they had a complaint]. She would pass it to the manager."

During the course of our inspection we pathway tracked the care and treatment of nine people who lived at Birch Green. A new care planning system had been introduced. Care records we saw were well written, person centred and comprehensive. They reflected people's needs well and highlighted individual preferences. It was evident that individuals and family members were involved in the planning of people's care and treatment. This meant those who lived at the home were able to receive care and support in accordance with their wishes and preferences.

Care charts were often maintained of people's fluid intake, pressure care and oral hygiene needs. However, these could have been more detailed. For example, the daily amounts of fluid taken had not always been calculated, to ensure early recognition of inadequate fluid intake; it was not evident that oral hygiene had been completed regularly for someone whose health had recently deteriorated; the pressure care chart for another person was not in accordance with the positional change instructions within the care plan. It is recommended that an audit of care charts be implemented; in order to ensure adequate hydration, pressure relief and oral care is provided for those who require additional support and care intervention.

The care records were kept securely and in a confidential manner, in order to protect people's personal information, in line with data protection guidelines. However, systems were in place so that people could access records relating to themselves, should they wish to do so, in accordance with accessible information standards. The home would produce information in various formats, should the need arise. This would allow everyone the same opportunities to access relevant information.

Staff we spoke with confirmed relatives and friends were extremely supportive and involved in the care of their loved ones. It was evident from records we saw that care plans had been regularly reviewed and any changes in need had been recorded well. Community professionals had been involved in the care and treatment of those who lived at the home. This helped to ensure that people's health and social care needs were being appropriately met.

We spoke with one family member about end of life care. They were very complimentary about the staff team and told us they could not fault the support provided to their loved one and the family during the last days of life. We noted that a remembrance garden had been created, which provided people with lovely

memories of those who had lived at Birch Green and had passed away.

We saw a good number of thank you cards. Extracts included, 'Thank you for everything. I can't thank you all enough for looking after (name) especially in his final days. You will always have a special place in my heart'; 'We saw one thank you card which stated, 'You are amazing and we cannot thank you all enough for making (name)'s last few weeks so comfortable'; 'I don't know what we would have done without you. (Name) couldn't have been in better hands' and 'Can we please say thank you to each member of staff at Birch Green. You cared for (name) so well during his final days. You not only looked after him with love and dignity, but you also found the time to care for us so well too.'

We noted a wide range of general information was displayed throughout the home, which was easily accessible for those who lived at Birch Green and their loved ones. A welcome booklet was provided to all new admissions and their relatives. This helped to ensure people were aware of the facilities and services available to them and enabled them to make decisions about what they wished to do.

Birch Green had introduced various systems in order to access information by the use of digital technology. For example, electronic tablets for recording accidents and incidents, virtual reality activity glasses, finger print technology for staff signing in and out of the home, electronic systems for the management of medicines and maintaining care records. One record we saw stated, 'We have never been afraid to embrace new technology and the opportunity it brings.'

We established there were three activity coordinators appointed, who were responsible for planning and delivering the programmes of leisure activities. The activity lead was very enthusiastic and driven and clearly had a passion for ensuring everyone was able to have some activities frequently both in and out of the home. We saw one relative took their loved one out for coffee and cake during the morning.

We were told individual activities were provided for those who preferred to stay in their rooms. We observed some activities taking place during the day, which staff said were personalised to the people taking part. On the day of our inspection, we observed people listening to book reading and manicures were taking place. External people were invited in to support a wide variety of activities. These included a quiz about the local area and a 'pat dog'. We observed people thoroughly enjoying these activities and it was clear they were regular visitors to the home.

Records and observations during the day showed that people were encouraged to participate in a well-designed and thoughtful activity schedule, which was prominently displayed within the home and which incorporated seasonal themed activities, regular outings and gender specific activities.

Evidence was seen that activities were reviewed daily to aid communication with activity staff and individual activity logs were reviewed at regular intervals. People were encouraged to offer ideas for activities and families were involved in activity planning and participation. We noted the activity coordinator had collected a range of newspapers on her way to work, at the request of those who lived at the home.

All staff we spoke with demonstrated good knowledge of the complaints procedure, which was clearly displayed within the home and which was included in the service users' guide. This helped people to be aware of how to make a complaint, should the need arise. A system was in place for the recording of complaints. We found this to be detailed with thorough investigations being conducted and outcomes clearly recorded. People we spoke with felt able to escalate any concerns to staff members and evidence was available to show complainants were provided with detailed responses following any investigations.

## Is the service well-led?

### Our findings

People we spoke with did not appear to be aware of who the manager of the home was, although one person said, "I heard there is a new manager" and another told us, "Not sure who the manager is, but I can approach staff in charge if need be."

People told us they had not completed any surveys and were not aware of any meetings having taken place to discuss improvement of the service or any changes to the management structure.

We found the management team to be open and transparent throughout our inspection. The manager demonstrated their skills and knowledge to provide good standards of care and support for those who lived at the home. Statutory notifications had been submitted to us as required by law, which informed us of things we needed to know, such as deaths, serious injuries and safeguarding incidents.

All staff spoke highly about the manager of Birch Green and said she was approachable and visible within the home. Those we spoke with felt valued by the wider organisation. They talked positively about the company's investment in their employees, citing annual physical health checks and health promotion for all employees, as well as access to counselling if indicated.

The manager of the home had recently commenced level five management training, which demonstrated a commitment to the home. Staff members we spoke with told us, "There are good prospects within the organisation and it is a good company to work for" and "The manager is great. She is very approachable and listens. The manager organises residents' meetings which are held every two or three weeks."

Following our last inspection the provider submitted a detailed action plan to the Care Quality Commission. This outlined how the service was going to meet the regulations with achievable timeframes being introduced. We saw improvements had been made.

The information we requested was provided quickly and the management team were very co-operative throughout the inspection.

The home was working with a consultant to ensure they were compliant with the new General Data Protection Regulation (GDPR), which is to come into force on 25 May 2018. GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union (EU).

Since the last inspection new office accommodation has been introduced for human resources, learning and development and administration in preparation for the implementation of GDPR.

Birch Green had recently won the regional Palliative Care Award and had therefore progressed to compete in the national finals earlier in the year. Birch Green had also achieved sixth place in the world business awards, coming top health care provider in the UK. The home had achieved an external gold standard quality award and was working towards a further award to improve efficiency by using the framework and

risk based assessments. This demonstrates that the service is striving to continuously improve the outcomes for those who live at Birch Green.

Systems had been introduced in order to monitor compliance against the regulations and the organisation had designed a competency framework, which provided a clear set of strategic objectives for all staff members. The visions and values were clearly linked to the ethos of the company and the home. This demonstrated a strong management structure and a proactive approach to continually improving the service.

Birch Green is recognised as being disability confident committed. This scheme aims to help the home to successfully employ and retain disabled people and those with health conditions, as an equal opportunities employer.

A range of champions were appointed on the staff team in areas such as dementia, nutrition, safeguarding, infection control and fire. This helped to ensure relevant information was sought and passed on to the staff team in such areas. Three members of the staff team had recently completed the bespoke Springhill in care leadership and development programme, which was centred around the five CQC key lines of enquiry. This is an accredited programme through the Institute of leadership and management, which focuses on continuing to build leadership capabilities and improving performance at individual, team and setting level.

A wide range of detailed policies and procedures were in place at the home. These incorporated areas, such as privacy and dignity, autonomy and choice, advocacy, risk taking, human rights, discrimination, safeguarding, MCA and DoLS, consent, infection control and health and safety.

Staff we spoke confirmed regular staff meetings were held, although discussions with the manager took place as and when needed. Records showed that regular meetings were held for those who lived at the home and their family members or friends. People who lived at the home, their relatives and staff members had also been offered the opportunity to complete surveys, which enabled them to express their views about the care and support provided and the facilities and services available at the home. Monthly newsletters were circulated to any interested parties. These provided people with interesting information about the home and organisation, including any relevant changes, achievements, events and dates for diaries.

Surveys for community professionals had recently been circulated to enable them to provide feedback about the quality of service provided. We established that regular general staff meetings were held, as well as those for each group of employees. This helped to ensure important information was disseminated to relevant personnel and enabled employees to discuss topics of interest within an open forum, if they so wished.

Records showed a wide range of internal and external audits had been conducted at varying intervals during the year. These included medicines, the environment, weights, pressure ulcers, care plans, nutrition, safeguarding, infection control and the catering facilities. This helped to ensure quality monitoring systems were robust and improvements were made, as needed.

We noted that action plans had been developed in response to any feedback or findings through the auditing process. These were generated in accordance with the five domains of the Care Quality Commission's methodology. They were detailed and included RAG ratings with target completion dates. RAG ratings prioritise the level of risk, in accordance with a traffic light system of red, amber and green. This helped in moving the service forward.

One member of staff told us, "This is a lovely place to work. We are given two sets of uniforms and can buy our lunches for £1. I am really happy here, as we all pull together and staff have all been really supportive to me." All staff we spoke with felt well supported by the management team.

We had sight of a booklet entitled, 'Your rewards. Your recognition. Your way.' This highlighted the incentive benefits staff were able to receive, such as health checks and access to occupational health services, counselling support, daily fresh fruit, healthy meal options, long service awards, pension schemes, payment of professional fees for registered nurses, increased compassionate leave entitlements and secondment opportunities. This demonstrated that the staff team were supported by the organisation.

We spoke with a community professional, who told us vast improvements have been made since the new manager commenced employment. They said the paperwork was a lot better and staff morale had improved. Written feedback from a group practice read, 'Birch green seems a caring home. There are good nursing standards from the two unit managers. Hygiene standards are generally good, except maybe the medication room.'