

Eyhurst Court Limited

# Birtley House Nursing Home

## Inspection report

Birtley House  
Bramley  
Guildford  
Surrey  
GU5 0LB

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Tel: 01483892055

Website: [www.birtleyhouse.co.uk](http://www.birtleyhouse.co.uk)

### 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

### About the service

Birtley House Nursing Home is a residential care home providing personal and nursing care for up to 47 older people in one adapted building. At the time of our inspection, 33 people were living at the home. The home is also registered to provide personal care for eight independent living flats, however, none of these people were receiving a regulated activity at the time of our inspection.

### People's experience of using this service and what we found

People said they felt safe living at the home. Their risks were identified and assessed, with guidance for staff on mitigating risks. Staff followed this guidance. Staffing levels were enough to meet people's needs. One person commented, "My feeling is that staff come promptly. I need to ring the bell at night-time because I use a bed pan and staff come quickly".

Medicines were managed safely. One person said, "Yes, I receive my medicines and staff explain any side effects to me". The home was clean and smelled fresh. Staff had been trained in infection prevention and control. Lessons were learned if things went wrong.

People were positive about the training and experience of staff who supported them. One person said, "They all treat you as if you are a friend; that's very important". Staff had regular supervisions and an annual appraisal. One staff member said, "The whole environment is so lovely to work in, so homely. Everyone is nice and friendly".

People were supported to have a healthy diet and with their nutrition and hydration needs. The lunchtime meal was a sociable occasion. Special diets were catered for. People had access to a range of healthcare professionals and support. Premises were suitable and comfortable and met people's needs. A relative said, "She's comfortable here and gets the attention she needs".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff who knew them well. People were encouraged to be involved in decisions relating to their care and were treated with dignity and respect.

People received personalised care that was responsive to their needs. Activities were organised according to people's preferences and interests. People were encouraged to go out if they wished and had access to the gardens and grounds of the estate. Many activities involved people from the local community. People spoke highly of the activities on offer. A relative said, "I looked at 21 different places and this was head and shoulders above the rest, down to how Christmas, Easter, theme nights and the seasons are celebrated".

People could spend the rest of their lives at the home, if their needs could be met and this was their wish.

People considered the home was well-organised and commented on the pleasant working atmosphere amongst staff. People appreciated the community feel at the home. The directors of the provider and the registered manager provided a visible presence at the home. People were encouraged in their involvement and development of the home and their feedback was encouraged.

Staff felt well supported in their roles. Staff meetings provided opportunities to reflect on people's care and anything that might be done differently.

A system of audits monitored and measured all aspects of the home and were used to drive improvement. There were strong links with the community, for example, people with a learning disability worked in the grounds to produce vegetables and flowers which people enjoyed. The home worked proactively with the NHS and Social Services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was requires improvement (published 2 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Birtley House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Birtley House Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Birtley House Nursing Home is a '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.

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

#### Notice of inspection

This was an unannounced, comprehensive inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people and spent time observing the care and support people received. We also spoke with two relatives of people living at the home. We spoke with the provider's Chairman, a director who is also the nominated individual, the registered manager, the marketing manager, a registered nurse, the nurse clinical lead, two care staff, the menu assistant and activities staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

We sought more information after the inspection and the registered manager sent us the staff training plan, staff supervision plan, staffing rotas and the complaints log.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- PRN (medicine as required) protocols informed staff when medicines should be administered. There was a lack of personalisation and detail within these protocols. However, staff knew people well and provided us with detailed information about people and when a PRN medicine should be given. The registered manager told us that she would update the PRN protocols for people who were unable to communicate when they required medicine, for example, if they were in pain.
- People's risks were identified, assessed and monitored safely. Care plans included how staff should support people in a range of areas, for example, mobility, moving and handling and nutrition.
- Where people had sustained falls, these were reported and analysed. Where necessary, referrals were made to healthcare professionals for advice and guidance.
- Checks were made on the premises in relation to fire, electric, gas, Legionella, and lift servicing. These were current and satisfactory. A director of the provider told us, "Daily maintenance checks proactively tackle most problems before they become issues. The maintenance team do a daily walk-around looking at a variety of things such as, water safety, heating, fire and security".
- Checks and servicing were also satisfactory for equipment used in moving and handling, to ensure these were safe to use when hoisting people.
- All aspects of medicines management were managed safely and people received their medicines as prescribed. Some people managed their own medicines and had been risk assessed in this regard. One person said, "Staff help with my medication and my health. I rely on staff implicitly. They tell me what my medicines are for and are very good at explaining it; I'm in their hands".

Systems and processes to safeguard people from the risk of abuse

- The home provided a safe environment for people. We asked people if they felt safe living at the home.

One person said, "I never thought about it. It doesn't worry me because I feel safe". Another person told us, "Yes, I feel safe because of the atmosphere. The owners and staff are amazing".

- Staff had completed safeguarding training and understood safeguarding procedures. The registered manager showed us the record of notifications she had completed in relation to abuse or allegation of abuse. She demonstrated a good understanding of her responsibilities and how to protect people from the risk of abuse.

#### Staffing and recruitment

- Staffing rotas confirmed there were sufficient numbers of nursing and care staff on duty to support people and keep them safe. The registered manager also worked on the floor as this helped her to observe staff and the way they supported people.

- People felt there were enough staff. One person said, "Sometimes they are short-staffed, but this doesn't stop them doing their job. I wear a call bell all the time". Another person told us, "They [staff] come and sit in your room, or chat to me in passing when I'm sitting in the Orangery".

- Staffing levels were assessed based on people's dependency levels. The registered manager explained that staffing levels could vary according to people's needs. There were at least two registered nurses on duty during the day and at night. In addition, there were 10 care staff on duty during the day and four care staff at night.

- New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.

- When asked about the cleanliness of the home, one person said, "Yes, it's very good. You can say if you want anything extra done. Someone cleans the home every day".

- Staff had completed training in infection control. We observed staff used disposable aprons and gloves when providing personal care or serving meals.

- The home was clean and hygienic. There were antiseptic hand-gel stations around the home.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.

- One person had not been happy with the way their medicines were administered by a registered nurse. The issue was investigated and the registered nurse reflected on their actions, so that the issue was resolved satisfactorily.

- The registered manager provided educational resources for staff so they could seek advice and guidance on particular topics.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

At our last inspection, the provider had failed to ensure that staff, who obtained the consent of people at the service, were familiar with the principles of and codes of conduct associated with the MCA. Staff and the service were not applying the MCA appropriately. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 11.

- Consent to care and treatment was gained in line with MCA and DoLS guidance.
- Staff had completed training on mental capacity and demonstrated a good understanding of this topic. A member of care staff explained that everyone was presumed to have capacity and were allowed to make unwise decisions. They provided an example of one person who liked to go out walking as it was getting dark, whatever the weather or time of year. The staff member said they just made sure the person was warm enough when they went out and that staff knew where the person went. This meant the person could maintain their independence and they were happy to tell staff where they were going.
- People confirmed they were asked for their consent to care and treatment. One person said, "They asked

for my consent to take blood samples".

- The registered manager had a good understanding of her responsibilities under MCA and DoLS. Best interests decisions made on behalf of people were recorded. People's capacity to make specific decisions had been assessed as needed.
- Applications for DoLS had been completed where needed; some were awaiting consideration by the local authority.
- Where relatives, or others, had been appointed as Power of Attorney to make decisions on behalf of people, copies of the relevant document were kept on file.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure staff received regular supervisions with their line managers to enable them to carry out the duties they were employed to perform. Not all staff had received an annual appraisal. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received regular supervisions and had annual appraisals of their performance. Every staff member had attended at least two supervision meetings in the year to date. The registered manager had drawn up supervision and appraisal plans which included dates when supervisions and appraisals were due.
- A relatively new member of staff told us they had their first supervision after being in post for a month. They were asked if they were happy with their induction and with the training on offer. New staff were allocated a 'buddy' to support them through their probationary period. Staff said they felt supported in their roles and were encouraged in their training.
- Staff had completed a range of training including safeguarding, moving and handling, mental capacity and dementia.
- New staff, who had not previously worked in care, studied for the Care Certificate, a universally recognised, work-based award. New staff also shadowed experienced staff and had their competence checked as part of their probation.
- People spoke of the professionalism of staff and their ability to do their jobs well. One person said, "I don't know where they get such good staff from. Some of them have been carers before. The nurses are very professional and I have great faith in them. I think carers have very good training. They catch on very quickly what I can do and not do".
- An 'Employee of the Month' scheme recognised individual staff members for exceptional performance; successful employees were awarded a certificate and gift voucher.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed.
- Staff had been involved in a project where the registered manager was dressed and disguised as a person coming to live at the home. Staff, even though they later saw through the disguise, had to treat the new admission as if it was a real situation. A diary of the events that had occurred throughout the day was kept and action points for learning. For example, one action point was that staff had not introduced the 'new resident' to other people living at the home.
- People's needs were continually assessed in line with best practice. Advice had been sought from a range

of professionals as needed. For example, training and guidance was provided to staff from a local hospice in relation to end of life care.

- A relative told us, "I'm able to work with the staff here and family is part of the team support. They have a 'can do' attitude. One of the nurses might 'phone me up and there's an opportunity for discussion. I can say, 'What would help my relative most?'"

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We asked people about the menus and the food on offer. One person said, "There are always alternatives to the menu. I press a buzzer and tea or coffee is always brought in. I might have a ham sandwich. We have a jug of water and a glass. The water is changed at lunchtime, but there's no need". Another person told us, "We are given a lot of fruit and can always ask for more".
- We observed people having their lunch in two parts of the home. Some people required assistance from staff and others ate independently. One person was falling asleep over their meal, so staff asked if they would like to have a lie-down and have their lunch later.
- The atmosphere in the dining room was sociable and friendly. We saw staff were laughing and joking with two ladies they were assisting and chatting about the activities due to happen that afternoon. The pace of the meal was relaxed.
- Staff were attentive to people's needs, but not intrusive. Tables were covered with cloths and each had a vase of fresh flowers and a jug of water. Soft music was playing from a music centre.
- Special diets were catered for and people received food that was of the right texture. For example, after referral to a speech and language therapist, one person was advised to have a pureed diet. We saw that the fish and chip meal on offer had been pureed for them.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs. One person said, "My bed can move up and down. I sit on the terrace in the sun when the weather's good and I see the sun rise. I have a 'phone and that's important in a place like this". Another person told us, "It's freedom, you can do what you want".
- Birtley House Nursing Home is a country mansion and became a residential nursing home during World War 2. Since that time, ongoing renovations have resulted in providing a high degree of comfort to people living at the home.
- Recently, a pathway was constructed in the grounds of the home so that people could access the lake. The path surface was made suitable for wheelchair users.
- The home was decorated to a high standard. People had voted on which wallpaper would look best in the hallway next to the main staircase.
- The home was large and spacious, with areas for people to be private, receive visitors or socialise in communal areas. Lifts provided access to upper floors.

Supporting people to live healthier lives, access healthcare services and support

- People received healthcare support as needed from a range of healthcare professionals.
- One person said, "Every Tuesday a doctor is here and you can make a request to see him. The nurse here might have arranged a visit having picked up on something". Another person told us, "The doctor comes once a week and I could ask to see him. Usually it's when they think I ought to see the doctor. I see the chiropodist every six weeks too".
- Care plans recorded when people had received support from their GP. For example, one person had a chest infection and their GP prescribed antibiotics. The person was also referred for physiotherapy which helped to release chesty secretions.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- For example, where people had a hearing impairment, their care plans provided detailed advice and guidance for staff on how to check people's ears and ensure any hearing aids were fitted and working properly.
- People's spiritual needs were respected. If they wished, people could attend religious services. One person said, "We have a padre that comes twice a month to visit and we have Communion once a month. It's very well attended". In fact the chaplain visited the home twice weekly.
- We saw that people were supported by kind and friendly staff who knew them well. We observed one person gently being helped out of their wheelchair by a member of care staff. The staff member then offered their arm to support the person to their bedroom and then help them into an armchair.
- Staff demonstrated an understanding of people's very different personalities and needs of the people they cared for. One staff member said, "The care is of good quality. I like to think we are giving people the best. We have good communication amongst the care team and are well supported".
- A relative said, "My relative has complex medical needs. She hasn't fallen since she's been here. The staff watch out for her and are very kind. They give individual attention which is very important". Another relative told us, "I'm so impressed. The care is truly exceptional. Personal things are arranged for him. The care has prolonged his life".

Supporting people to express their views and be involved in making decisions about their care

- People expressed their views and were involved in decisions about their care.
- One person had made a difficult decision in relation to what they wanted as they reached the end of their life. Their partner was involved and both were supported by staff with the decision they had made. The care plan documented how staff should support the person and interventions that had been withdrawn as a result of the decision reached.
- We saw staff checking with people what they wanted to do throughout the day and how they wished to be supported.
- People chose whether they preferred male or female care staff to look after them and this was recorded in their care plans.
- A relative said, "Everything I have asked for has been accommodated, like an extra long bed as [named

family member] is a tall person".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible.
- One person said, "Staff make me feel like a queen. They treat you like a real human being. I needed a wheelchair when I came here first. Now I walk up and down the stairs. I worked out my own way and that's been respected".
- We observed staff treated people in a friendly and patient manner. One staff member was extremely tender in their interaction with a person and managed to obtain a smile from them, as they were lying on their bed.
- Another person told us, "Staff always knock on the door. Staff know my limitations and would never push me to do something I'm not happy about".

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their preferences, interests and needs.
- From our conversations with nursing and care staff, it was clear they knew people well. People were cared for according to the information recorded in their care plans.
- One staff member said, "We look at care plans and personal information about people comes from colleagues too. There are a few people that you just know what food they like or don't like. It comes from knowing people. I love looking at photos in people's rooms, you really get to know about them".
- Another staff member told us, "I think our relationships with the residents are really special. The reason we come here is because we care about the residents. They are all so friendly. Everyone just gets on".
- Care plans provided detailed information about people, their personal histories, and included guidance for staff on people's personal care needs, mobility and nutrition for example.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager showed us a folder they had created in relation to providing different formats and easy-read versions of information for people which met their individual needs. The registered manager explained, "We can accommodate and provide different formats. For example, if a person has a visual impairment, we can produce information in bigger print" The registered manager added that everyone living at the home spoke English as their first language, so communication was not an issue.
- Care plans contained information about people's communication needs. In one care plan we read the person was able to express themselves very clearly and wore hearing aids. The plan also stated the person did not like to use their call bell, so staff would maintain regular checks on the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the home at any time.
- Care plans recorded information about people's interests and hobbies. People confirmed they were happy with the activities on offer at the home. One person said, "There's an activity every single day.

There's never a dull moment here. We have yoga and an exercise day, that's very important. I don't want to just sit. A day is spent on looking at books in the library. Even on Sundays, there's an activity. We have a whole month of activities planned and I always give my children a copy".

- A relative told us of their family member's interest in horses and how a 'Race Night' was organised for them. Staff took the person to a pub, then a visit to a local farm that involved a ride in a horse and carriage.
- Where people were unable or chose not to be involved in communal activities, they received 1:1 support from staff. For example, we were told of a staff member helping one person to sort out their sitting area in their room. The staff member said, "It took about an hour and [named person] has baskets for everything. We went through everything and sorted out the clutter. In the afternoons there is plenty of time to spend with residents. That's my favourite time of day".
- People had access to beautiful gardens. The home was surrounded by countryside and set within 48 acres of parkland.
- People could go out independently if they chose or join community outings, such as a visit to a garden centre. An exhibition of sculptures had been organised in the weeks before our inspection. People told us about the event which they enjoyed, of the marquee where sculptors had exhibited and that this was an annual event.
- One person said, "We get people from the local village, for example, the church choir. A pianist gives us a song selection from different days and you can come up with a suggestion. A lady from the Weald and Downland Museum came for several weeks and we were involved. One week we were making cream, the following week we were making butter. There's a lot going on and that's why I particularly like living here".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- A log of the complaints received was given to us and these were handled to the satisfaction of the complainant.
- People told us they were confident that any issues they raised would be listened to and acted upon. One person said, "I haven't had many concerns because I felt I could talk about it". Another person told us, "I'd go directly to the manager. I've made a complaint today. The bed was ill-arranged as the carer was in such a hurry. I'm sure it won't happen again". We later discussed this concern with the registered manager and how they dealt with it.

End of life care and support

- People could live out their lives at the home, if this was their wish and their needs could be met.
- The home had achieved the Platinum Award of the Gold Standards Framework. This is a rigorous accreditation process which involves an assessment against 20 clear standards of best practice, an appraisal of the care of people at the end of their lives and a review of the processes the home followed through a quality assessment visit.
- The registered manager told us that monthly multi-disciplinary meetings took place to discuss people's care needs, including those at the end of their lives.
- People's end of life wishes were recorded in their care plans. One person said, "I've had it all planned and it's all documented". Another person told us, "My family is very involved. My son does all my affairs and we have made plans with the care home. I don't want to be resuscitated".
- Staff had completed training in end of life care, for example, syringe driver training and verification of death.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, a registered manager was not in post. The position was advertised and successful recruitment has since taken place. A recommendation was made because audits were not sufficiently robust to identify the issues found at the last inspection. The recommendation has been met and audits were now effective in monitoring the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A detailed system of audits monitored and measured all aspects of the home and were effective in driving improvement.
- We looked at audits in relation to care plans, medicines, activities, the kitchen, mealtime experiences, mattresses, call bells and infection control. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up.
- The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and on the provider's website.
- Staff were clear about their roles and responsibilities. One staff member told us there were regular opportunities for staff to reflect on people's care. Topics discussed included what might have been done differently. Monthly nurses' meetings and staff meetings took place and provided opportunities for discussion and reflection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- People received a good standard of care from staff who understood how they wished to be supported.
- People said they felt the home was well-organised and particularly liked the pleasant working atmosphere amongst the staff. They greatly appreciated the community feel at the home.
- One person said, "Staff come and ask if you'd like any help. They giggle a lot and there's a very, very nice atmosphere here. They're very good at listening what you'd like and what you'd want. For example, they deliver a plate with small servings for me now". Another person told us, "There are times staff bring you coffee and we have a chat. I know so much about their families. Staff are all extremely nice".
- Relatives spoke highly of the home. One relative explained, "This home did not have the feel of other places. It truly felt like a family hotel. We have some great friendships with other families. I've

recommended the service to lots of people".

- The registered manager told us how important it was to work with different providers and to learn from others. She explained, "It's a huge difference when you work in a family-run home. The directors participate in all the meetings and know what is needed because they place their loved ones here. It's been a care home for 85 years".
- The chairman of the provider said, "If we're not collaborating with care homes to share practice, we are failing in our duty and just doing our own thing. We do try and participate in all the groups that are relevant to our work. We work closely with the NHS and Social Services. We're looking to develop new ways of delivering care because we have to take account of technology and this will save on time". The chairman talked about working closely with local hospitals so they could discharge people sooner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood her responsibilities under Duty of Candour. She told us that leaflets had been produced for staff so they understand the actions they could choose to take, for example, under whistleblowing procedures.
- The registered manager said, "We work in an open and transparent way".
- A registered nurse told us, "[Named registered manager] is so approachable. If I have any concern, I can go to her and I know she will support and solve the problem".
- People felt confident to talk with the directors or the registered manager if they needed to. One person said, "The manager comes round most days. She asks us if everything is to our satisfaction and we have the opportunity to speak our mind about the service".

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

- There were strong links with the local community. For example, people with a learning disability from the area came to work in the grounds of the home. Vegetables and flowers were provided for the enjoyment of people living at the home. Hives were located in one part of the grounds and beekeepers who tended them also came and talked with people about beekeeping and producing honey.
- People were encouraged to be involved in developing the service. One person said, "We have a suggestion box in the dining room. Suggestions will be looked at. I can't stand thick gravy. This was taken up and it is now less like paste".
- The menu assistant met with people individually to discuss menus and listen to any ideas which were then shared with the chef to aid menu planning. The menu assistant said they had changed the usual sausages for chipolatas at people's request. The menu assistant explained, "We were having sausages and they all wanted chipolatas. It is just listening to people and finding out, taking their input. We try to keep a four weekly menu, but if a dish is really popular we try to make it more frequent, such as fortnightly".
- Staff felt supported by the management team. One of the registered nurses said, "Directors are here every day and are involved with the residents and staff. If you need help, no matter the position, they come and help. They love this home. It is less of a business".
- The registered manager told us they had staff from overseas, such as from Poland and the Philippines. Training materials and information could be adapted to aid staff understanding who did not have English as a first language.
- A counsellor came into the home and had sessions with staff and relatives, for example, to provide emotional support and a listening ear when a person had passed away. A chaplaincy service was also available for people, their relatives and staff.