

Eyhurst Court Limited

# Birtley House Nursing Home

## Inspection report

Birtley House  
Bramley  
Guildford  
Surrey  
GU5 0LB







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## Ratings

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

# Summary of findings

## Overall summary

Birtley House Nursing Home is a care home that provides long-term, short-term (respite or rehabilitation), end-of life nursing and residential care for up to 47 people. There were 45 people living at the home at the time of inspection. The service also provides domiciliary support for eight independent living flats which are located on the same site as the care home. One person was receiving personal care services at this time.

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

People received excellent care in a way that was personalised and responsive to their changing needs. Risks to people were managed in a proactive way which enabled them to live independent and fulfilling lives. Staff worked closely with community health professionals and therapists to maximise people's well-being. People felt safe at Birtley House Nursing Home and had positive and caring relationships with the staff who supported them.

People had total control over their lives and spent their time as they wished. The service offered a wide range of both group and individual activities that were meaningful to them and which had a positive impact on their lives. Visiting was unrestricted and people's relatives felt included in the care of their loved ones.

People were provided with a variety of meals and the extensive menu catered for any specialist dietary needs or preferences. Mealtimes were often viewed as a social occasion, but equally any choice to dine alone was also fully respected.

People had confidence in the staff who supported them and felt safe in their care. People benefitted from a high ratio of staff which meant that they never had to wait long for assistance. Staff treated them with kindness and took steps to promote their privacy and dignity at all times.

End of life care was exceptional with the service consistently going the extra mile to meet people's final wishes and ensuring their final days were lived comfortably surrounded by the people who knew and cared for them. The service had been commended by the National Gold Standard Framework for providing excellent end of life care.

Staff enjoyed working at the service and felt well supported in their roles. They had access to a wide range of training which equipped them to deliver their roles effectively. The registered manager was an excellent role model and there were sound systems in place to develop staff and promote reflective practice. Staff were proud to work at Birtley House Nursing Home and felt valued and empowered to deliver high quality care.

People benefitted from living in a well organised, forward thinking home where their needs were always put first. The culture of the home was open and people felt confident to express their views and opinions. The registered persons provided clear leadership and direction to staff and were committed and passionate about the quality of care provided. The skills of the registered manager had been recognised locally when she was awarded 'Manager of the Year'. She was also actively involved in research and was a member of various local working parties and partnership groups such as a hydration programme with a local Wellbeing group.

Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established. National best practice legislation and local policies were referenced to set and measure standards of care.

## 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.

People were protected from harm and received support from staff who safeguarded them.

Risks to the health, safety and well-being of people were addressed in a personalised and enabling way that their promoted independence.

The service had safe and robust recruitment procedures which ensured that people were supported by sufficient and suitable staff.

The service had good systems in place to safely support people with the management of their medicines.

Good 

### Is the service effective?

The service was effective.

There were good systems in place to ensure that people received effective care that met their needs and expectations and which protected their legal rights.

Staff were provided with on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of high quality meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had excellent working relationships with other professionals to ensure that people received the very best holistic care.

Good 

### Is the service caring?

The service was exceptionally caring.

People and their relatives repeatedly praised the kindness of the care staff who supported them.

Outstanding 

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

There were outstanding systems in place to ensure end of life care was always provided to the highest standard and that people's final wishes were respected.

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

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Staff supported people to be as independent as possible and continually placed people at the centre of their work.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities.

People were actively encouraged to give their views and raise concerns because the service viewed all feedback received as a natural part of driving improvement.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

**Good** 

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

The service was very well-led.

People benefitted from a person centred service which actively sought their views and promoted individual well-being, inclusion and openness. The vision and values of the service were consistently demonstrated by staff in their interactions with people and each other.

The registered persons led service developments to continually improve and maintain a high quality of life for people. New and innovative ways of further enhancing people's lives were always being explored.

The service ensured a high quality service was delivered by

**Outstanding** 

learning from people's views and experiences and comparing these to best practice guidelines.

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# Birtley House Nursing Home

## **Detailed findings**

### **Background to this inspection**

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

This inspection took place on 27 January 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nurse advisor.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 13 people who lived at the home, three relatives, nine staff, the registered manager and two external health and social care professionals. We reviewed a variety of documents which included 12 people's care plans, seven staff files and other records relating to the management of the service.

Birtley House Nursing Home was last inspected in November 2013 where we had no concerns.

## Is the service safe?

### Our findings

People consistently told us that they felt safe at Birtley House Nursing Home. People talked to us about the things that staff did to promote their safety and well-being. For example at times when they felt especially vulnerable such as when they were moved using a hoist. People told us that they were always supported by two staff at such times and that staff took the time to explain what was happening and reassure them. One person told us that their blood pressure always dropped when they were lifted and as such staff would pause the hoist and allow them time to stabilise before continuing. People said that they really appreciated these "Little things that really made them feel safe."

People confirmed that staff always spoke to them with absolute kindness and respect. People expressed that they had never felt upset or offended at any time by the way they had been treated. Relatives also told us that they had no concerns about the way their family members were looked after. Staff demonstrated a good understanding of potential abuse which helped to make sure they could recognise and take appropriate measures so people could feel safe in the service.

Staff were confident about their role in keeping people safe and demonstrated that they knew what to do if they thought someone was at risk of abuse. One staff member told us "I would let my manager know if I suspected abuse." Another commented "I know nothing like that goes on here, but I would let the manager know if I thought something wasn't right." Training records showed that staff received regular refresher training in safeguarding and policies and procedures were in place for staff to follow if they suspected harm. All staff confirmed that the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were also clear about how to correctly report abuse to the outside agencies, with staff telling us "I'd go outside the company if I felt I had to."

People and their relatives told us that one of the strengths of the service was that people did not feel restricted by their care. The registered manager was clear in her vision for the service that people should be supported to remain as independent as possible and to continue to lead a fulfilling life. Our conversations with staff highlighted that they too shared this commitment to risk management with one staff member telling us "Most of the people here can do their own thing. We wouldn't dream of stopping them" and another said "It's a home, not a prison. We don't stop people doing things just because they have dementia."

Risks to people had been identified and managed in a person centred way. We saw that the registered manager had continually supported staff to look at what was possible and not be risk averse. For example, one person had said that they wished to access a local church independently. The registered manager had worked with the person, staff and members of the church to enable this to happen which gave them a life and network outside the service.

The service took proactive steps to manage potential risks to people's health. For example, where people were at risk of malnutrition, dehydration, tissue damage or falls there were effective risk management plans in place. We found that no people had a pressure ulcer at the time of our inspection and people's weights



had remained stable. Where falls had occurred, appropriate steps had been taken to analyse incidents and take additional preventative measures to prevent repeat incidents.

The service had comprehensive contingency plans in place to enable the home to continue for example in the event of power failure or adverse weather. As such the service had a back-up generator in place in addition to other on site locations which could be utilised if the home itself was unsafe. Similarly, the registered manager told us that she routinely checked weather forecasts to ensure adequate staffing provision could be maintained in the event of snow.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and character references, job descriptions, evidence of up to date registration with the Nursing and Midwifery Council and Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work in the service.

People told us that staffing levels were sufficient to meet their needs. One person said "I keep my door open so I can see the comings and goings. There are a lot of staff." Another person told us "I don't want for anything. If I press my bell someone comes straight away." Visitors also confirmed that there were always staff around and that their family members always received the care they needed in a timely way.

We looked at the staff duty rota for the previous month. The recorded staffing levels were consistent with those as described by the registered manager and staff spoken with. We saw that the service used agency staff if necessary to maintain minimum staffing levels in the event of sickness or annual leave. Domestic, housekeeping and maintenance staff were in addition to care and nursing staff which enabled the latter to focus on looking after people. The registered manager always worked in a supernumerary capacity and whilst she met daily with people and staff, this gave her the time to concentrate on the running of the home. At the time of our inspection we judged staffing levels across the home to be sufficient. People received the care they required and call bells were observed to be answered efficiently. The home was also clean and well maintained.

Medicines were handled safely and securely. People told us that they got their medicines when they expected them. Only registered nurses administered medicines and records showed their training was refreshed yearly. We observed the administration of some of the morning medicines. This was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. People were given a drink to assist the swallowing of their tablets and the nurse spent time with them to ensure they were not hurried. The nurse was able to explain the correct medicines procedures and why it was important medicines were dispensed to people in a safe way. Care records identified any risks associated with people taking their medicines and how these were managed.

Where people required medicines to be given covertly, we found appropriate best interests decision making protocols had been followed. Covert medication is when medicines are concealed in food or drink. Guidelines for the use of people's occasional medicines or when required (PRN), such as those used to treat pain relief or anxiety ensured that staff administered these medicines appropriately and consistently. Medication Administration Records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. There was a list of specimen staff signatures so it was possible to track who had administered which medicine. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin.

Staff were knowledgeable about the medicines they were giving.

Medicines were stored safely. Medicines were administered from a trolley in which they were stored securely. When not in use the trolley was stored securely in a locked room. Some items needed storage in a medicines fridge, the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

## Is the service effective?

### Our findings

People praised the competency of staff and told us that they were always supported by staff who had the skills to meet their needs. One person told us "The staff are lovely and the manager is very good at encouraging staff to develop so that they stay." Several people confirmed that they thought one of the main reasons why staff turnover was low at the home was because the service invested in them and allowed them to develop their strengths. Staff also told us that they felt valued because the registered manager recognised their individual skills. For example one staff member from overseas was a qualified physiotherapist in their own country. Whilst that qualification did not formally equate in the UK, the staff member was able to provide massage therapy to people which not only provided a beneficial service to people, but also utilised the skills of the staff member.

The service had a comprehensive programme of staff training which included a host of mandatory courses including; moving and handling, first aid, fire safety, safeguarding and various health and safety topics. In addition staff had also had opportunities to access specialist training in areas such as dementia, palliative care, falls prevention and the effective management of malnutrition. Staff spoke highly of the training that had been provided and new staff confirmed that they had also completed an induction programme that had included the opportunity to shadow more experienced staff until they felt confident. One staff member told us "There is absolutely loads of training. I like it because I can educate myself."

Discussion with the registered manager highlighted that the key focus of training at Birtley House Nursing Home was to develop staff understanding and awareness in order to provide better care. For example, a number of staff had recently undertaken a weekend course called 'Ethics in Care Simulation Experience' with a local university. This involved staff role-playing as people who required care in a residential setting in order to better understand the issues confronted by those living in care homes. One person told us that they had noticed the positive impact that this had had on staff who had attended the training, telling us that these staff now had "A good understanding of how little things can make a big difference."

There were good systems in place to provide on-going support to staff. We read in care records that staff received regular supervisions and annual appraisals. Staff told us "It's good because I can say what I want." Staff confirmed that in addition to supervisions, the registered manager was always around to speak to or provide advice. One staff member said "The manager will always listen and help if they can."

Nursing staff confirmed that there were good systems in place to provide them with clinical supervision and that the registered manager supported them to undertake the on-going training in order to enable them to remain professional registered as nurses, including preparing them for revalidation.

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 found that staff had recently undertaken training in this area. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "The MCA is about allowing people to do as much for themselves as possible, even if it's risky". Staff also told us the implications of DoLS for the people they were supporting, with one staff member stating "DoLS is about keeping people safe when they don't understand the risks of what they're doing".

People told us that they felt fully involved in their care and that staff always asked for their consent as a matter of routine. We read in care records that where a person lacked capacity to make a specific decision, appropriate steps had been taken to ensure best interests principles had been followed.

People complimented the quality of the food provided and told us that they always had a choice of what to eat at every meal. People said that their dietary needs and preferences were always respected and catered for. For example, one person said that they were on a vegan diet and that they received a good selection of vegan options each day. They went on to tell us "If I request something different, they always make sure that it is ordered in." People also told us that they appreciated always having the option of where to take their meals. As such, one person said "We can choose where to eat our meals, it's nice to be given this choice as sometimes I just don't feel up to going to the dining room." Relatives also spoke highly of the meals available and also highlighted how the home regularly went the "Extra mile to cater for cultural likes."

We observed the serving of the lunchtime meal. Two dining areas were laid out with individual tables and people were free to take lunch when and with whom they chose. We saw that the mealtime was a social occasion with people chatting and laughing with each other and staff. The registered manager informed us that one of the dining areas was set up for people who were at greater risk of choking. They explained that there was no necessity for people to stay in this area, just that staff knew they had to be extra vigilant and ensure these people were discreetly monitored at mealtimes for their safety.

Menus were displayed and the food in both units looked appetising and portion sizes were good. A range of drinks were on offer. Specialist diets, such as diabetes were catered for and people's individual likes and dislikes were known. We saw that there were appropriate monitoring systems in place for those who were at risk of dehydration or weight loss and people who required support were assisted in an unhurried and dignified way.

People were supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and people had choice about the health care support that they received. Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. People appreciated the fact that the service employed companions to accompany people to external appointments. Not only did this provide them with the company of a familiar face, but it also ensured that a full account of the appointment was documented. Relatives praised the healthcare support provided to their family members and commented that staff were very quick to respond to any health issues or concerns.

Birtley House Nursing Home has its own designated GP on hand to support the service on a daily basis with whom excellent relationships have been fostered. The home also worked collaboratively with a private physiotherapy team who were contracted to visit the home four days each week to support the

rehabilitation of people. Feedback from other professionals confirmed that they had good working relationships with the service and praised the proactive nature of the registered manager.

We found that provision for current education in tissue viability was in place and care was effective in that nobody had any pressure ulcers at the time of our inspection. The registered manager said that she was looking to introduce a nurse champion for tissue viability to further improve the standards of wound care and pressure ulcer prevention. This will further improve this area and ensure all nurses are always knowledgeable about current best practice guidelines.

## Is the service caring?

### Our findings

People repeatedly praised the caring nature of staff and highlighted the kindness that had been shown to them. One person told us "The staff are very kind. I think they are lovely". Similarly, a second person said "Nothing is too much trouble. The staff are wonderful." Another person described the home as "A magic place. It's a family here. Just incredible kindness." Relatives were equally complimentary of the care their family members received. One relative told us "Birtley House Nursing Home is an amazing place where nothing is too much trouble for anyone." People and their relatives expressed great thanks to all staff and management involved in the running of the home who were all frequently described "Going above and beyond."

We observed excellent interaction between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. Consequently people, felt empowered to express their views. It was obvious that staff had the skills and experience to manage situations as they arose and provided care to a consistently high standard. For example, we observed one member of care staff discussing menu options with a person who required a pureed diet. The staff member spent fifteen minutes going through the weekly menu with the person, deciding which foods would be most appetising when presented in pureed form. The staff member adopted a collaborative approach, allowing the person to express themselves fully and be in charge of the decision making process.

People were fully involved in making decisions about their own care. Regular formal reviews with people encouraged people to express views about their care and be fully involved in how their support was delivered. For example we read that one person had been feeling down because they were no longer able to drive. As a result, the registered manager worked with the person, their family and a physiotherapist to enable them to purchase a motorised scooter. This meant the person was now able to explore the extensive grounds of the home independently. It had also enhanced the person's emotional wellbeing by giving them a greater sense of freedom and control over their life.

One of the core values at Birtley House was the provision of holistic care. In order to improve the quality of care provided to people, the service recognised the benefit of a multidisciplinary approach. As such, the staff team had evolved to include the position of a counsellor to support, people, their relatives and staff. We saw how the counsellor had worked closely with the registered manager to hold family meetings in order to support whole families to come to terms with a person's diagnosis. The registered manager described one situation where this additional level of support had brought a whole family back together to support each other through a difficult situation. In care records we read how the counsellor was regularly supporting another person to effectively manage their anxiety. One relative also told us it was a great comfort to know that when their family member passed on that there was someone there to talk with.

The service had appointed a Chaplain to support people's spiritual needs. This person worked in the home for three days each week. In addition to providing a monthly communion service to people, the Chaplain also provided additional pastoral care to people. We were told how the Chaplain had recently supported a person living with dementia who had always been very involved in their church to continue to receive

communion right up until a week before they died. The Chaplain had taken additional steps to source a wafer that dissolved in the person's mouth and thicken the person's wine so that their swallowing difficulties was not an obstacle to them receiving communion. We were told that the Chaplain played an important role in supporting people with their spiritual needs regardless of their religious beliefs.

The Chaplain undertook many of the funerals for people who had lived at Birtley House Nursing Home. People and relatives told us that it was reassuring to know that the celebration of their life would be carried out by someone with whom they had already discussed their wishes. During the inspection, the wake of a person who had recently died at the home was being held in one of the home's communal areas. We were told that many people chose to hold their wakes at the home and the registered manager expressed that not only did this support family members but also enabled other people to participate in saying goodbye to the person.

The latest addition to the staff team was the creation of a Wellbeing Mentor. This person worked alongside the nursing and activities teams to enhance the person-centred approach to care and promote self-worth. We saw that the Wellbeing Mentor spent one-to-one time with people learning about who they were as individuals and creating life stories. Through the development of life stories, staff had been enabled to gain a better understanding of the person's life before they came in to care. We read how in creating the life story for one person the service had identified that a person had a connection with a local former manor house where their father had previously worked and also where they had been christened. The manor house was now a school and the service arranged for the person to go and visit the school and have a tour of the grounds. The registered manager expressed how "It was truly remarkable to see the person come alive and discuss issues surrounding government, education and politics with the headmaster."

People told us that staff were always respectful towards them and took every step to promote their privacy and dignity. One person told us "They do extremely well at managing privacy and dignity. They show such courtesy and respect for me. They always knock on my door and treat me as an individual." On several occasions we noticed that staff approached people to offer personal care and each time this was done discreetly without others noticing. Dignity training was included as part of on-going training and staff were able to demonstrate the things they did to ensure they treated people in a dignified way. The registered manager told us that they were in the process of appointing a dignity champion within the home.

People were treated and respected as individuals. Staff took the time to get to know people and what was important to them. Due to one person's complex needs, they were entirely dependent on staff making their room accessible to them. Through the careful positioning of specialist equipment, staff had enabled this person to have full control of their call bell, lighting, television and computer. This person told us how every day without fail, staff would ensure that everything was set up correctly to give them this independence.

Relatives and visitors were encouraged in the home at all times. Those family members spoken with said that they were able to call in at any time and always made to feel welcome. People and relatives frequently referred to the "Birtley family" and there was a real sense of the everyone supporting each other to provide the very best outcomes for the people who lived at the home.

There were excellent systems in place to ensure end of life care was always provided to the highest standard. The registered manager had previously been a nurse manager at a local hospice and maintained a passionate interest in providing high quality end of life care. Many people expressed that they wanted to die at the home and it was evident that the registered manager took every step to deliver this wish and allow people to pass away comfortably with the people who knew and cared for them.

The service had received in excess of 100 letters of thanks from people or relatives of family members about the care they had received at the service. A common theme to these compliments was the dignity and compassion shown to people in their final days at Birtley House Nursing Home. One such letter stated "I'll always remember that last day and the love that seemed all around the room." Another letter concluded: "The staff at Birtley who attended (person's name) bedside in those last few hours acted with great compassion and made sure that they were not alone and died with dignity."

The service had recently achieved a commended status from the National Gold Standards Framework (GSF). GSF is a nationally recognised provider of training in delivering outstanding end of life care. Through the multi-disciplinary nature of the staffing team, people were supported with every emotional and physical need and at the end of their life, this was no exception. The registered manager had identified that nursing and care staff did not always feel confident communicating with people about their final wishes. As such the counsellor had taken the lead in developing advanced care plans for people whilst other staff completed additional training in palliative care.

We saw how through the process of advanced care planning, people had been enabled to take control of their final days. People's wishes for the end of their life had been discussed with them and recorded where people felt ready to talk about this. Some people had Do Not Resuscitate orders in place following appropriate discussions with them or their representatives. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. Regular reviews ensured that if a person changed their views due to them feeling better about life or being exposed to worsening health this could be explored with them and their care plan adjusted accordingly. The family of one person lived in another country, but the detailed recording of the person's wishes meant that there was no obstacle for them in arranging the funeral wanted when they died.



## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us "The staff know me so well and how I like to be supported." Another person explained how the service had worked with them to find a personalised routine that worked for them. People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and each visitor we spoke with praised how well staff "Looked after" their family member. One relative told us about the "Special things" that the staff did to "Really make a difference." For example, they said that their family member enjoyed a particular beer and how this had been placed in an ice bucket when they arrived as a welcome to the home.

Each person had a detailed plan of care that outlined their individual needs and preferences. Prior to moving into the home or receiving a personal care service for people, the registered manager completed a detailed assessment of their needs and expectations. Following admission to the home or acceptance of personal care services in the supported living service, staff undertook an on-going assessment to best identify how people's needs should be met.

Assessment information was used effectively to develop a plan of care that provided detailed information to guide staff and ensured consistent delivery of care. Care plans looked holistically at people and recorded how their physical, social and emotional needs were to be met.

Staff maintained daily records about people's care, including how they were. We saw that support was responsive to people's changing needs and staff recognised how to adjust the care provided dependent on whether a person was having a good or bad day.

The management of risks to people's health such as malnutrition, falls or wound care were well documented and regularly reviewed. We read how one person experienced mental health difficulties and there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated.

The service had a comprehensive programme of activities and people told us that there was always something for them to do if they wanted to. One person commented "There's always lots of nice things going on." The monthly entertainment programme was shared with people and they were free to participate as much or as little as they wanted to. Group activities on offer were appropriate to people and their interests and included sessions such as 'Armchair yoga', 'Knit & Natter', Pet Therapy and musical concerts. For those people living with dementia, there were more sensory based activities which enabled them develop their skills and conversation through tactile sessions.

Each year the grounds of Birtley House Nursing Home were opened up to host of community based events such as the 'Birtley Sculpture Garden exhibition' and the 'Surrey Hills Wood Fair'. These large social occasions provided an opportunity for the service to bring the community to the people. One of the provider's visions for the service was to ensure that people never feel isolated or institutionalised. Similarly

the volunteer and befriender schemes also provided people with opportunities to just sit and talk with people or have someone join them for a walk.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. The service's wellbeing mentor complimented the activities team by spending one-to-one time with people to get an excellent insight into people's interests and how they would like to spend their time. As a result, poetry mornings, history mornings and a debating society to be chaired by one of the people have been set up.

Though the development of life stories and social assessments, staff had spent quality time talking with people about the things they enjoyed and wanted to continue. For example one person was a keen gardener and was anxious about giving up this hobby when they moved into the home. As a result, it had been arranged for them to be involved in the upkeep of the grounds and following meetings with the service's gardener, they were given allocated responsibilities for parts of the garden.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The home's complaints procedure was displayed in the reception area of the home. People and relatives told us that they had not needed to complain, but would feel comfortable doing so if necessary.

We saw that the registered manager kept a file of the complaints received and action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving a written response. The registered manager expressed that she welcomed people's concerns because she viewed all feedback received as a natural part of driving improvement. Where complaints had been made the registered manager had used the information to aid learning. For example, there had been a previous complaint regarding a fall and as a result, the services' policies and procedures for managing falls had been completely revised. Similarly, following a complaint about the humidity levels in one person's room, the service purchased a humidifier and undertakes regularly monitoring of these levels.

## Is the service well-led?

### Our findings

People benefitted from an open, person-centred culture as everyone employed by the service lived the provider's philosophy of care. This philosophy included "We do our best to help everyone who lives here feel that they have simply moved home, rather than left home." This sentiment was something which was echoed around Birtley House Nursing Home with people describing the service as "So very homely", "A magic place. It's a family here" and "You won't find a better place in Christendom."

People were encouraged to view the service as their home and not just a nursing home. From the presentation of people's room it was obvious that people had been supported to personalise them and make their living environment an extension of their former home.

People were cared for by staff that had the skills and support to deliver their support effectively. Staff were clear about their roles and responsibilities and who they reported to. Staff had clearly defined responsibilities and job roles. Up to date supportive statements for people provided current information about people's needs and the risk factors associated with their care. This enabled staff to deliver safe and effective care and provided both nurses and managers with the tools to ensure the highest quality of care was always delivered.

Clinical guidance and support was provided to nurses by the registered manager. The services' policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies to ensure that staff were always delivering care to current best practice. This included up to date legislation and publications from CQC, NICE, the Health and Safety Executive and the Nursing and Midwifery Council. Through the use of staff focus groups, reflective learning was encouraged and staff were invited to make pledges about how they intended to improve care. Through the process of supervising staff the service ensured those pledges were delivered to improve the quality of care people received.

People told us that they were always being asked how they would like to see the service develop and what improvements could be made. One person told us "The unique thing about here is that they are always striving to see what they can do better." Another person said that what made it different was the "Sense of family" and commented "Even the provider's are very hands on." Similarly, a relative told us "I visited 32 other care homes before choosing Birtley, as soon as I came here; I just knew it was special."

There were numerous formal systems for gathering feedback, including regular residents' meetings, reviews and an annual questionnaire. There was also a wide range of audits used to monitor and analyse progress. Yet without a doubt, the biggest driver for improvement was the visibility of the service's leadership and their willingness to listen and learn. The registered manager had a contagious enthusiasm for improving people's experiences and led by example. Through discussions with her, people and staff it was obvious that she had fostered a culture within the service of openness and reflection. Through the process of supporting staff it was clear that her leadership style was one of high support and high challenge. As such people were confident to express their views and staff felt able to challenge each other within a context of support and learning.

The culture was open and transparent so when things went wrong, the focus was not on blame, but on securing improvements. If people raised complaints or concerns they had confidence that these would be fully investigated. When people expressed that mealtimes was an area for improvements during a residents' meeting, the registered manager employed a head of kitchen who now holds additional meetings with people to discuss their individual menu preferences and expectations. Working patterns for kitchen staff were also changed to provide cover between 7am to 7pm so that all meals could be freshly prepared by qualified staff. As a result the feedback now was very positive about the food available at the service. Similarly another person raised an issue about wheelchair accessibility around the grounds and consequently the series of external paths around the site have been and are continuing to be extended. People therefore had faith that if they suggested improvements that they would be delivered.

The registered manager was an excellent role model and this had recently been recognised externally through her being awarded the Surrey 'Manager of the Year' award. Everyone we spoke with commented on how well deserved this award was and praised the registered manager for being "An excellent leader." Her values for the home were summed up in her comment "Person-centred care is not merely a buzz-word at Birtley – it is a way of life." Every person we spoke with without fail praised the registered manager who they described as "Simply amazing" and "The very best." The registered manager's passion and enthusiasm for providing high quality care was embedded in the culture of the service as staff were constantly driven towards excellence.

The registered manager took continual steps to keep her own training and learning up to date. In addition to maintaining her own registered nurse status, the registered manager had also completed courses in palliative care, dementia and was a recognised train the trainer in moving and handling. She used her train the trainer status not to deliver training herself, but to quality check moving and handling on a regular basis. She was also actively involved in research including that around ethics and adult social care with a local university and also advanced decisions with the palliative care team at a nearby hospital. The registered manager was a member of various local working parties and partnership groups such as a hydration programme with a local wellbeing group.

This on-going involvement with external organisations and publications meant that the registered manager maintained an outward-facing approach to improving standards and the care provided to people was evidence based and regularly subject to external evaluation. As such, people benefitted from a service which both promoted best practice and continued to evolve giving them confidence that they were always in receipt of the very best care.

The service had fostered excellent relationships with other professionals, such as GP's, physiotherapists and local community and mental health teams and was well respected by these parties. Through these relationships and by achieving the commended status of the Gold Standards Framework, the service was able to offer people the opportunity of living out their life at Birtley if that was their wish. To the people and family we spoke with, this was of huge comfort knowing that Birtley could be their home for life.

It was clear that the registered manager and the provider worked in partnership to drive the service forward. Since being in post, the registered manager had set up weekly board meetings so that she could discuss the support that she required to effectively deliver change. When the new Health & Social Care Regulations came into force, the registered manager delivered a presentation to the board of directors so that they also fully understood their responsibilities. The provider and manager relationship was also one of openness and transparency and these two important roles worked in tandem to deliver the best care in a safe, effective and responsive way.

The provider was also heavily involved with local strategic groups such as Surrey Hills and Skills for Care and used these links to benefit service developments. The provider's overarching focus was to continually improve and maintain a high quality of life for people. New and innovative ways of further enhancing people's lives were always being explored. For example, Birtley House was a designated showcase for the Surrey County Council Energy Event for its extensive environmental activities including biomass heating in the care home. This ensured that service would be able to continue as an efficient and sustainable entity through modern times.

Both the provider and registered manager demonstrated a shared commitment to the success of the service and another unique quality of Birtley House was its involvement with the local community. In addition to the on-site farm shop, the estate also ran annual events to integrate people with the wider community. Through the well-attended events such as the 'Birtley Sculpture Garden Exhibition' and the 'Surrey Hills Wood Fair', people living at the nursing home and on the estate were able to access the same opportunities as those living in the wider community. Such occasions empowered people to live their life not as residents, but as citizens of the community in which they lived.