Ben-Motor and Allied Trades Benevolent Fund

Birch Hill Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Birch Hill Care Centre is located in the village of Norham, close to the border between Scotland and Northumberland. It provides care for up to 24 older people, some of whom have dementia. There were 22 people using the service at the time of the inspection.

The inspection took place on 29 December 2015 and was unannounced.

The service was inspected in October 2013. At the time we found that people were not protected against the risk of unsafe or inappropriate care because accurate and appropriate records were not kept. At a follow up inspection in March 2014 we found that this regulation had been met.

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

People told us they felt safe. There were safeguarding policies and procedures in place and staff knew what action to take if abuse was suspected. They had received training relating to the protection of vulnerable adults. There were no ongoing safeguarding concerns and this was confirmed by the local authority safeguarding adults officer.

Risk assessments were carried out to ensure that people were protected whilst supporting them to remain as independent as possible. These included risks relating to their physical and psychological health, and assessments were reviewed regularly. Accidents and incidents were recorded and acted upon appropriately.

We saw that the building was well maintained and clean. Staff were aware of infection control procedures and had received regular training. Environmental risk assessments were carried out and safety checks of the building and equipment were completed on a regular basis. Emergency contingency plans were in place in the event of damage to the building or due to inclement weather.

People, staff and relatives told us there were enough staff to meet people's needs. This was confirmed by our own observations. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at Birch Hill. This included additional training in dementia care and supporting people experiencing behavioural disturbance or distress.

Safe recruitment procedures were followed which meant that people were protected from harm. New staff completed induction and mandatory training prior to commencing work and then shadowed experienced staff. It was an expectation that all would complete their Care Certificate. New staff said they felt well supported and a staff handbook was provided.

Medicines were managed safely. Procedures for the safe administration of medicines were in place and regular audits were carried out. Staff had received training in medicines management and their competency had been assessed regularly by a registered nurse to ensure they were able to administer medicines safely.

People and visitors told us, and our observations confirmed that people were well cared for. Staff spoke kindly with people and privacy and dignity was respected. We saw that staff had received the necessary training to deliver care competently. A consent policy was in place and staff told us that the consent of people was always sought prior to any care being delivered.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted DoLS applications to the local authority for authorisation. Assessments of mental capacity had been carried out but the outcome was not always clear.

People told us that they were happy with the meals provided at the home. Menus were reviewed and rotated regularly. People were consulted about their food likes and dislikes. We observed a mealtime and saw that people were supported sensitively with eating and drinking, and that their dignity was maintained. Nutritional risk assessments were carried out and regularly reviewed.

We found that people were able to access a range of healthcare services and health concerns were acted upon promptly, with appropriate advice sought. Visiting professionals spoke highly of the service and staff.

The premises were adapted to meet the needs of people using the service. A new stair lift had been installed, in addition to the passenger lift. A safe internal courtyard garden was available to allow freedom of movement and to maximise independence while reducing risks to safety. We saw that some attention had been paid to dementia friendly design but found that there could be some improvements.

We observed that staff were caring. We saw that staff spoke kindly to people and were respectful and courteous. People and relatives told us that staff were caring. The provider had developed a booklet about how to support people with dementia. This was an example of best practice.

We read care four care plans and spoke with staff about the care available to people. Care plans were personalised, detailed and were reviewed monthly. The service had signed up to a dementia pledge run by the provider organisation. A booklet had been developed by the provider about how to support people with dementia. This was available to relatives and friends and was an example of best practice.

A varied programme of activities was in place and regular trips were planned using the service's mini bus.

End of life care was good and we received positive feedback from a relative and district nursing services regarding the care provided.

There was a complaints procedure in place which was prominently displayed. The registered manager told us that no complaints had been received. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

The registered manager carried out a number of audits and checks to monitor the quality of the service. The provider also arranged regular quality monitoring checks by a senior manager employed by the organisation to ensure high standards of care were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment procedures were followed which meant people were protected from abuse.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff were skilled and experienced and had received regular training and supervision.

The provider had developed a booklet for friends and relatives about how to support people with dementia.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Dignity was preserved and personal care was offered discreetly and sensitively.

We received positive feedback about care provided to a person at the end of their life.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and these were reviewed and updated regularly.
People were supported to take part in activities and a safe outdoor area was available.

We saw that the personal choices and preferences of people were respected and supported.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. The manager was supported by a deputy manager. People staff and visitors told us the managers were helpful and approachable.

Regular audits to monitor the quality of the service were carried out.

Feedback systems were in place to obtain people's views such as surveys and meetings.

Birch Hill Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 29 December 2015 and was unannounced.

The inspection was carried out by one inspector. We displayed a poster to inform people that we were inspecting the service that day and invited them to share their views.

We spoke with six people who lived at the service on the day of our inspection. We spoke to two relatives and contacted one relative by phone following our inspection, to find out their opinions of the service provided. We spoke with local authority contracts and safeguarding officers. They told us that they were not aware of any concerns about the service, and there were no ongoing safeguarding investigations.

We spoke with two care managers who visited people in the home regularly. They told us that the people they supported were well cared for and were happy with the care provided. They were not aware of any concerns or complaints about the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager, deputy manager and four care workers on the day of our inspection. We also spoke with kitchen and domestic staff.

We read four people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys. We also checked records relating to the safety and maintenance of the premises and equipment.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered

manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

Is the service safe?

Our findings

People told us they felt safe living at Birch Hill. One person said, "Its top notch, I am very safe and well looked after here." A relative told us, "I feel a sense of relief knowing my family member is here and is so well looked after. I know she is safe." A safeguarding policy and procedure, which informed staff how to recognise and report suspected abuse or neglect, was in place. Staff knew what to do in the event of concerns and told us, "I would be confident in recognising signs of abuse and would report it to my managers or higher if necessary." We saw that staff had received training in the safeguarding of vulnerable adults and that this was updated annually. A whistle blowing policy was also in place. We consulted with officers from the local authority contract department and safeguarding adults team. Both confirmed there were no ongoing safeguarding concerns.

Risk assessments and safety checks of the premises and equipment were carried out. These included checks of water temperatures, emergency generator, emergency lighting, fire safety equipment, and gas and electrical checks. Equipment used to help people move safely such as hoists and wheelchairs were checked regularly. A new call bell system had been installed since the last inspection to enable people to summon help from staff. Sensor mats were in place where people were identified as being a high risk of falls. These alerted staff that the person was moving and possibly at risk of falling. Equipment used by staff was also checked on a regular basis, for example, ladders used by maintenance staff. The provider also has a mini bus which is regularly serviced and checked, including the passenger tail lift. Staff had the necessary competency to drive the bus and more staff were due to undergo training. These checks showed that the provider sought to protect the safety of people staff and visitors.

The premises were clean and tidy and there were no malodours. Infection control policies and procedures were in place. We were shown domestic rotas which demonstrated that all areas of the home were cleaned regularly, including deep cleans. Mattresses were washed each time a bed was changed, and floors were steam cleaned daily. A policy was in place outlining what to do in the event of an outbreak of an infectious illness. Staff told us, "We follow NHS guidance and we have all the necessary equipment ready. Everything is disinfected here, including the door handles and light switches." Colour coded mops and buckets were in use and a number of steam cleaners were available for use in specific areas, such as floors or windows. Spare duvets and pillows were stored in a vacuum pack which removed air from the packaging and helped to keep the contents dust free. It also meant bulky items could be stored neatly and safely.

Care records showed that risk assessments relating to the physical and psychological well-being of people using the service had been carried out. These included risks associated with eating and drinking, moving and handling, mobility, falls, and skin integrity (risk of skin damage). Mental health was also closely monitored and we saw people received support from appropriate professionals in the event of deterioration in their mental health or behaviour. Staff had received training to support them with behaviours that challenged, and had also been trained to recognise the symptoms of delirium. Delirium is a temporary increase in confusion caused by a variety of reasons but often associated with a physical illness such as an infection. The manager told us that they had asked for this to be included in the dementia training session to ensure they could distinguish between the causes of confusion and so that delirium was recognised and

treated promptly.

Medicines were managed safely, and the service had been found to be fully compliant during an external audit of medication management by a medicines management technician from the local NHS trust. A policy and procedure for the safe administration of medicines was in place. Clear instructions provided by the GP were in place regarding the administration of "as required" medicines such as pain relief or laxatives. Staff told us, "At the handover between shifts, staff will tell the next shift if they have had to administer any extra medication (such as pain relief) and what time it was given. Staff coming on shift check with the other person that they have signed everything before they go off duty." Medicine administration records (MAR) sheets were fully completed and had been printed in larger A3 size to make them easier to read and to allow space for additional safety instructions. We saw that medicines were stored securely and that suitable systems were in place for the receipt or return of unused items to pharmacy. Monthly medicine audits were carried out and staff competency to administer medicines was assessed annually by a registered nurse. We randomly checked to stock balance of medicines and found them to be correct and that they correlated with the quantity administered. This meant medicines at the home were administered and managed safely and appropriately.

Staff recruitment procedures were appropriate. Staff records showed that recent applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with elderly or vulnerable people. This helped to protect people from abuse. Two references were obtained for each applicant, and there were no unexplained gaps in employment. People told us there were staff on duty and records confirmed that there were appropriate numbers of staff on duty. The manager told us that they had some vacancies as recruiting was difficult, partly due to the rural location of the service. She said, "We haven't managed to appoint as yet but we are keen to ensure we only employ the most suitable person, even if this may take some time." Dependency levels of people using the service were reviewed regularly. Staffing was based on these figures and staffing was in excess of the minimum number of hours identified . Staff told us, "It can be busy at times but there are always enough staff. If we want extra staff for an activity or an outing we just need to ask and the manager arranges it."

Accidents and incidents were appropriately recorded. CQC had been notified of serious accidents in line with legal requirements. Accidents were analysed and a spreadsheet containing these was available. Accidents, incidents and other concerns such as safeguarding issues were a standing agenda item at the monthly clinical governance meetings. Clinical governance is a framework used within the NHS to continuously improve the quality of their services and to safeguard high standards of care. This framework had been adopted by Birch Hill and was an example of good practice.

Emergency contingency plans were in place. These included the evacuation to other buildings in the grounds, if necessary. Additional freezers had been provided which were stocked with extra food due to the risks of severe weather and the possibility of roads being inaccessible to deliveries.

Good

Is the service effective?

Our findings

People told us they were very happy with the care they received at Birch Hill. One person indicated towards staff and said, "It's lovely, they are all great." A relative told us, "I have the highest respect for Birch Hill. It is wonderful and it was a sigh of relief when we found such a place existed. I have nothing but positive things to say about the service."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). 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). The manager had submitted DoLS applications to the local authority for approval and was awaiting the outcome of these. Capacity assessments had been carried out. In one care record it wasn't entirely clear whether the person assessed had full capacity or capacity for certain decisions only. We discussed this with the manager who agreed that this would be clarified. A consent policy was in place and staff told us that they sought consent before delivering any aspect of care. Staff said, "We never assume anything, we always ask." We saw that where people lacked capacity, their relatives or representatives were involved in decisions about their care.

Health needs were assessed and we saw that care plans were in place to meet the physical and psychological needs of people. Additional support from visiting professionals had been sought, where necessary. Care plans relating to specific ailments or conditions were available. We saw a plan about the management of seizures for example.

People had access to a range of healthcare services; these included a dentist, podiatrist, district nursing service, and GP's. We spoke with a social worker who told us, "I always make a point of checking when I am doing a review that all necessary appointments have been made. I check people have been registered with a GP and that other services have been arranged, such as podiatry and audiology. Birch Hill have always arranged these." Care records showed that people had regular access to these services and that health concerns were acted upon promptly.

The premises were suitable for people living in the service. The service was described by relatives and visiting professionals as very homely. One relative said "It is more like a real home than a care home, and the atmosphere is always lovely." Some attention had been paid to dementia friendly design, including a trial of coloured toilet seats (designed to help people with dementia to locate toilets more easily by making them easier to see). The manager reported that these had not been particularly helpful and that some people hadn't liked them. She told us that the environment was constantly monitored and opportunities to make

changes in keeping with dementia friendly design guidelines were always taken. For example, the banisters had become worn and the varnish was missing from some areas. The manager was consulting with other staff within the organisation to agree the best way to redecorate these, and which colour to use to ensure they were visually more prominent, which can be helpful to people with dementia.

Signage was in place to help people locate toilets, for example, and where mirrors were available for people, it was recognised that these could sometimes cause distress to people with dementia. Individual assessments of whether mirrors should remain in place were undertaken. Some carpets were heavily patterned which can cause difficulty to some people with dementia, as they can misidentify patterns for objects, or feel uncertain about standing on certain patterns. The manager advised us that she had not seen anyone experiencing such difficulty but said they would consider replacing these during any future refurbishment.

A safe outdoor space had been developed by the service which was referred to as the "secret garden." It was located inside an internal courtyard and was covered with astro turf to resemble grass, and fitted with a sponge underlay. This minimised the risk of harm if someone fell. Staff told us, "It was designed to create a secure, safe, quiet space for people. We wanted them to be able to enjoy and explore the space independently. In summer we used it for activities and we grew sunflowers and sweet peas." The garden was not in use during our visit due to the weather. Extensive private grounds with seating were also available to people and their visitors. The grounds were flat and accessible by wheelchair.

Staff received regular training. They told us, "We have loads of training! We have had training in safeguarding, mental capacity, moving and handling and first aid. We had some training in challenging behaviour;, it was really good." Another staff member told us, "The challenging behaviour training was really good. When they explained why the behaviour is like that, it puts things into perspective and it gives us a much better understanding." We saw records of training and regular supervision and appraisals. These were carried out by each head of department. Staff routinely referred to these "job chats" during discussions throughout the day. All new staff completed an induction into the service and, where possible, mandatory training was completed prior to starting their role. A new member of staff told us, "I had a two day induction and did my mandatory safety training before I started working in the home. Then I shadowed another member of staff to learn the routine and to be introduced to the residents. It was very thorough." All staff were expected to complete the Care Certificate qualification.

The service had signed up to a "dementia pledge" through the provider organisation and used the Dr Gemma Jones four stage behavioural model of dementia. This model outlines the way in which care and support should be adapted during each stage. The provider had developed a booklet about supporting people with dementia which included information about this model. It was available for relatives and friends of people living with dementia. It also contained practical information about how they could become involved with life story work which is known to be helpful to people with dementia, or how to promote meaningful visits with their loved one.

People were supported with eating and drinking. Nutrition risk assessments were carried out and people's weights were checked regularly, on the day of the month that corresponded with the person's bedroom number. Where people were felt to be at risk, food and fluid charts were in use. We saw that these had been completed and were up to date. Separate dining areas were available depending upon the level of support people needed. Tables were traditionally set with tea plates, bread, butter and jam during the evening meal. A chalk board menu was updated with the day's meals. Extra drinks were offered and at the end of the meal people were provided with hand wipes. A protected mealtimes policy was in place which meant that professionals and other visitors were discouraged from visiting at mealtimes, unless supporting a relative, so

that staff could focus their attention on supporting people with their meals.

We spoke with the cook and visited the kitchen. We saw that the cook had records of people's preferences such as tea and coffee including whether they took milk and sugar. She told us that despite this list people were always asked what they would like. There was also a list of special diets, and lists of foods which might react adversely to certain medicines taken by people. The cook told us, "We carry out food surveys on admission and review these monthly to check there have been no changes or allergies; people are entitled to change their mind! I change the menus four times a year and try new foods out first to see if people like it." The cook was knowledgeable about how to fortify foods for people who were losing weight. "I add dried milk, full fat cream or butter to their meals. If someone isn't eating I try to tempt them with something sweet." People were offered alternative choices and a cooked breakfast was available daily on request. One person told us "You can have what you like" staff then joked with her that it was nearly time for her "G and T" and she told us, "I have a gin and tonic every night!"

Good

Is the service caring?

Our findings

Some people were unable to tell us about their experiences of care due to communication difficulties caused by dementia. We observed people throughout the day and they appeared to be relaxed and comfortable. We saw they were smiling and engaging with their surroundings and interested in what was happening. We did not see any signs of distress and when a person became slightly unsettled they were quickly distracted by staff members, who made a joke and made them laugh a number of times. We noticed that staff knew people living in the service well and that they used this knowledge to help people to feel at ease. Staff spoke kindly and respectfully to people. We saw a staff member showing concern for a person who was sitting quietly; she placed her arm around them and said, "Are you feeling a bit off colour?"

We observed people during a mealtime. It was relaxed and staff took the opportunity to chat with people. They sat beside them at the table and reminisced about family meals at home, joked about who had the largest portion and celebrated the exciting family news of one person. People were supported to eat sensitively and discreetly. They were regularly encouraged and reassured. We heard staff say, "Just eat what you can" and "You really enjoyed that didn't you? I'll go and get you a lovely pudding."

Staff had time to care and were not rushed. We saw that they respected people's privacy, for example, by knocking on doors and asking permission to enter. People were offered choices and were supported to be as independent as possible. One person was prompted to eat their meal and managed to do so with support, but became easily distracted if this did not happen. We saw that staff switched off the television during lunch to minimise such distractions and allow people to concentrate.

People were supported to make decisions about their care. We saw that when people had difficulty in expressing their views verbally, they were appropriately supported by staff. One person was shown two choices of food and was able to select one. The views of people were sought continuously and where they lacked capacity, the views of relatives or representatives were considered. No one was accessing formal advocacy services but details of this service were available if required.

We saw that one person was using a doll as a form of therapy. We noted that staff were sensitive and respectful in their communication and we saw that the person found the presence of the doll comforting.

A relative told us, "Birch Hill provides an excellent quality of care. The staff are always welcoming and extremely helpful." Another said, "I have nothing but positive things to say about Birch Hill, they deserve a great deal of credit for what they do. They are always welcoming and provide us with a tea tray so I can have tea with my relative. The care and atmosphere are wonderful."

A district nurse told us, "People are well cared for and staff have a very caring attitude." A social worker also spoke positively about the service. "The staff work really hard to keep people with them for as long as they can and have cared for some people with very complex needs, despite being a residential home. They make a great effort to support relatives who can't visit often, or who live far away by sending them emails and photographs with updates about what they have been doing. I can't fault anything about the care. Even if I

was trying to be picky I can't think of anything they could improve."

A member of the challenging behaviour team also spoke positively about the way staff supported people with complex needs. They said, "The staff are always willing to engage with the team and are always proactive in trying to meet people's needs. Despite being a residential home they care for some very complex people and they really do go the extra mile to try and maintain people's wellbeing and avoid the need for a move. They are a pleasure to work with and you can always tell that they genuinely want to do their very best for those in their care."

A Christmas tree of remembrance and celebration had been put up before Christmas and people and their relatives were invited to sponsor a light bulb and write a personal message onto a bauble. The local church minister hosted a short service where he read out each dedication. We were told that people found this very moving.

There were close links with the local church and twice monthly prayers and communion were held in the home which people could attend if they wished. Different faiths were catered for and we saw that people had received visitors from their own denomination or parish.

End of life wishes were recorded and a relative provided positive feedback about their experience of end of life care. She said, "They were very supportive. Staff here will do anything and everything for you. There were quite a few of us here at one point and they looked after us all, making sure we had a constant supply of tea and biscuits." A district nurse also told us, "Staff have a very caring attitude and end of life care is very good; they do look after them very well. The people we see near the end of their life at Birch Hill are very peaceful and comfortable."

Good

Is the service responsive?

Our findings

People told us that their needs were responded to. One person said, "I am very happy here, I'm well looked after." Pre admission assessments took place before people moved into the service. This meant that care needs were identified before admission so that appropriate care plans were in place. Care records were person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. People were consulted about their care plans where possible and we saw that they were supported by relatives if necessary.

Care plans were evaluated monthly. Staff were re-writing entire care plans each time they were evaluated, meaning there were multiple copies of often identical care plans. This was time consuming and meant that care files were bulky. We discussed with staff that the time taken to re- write care plans that had not changed each month was burdensome for them and took time away from care activities. We discussed with the manager about streamlining this process while ensuring they met the full requirements of the relevant regulations.

A varied activity programme was in place. A printed activity schedule was available. People were given copies of the schedule and then reminded daily of the activities on offer. A tea dance was held monthly, when an entertainer visited and played Scottish dance music. As he visited regularly, staff told us that he knew people's favourite music and brought instruments with him for them to play and join in. The activities we saw available included chair exercises, arts and crafts, quizzes and archery. On the day of the inspection we saw planned and spontaneous activities. The planned activity in the afternoon was called "knitting nana's" and we saw that people enjoyed it.

The service had its own minibus and between March and November, twice weekly trips took place to Eyemouth for fish and chips or to Kelso to the river. In addition to planned activities, we saw that people were involved in activities around the home, including folding tea towels and helping to deliver water to people's rooms. People also visited the shop daily for sweets and magazines. One person was dusting as she passed the office and she stopped to chat to the managers and shared some sweets. She then continued to dust along the corridor. Staff told us about the importance of activities and involvement, one staff member said, "Everyone needs to feel needed."

Care was organised to ensure that people received support when they needed it. Care staff helped people to get ready in the morning then reported to the kitchen that the person was ready for breakfast. Kitchen staff then prepared the person's breakfast choice and took it to staff. One staff member told us, "I have worked in care in other places. Normally you have to do everything. I like the routine here because everyone has a clear role and things go smoothly. Kitchen staff do the meals and cups of tea and domestics do the laundry. We can do hands on care but we all support each other."

A satisfaction survey included positive comments about the activities available. One visitor said, "Birch Hill provides excellent quality care. Besides the daily activities, the busy social calendar leading up to Christmas is excellent."

A complaints procedure was in place which was prominently displayed. There had been no complaints received by the service.

Good

Is the service well-led?

Our findings

A registered manager was in post and was supported by a deputy manager and team leader. A visiting professional wrote in a feedback survey, "The managers at Birch Hill are inspirational. Their relationship with staff and residents explains to me the quality of the care provided at Birch Hill." Staff told us that they felt well led and supported by the managers. One staff member said, "I feel well supported by the manager. Her door is always open and we can talk to her about anything." Another said, "The manager is easy to speak to and we have staff meetings so if I was unhappy about something I would tell her." A relative told us, "The manager has high standards regarding hygiene and it shows in the attention to detail."

The manager was supported by an experienced deputy manager and a team leader. A new member of staff had been appointed to support with administrative tasks. Staff, including managers and senior staff, had clear roles and responsibilities. For example, the deputy manager took a lead role in monitoring medicines management and the team leader was responsible for ensuring care plans and assessments were regularly reviewed. This meant that there were clear lines of accountability.

The provider visited the service every three months and the director of care for the provider organisation visited monthly. In addition to these visits the manager sent information to the director of care on a regular basis, including minutes of clinical governance meetings, for example. This meant that senior managers within the organisation were kept up to date with relevant clinical issues and risks. The manager met with other managers within the organisation on a regular basis. This meant that the manager felt well supported by the wider organisation and had opportunities to share ideas and learn from colleagues.

A human resources manager visited the service every three months. The welfare of staff was supported, and the company gave staff access to a confidential helpline and offered professional support should any staff experience stress or anxiety. Private healthcare was also available to support staff with musculoskeletal problems (for example back pain).

A number of quality checks and audits were carried out. The manager told us she had raised a concern about the need for a new piece of equipment with the director of care during a quality monitoring visit, and that this had been quickly provided. This demonstrated that issues identified were acted upon promptly and that the concerns of staff were taken seriously.

Regular meetings were held with staff and people using the service. Meetings with people were held monthly and were either conducted in small groups with tea or they met individually with the manager. We saw that some of these meetings had been held with people in the secret garden during the summer months. Relatives and friends were invited to meetings twice a year and the manager told us that they actively encouraged people to attend. Minutes of the meetings were sent to all relatives including those unable to attend. People living in the service received a Resident's handbook containing information about the service. These were available for family and friends.

Questionnaires were provided to survey relatives and professional visitors about the quality of the service.

We saw that a number of these had been completed and comments included, "Three words to describe the service, care, compassion and professionalism." Another said, "All staff are kind and courteous and treat X in a way that is reassuring to us."

The service had good links with the community including the local schools and church. The service had taken part in a national care home open day and the local Brownies group had had attended and entertained people with ceilidh dancing.