

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

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

Birtley House Nursing Home is registered to provide accommodation for up to 47 older people who require residential or nursing care. At the time of our inspection there were 39 people living at the home. The home also provides domiciliary care for eight independent living flats, however, none of these people were receiving a regulated activity at the time of our inspection.

The inspection took place on 15 May 2018 and was unannounced.

The last inspection of Birtley House Nursing Home was undertaken in January 2016 when it achieved an overall rating of Outstanding.

At the time of inspection there was not 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 2008 and associated Regulations about how the service is run.'

The risks to people were documented but not with sufficient detail to provide staff with the guidance they needed in order to provide safe care and staff were not following the guidelines in relation to people's care.

Staff did not understand how to apply legislation that supported people to consent to treatment and had not followed the principles and codes of conduct associated with the Mental Capacity Act 2005. Where restrictions were in place this was not always in line with appropriate guidelines.

Staff had not received regular supervisions that would enable them to carry out their duties. Appraisals had commenced for staff and would be ongoing.

We have made a recommendation that the environment is adapted to meet the needs of people to find their way to communal areas and their rooms.

People had care plans in place but these were not personalised to their needs. The provider had recognised this and implemented actions to address these.

People had a range of activities that they could choose to be involved in. There was a full activities programme that operated on a 5 day basis. Complaints and concerns were taken seriously and people knew how to make a complaint if they needed to. End of life care was provided sensitively and in line with people's needs and preferences that help to ensure people had a pain free and dignified death.

People were supported by staff who knew the procedures to follow if they had witnessed or suspected abuse. People were complimentary about staff and said that they felt safe living at Birtley House. There was an up to date fire risk assessment and each person had a personal emergency evacuation plan (PEEPs) in place so staff would know how to safely evacuate them from the home if the need arose. Safe recruitment practice was followed that helped to ensure people were protected from unsuitable staff. The provider had carried out annual analyses of accidents, and incidents were monitored to enable the provider identify any trends and reduce the risk of repeated incidents.

People were treated with kindness and compassion by caring and dedicated staff and there was good interaction between staff and people. People were able to express their views and be involved in making decisions about their care, support and treatment. Staff respected and promoted people's privacy and dignity and their independence was promoted.

At the time of our inspection there was not a registered manager in post to carry on the regulated activities. Quality assurance systems were in place to monitor the quality of service delivered, however, they were not fully robust. The provider was taking action to address this. People said that the home was well run. People and those important to them had opportunities to feedback their views about the home. People told us that they had regular resident meetings where they could put make suggestions about the home. Staff at the home worked with other related agencies to ensure that people received joined up care, treatment and support. The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we asked the provider to take at the end of this report.

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 not consistently safe.

People's risks were identified, but not always with the detail needed for staff to provide safe care.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

There were enough staff to meet the needs of the people but the deployment of staff required continuous monitoring.

People received their medicines at the correct time and when they needed them.

Accidents and incidents were recorded and monitored to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

Infection control processes were robust.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had not followed legal guidance where people's liberty was restricted or they were unable to make decisions for themselves.

People were not always supported by staff that had received formal one to one supervision and had their performance reviewed by their line manager.

The environment should be adapted to meet the needs of people to find their way to communal areas and their rooms.

People's nutritional needs were assessed and met. People could choose what they ate.

People received care from staff who had received training appropriate to their roles.

Requires Improvement ●

People had involvement from external healthcare professionals and staff supported them to remain healthy.

The environment was suitable for people living with disability or dementia.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected. Staff treated people with compassion and kindness.

People were supported with their religious beliefs and were able to practice their faith.

Visitors were welcomed at the home and people could meet with them in the privacy of their bedrooms.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place and the provider had recognised these could be made more person centred reflecting people's lives. People were involved in their care plans.

People had access to a large variety of activities that interested them and were enabled to take part in these with staff.

Complaints were taken seriously and addressed in a timely manner by the provider. Information about how to make a complaint was available for people and their relatives.

People would receive end of life care in a sensitive way that was in line with their needs and preferences.

Is the service well-led?

Requires Improvement ●

The home was not consistently Well Led.

There was not a registered manager at the home to carry out the regulated activities.

The service and quality audits undertaken were not robust and issues we found had not been identified.

People and their relatives had opportunities to give their views about the service.

Staff met regularly to discuss people's needs and to make suggestions about how the home could improve.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 May 2018 and was unannounced.

The inspection was carried out by three inspectors, a specialist advisor in nursing care and one 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with ten people living at the home and two relatives. We spoke with nine staff members and three directors. We spoke with the deputy manager, the nurse in charge and three directors. We looked at the care plans for eleven people, medicines records, accidents and incidents, complaints and safeguarding. We looked at mental capacity assessments and applications to deprive people of their liberty. We reviewed audits, surveys and looked at evidence of activities taking place at the home.

We looked at five staff recruitment files and records of staff training and supervision, appraisals, a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership working.

Is the service safe?

Our findings

People were not consistently safe living at Birtley House. Risks to people were identified and assessed, however, staff had not always followed the guidance in the risk assessments. There was insufficient information in the care plans to guide staff in mitigating risks people faced. For example, one person was identified as having a high risk of falls. The care plan stated, 'Sensor mat to be in front of [the person] when in the lounge.' It also stated that the person was to be supervised by staff at all times. We regularly checked on this person throughout the day and at no time was there a sensor mat in front of them. During the morning we sat in the annexe lounge for approximately one hour. For at least half an hour no staff were present. At one point the person did get up from their chair but a passing member of staff encouraged them to sit back down. Furthermore, this person's care plan stated, 'transfers with a zimmer frame and two staff.' At lunchtime two staff came in to support the person to transfer to a wheelchair to go for lunch. However, after a very short time one staff member left, therefore the person was assisted by only one staff member which meant the person was not being cared for in the way they had been assessed as needing to prevent the risk of falling.

Another person suffered from hypertension (High Blood Pressure). Their care plan stated, 'Elevate feet when sitting down'. We noted this person was in the lounge area during the morning and their feet were not elevated, although a staff member told us they did try to do this as much as possible.

A third person had diabetes; however, there was not adequate information in relation to the management of their diabetes. For example, there was not a risk assessment for this and information about their diabetes had not been shared with the kitchen staff as they were unaware of this person's dietary requirements. Therefore they were at risk of receiving food which put them at risk of raised blood sugar levels. The provider had ensured that the chef was made aware of the dietary needs of this person since our inspection.

There was a lack of information about how to support people who had wounds. For example, one person had a toe infection. There was a paper care plan with some records of dressings that had been applied. It stated on 7 May 2018 that the toe was very painful. There were no photographs taken of the wound and it had not been reviewed as stated in the care plan, which informed that it should have been reviewed on the 11 May 2018. The review had not been undertaken until the 13th May. This meant that there was a risk that the toe remained painful or a wound could deteriorate as it was not monitored or attended to as recorded in the care plan.

Although the administration of medicines and the recording was done safely, there was a risk of error. For example, the nurse was wearing a red apron to alert people they were doing the medication round and should not be disturbed. However, the nurse was answering the telephone during the administration process.

There were no PRN (medicine as required) protocols in place to inform staff when the medicines should be administered, or the possible side effects and any maximum dose permitted within a 24 hour period. For example, one person had been prescribed PRN for a wound but they had not been offered this since the 29

March 2018. The Abbey Pain scale had not been used to assess pain. This meant that the person may have experienced pain and no pain relieving medicine offered. The person lived with dementia and may not have been able to express their need for pain control. The provider has since our inspection forwarded a PRN protocol template that was to be now to be used. This must be embedded into practice.

We found that care and treatment had not been provided in a safe way for service users and this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe at the home. They told us that staff knew them well. One person told us, "I feel very safe and happy here because there is always someone to help if I need it." Another person told us, "Yes, I feel very safe, there is always someone on hand if you need them and the staff are utterly charming."

Staff understood their roles in keeping people safe. The staff members we spoke with told us they had undertaken adult safeguarding training within the last year. They were knowledgeable about the different types of abuse and the reporting procedures if they suspected or witnessed abuse. They were also aware of the external agencies such as the local authority adult safeguarding team who they could report their concerns to if they believed that the management at the home had not taken sufficient action.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The correct checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps providers ensure only suitable people are employed in health and social care services. There were copies of other relevant documentation including professional and character references, immigration status and evidence of up to date professional registration for nurses in staff files.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs, except where staff did not have sufficient guidance to deliver the right care as in the examples reported above. The deputy manager told us that a monthly staffing tool was used to determine the numbers of staff required to meet people's assessed needs. We were told that there were three registered nurses (RNs) and seven care assistants on duty throughout the day and two RNs and four care assistants awake during the night. This was confirmed through the viewing of a four week duty rota. People and staff told us that there was enough staff on duty at all times. One person told us, "I feel very safe and happy here because there is always someone to help if I need it. I had falls at home so when I go to the dining room a member of staff will walk with me to make sure I'm safe. I can't fault them, they help me with washing and dressing and my medicines." One member of staff told us, "Now there is enough staff. Yes, we get time to do things and spend time with people."

People were protected against the spread of infection within the service. Staff maintained appropriate standards of hygiene which protected people from the risk of infection. The home was cleaned regularly to maintain hygiene and reduce the risk of infection. People's support plans contained individual risk assessments in relation to infection control. Staff followed good practice in infection control and used personal protective equipment, such as gloves and aprons, when providing personal care. The provider had infection control procedures for staff to follow and carried out regular audits to check appropriate standards of infection control were being maintained. Daily and monthly cleaning records were in place and signed off by the house keeper.

There was evidence of lessons learned and improvements made when things go wrong. Where incidents occurred, appropriate actions were taken to prevent them happening again. For example, the provider had carried out an annual analysis of accidents and incidents and had produced an action plan to address identified trends. For example, in 2017 it had been identified that there was an increase in regard to

accidents that had resulted from manual handling. The action plan had included further training for staff and to emphasize the risks associated with manual handling to all staff.

There was an up to date fire risk assessment and each person had a personal emergency evacuation plan (PEEPs) in place. These provided guidance to staff how to safely evacuate individual people from the building in the case of an emergency. Staff were knowledgeable about the PEEPs and where they were stored. The provider also had an emergency contingency plan that provided the contact details of utility groups, social services, the provider and places where people could be accommodated if it was not possible to re-enter and use the home.

Is the service effective?

Our findings

The Mental Capacity Act 2005 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 make 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).

Consent had not been obtained in line with the Mental Capacity Act 2005. Furthermore, capacity assessments and best interest meetings were not completed. For example, one person received their medicines covertly (without their knowledge). A mental capacity assessment had not been undertaken in regard to this and there was no evidence of a best interest meeting having taken place. A DoLS application had not been completed. This meant that the person had been administered their medicines covertly since January without any discussion in relation to the least restrictive option, their consent or authorization from the local authority. Where people had bedrails there was no evidence of mental capacity assessments, best interest meetings or DoLS application having been completed. It was recorded in one person's care plan '[Person's name] does not want a bed rail she feels trapped and it distresses her, staff has spoken with daughter who is happy for her not to have one and understands the risks.' However, bedrails had been put in place and a member of staff confirmed that they were used for this person. This meant that staff were restricting people, not acting in people's best interest and were making decisions for people without authorisation.

We asked staff to tell us about the mental capacity act and how they put it in practice; however none of the staff could give an explanation about this. One member of staff said, "I am not the best person to ask," but they did state that they had this training last year. We noted that the MCA training had been included in the safeguarding training, and this would appear to have been ineffective for staff.

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 Mental Capacity Act 2005. The staff and service were not applying the MCA appropriately, for any of the people they are caring for. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were able to make decisions for themselves. One person told us, "I can find no fault with the staff, if they're helping me get dressed, they bring things out of the wardrobe and ask me what I want to wear, and it's my choice." We observed people made other choices throughout the day such as choices of drinks and meals and if they wanted to join in with the activities.

People were being supported by staff who had not had regular supervision. (One to one meetings) with their line manager. Not all staff had received an annual appraisal. For example, three of the seven records we looked at showed that they had not received an annual appraisal since 2015. Only one staff member had an

up to date annual appraisal that was undertaken in January 2018. Two members of staff had not received recorded supervision since 2015 and three members of staff had not received supervision since 2016. There were no records of supervisions in two staff files we looked at. This meant that staff were not provided with the opportunity to discuss their roles, training needs or their performance in their roles.

Staff told us that they did not have supervision on a regular basis. One member of staff told us they could not remember meeting on a regular basis with their manager, but said they could always, "Ask the manager for advice". This staff member did inform us that they had a yearly appraisal.

The provider had failed to ensure that persons employed in the provision of a regulated activity had received supervisions and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training appropriate to their roles. People told us that they believed staff had received training that helped them in their work. One person told us, "The staff are well trained, they know what they are doing, they know their jobs. There is quite a high turnover among the carers though." Another person told us, "I think the carers are well-trained." Staff told us that the training they received was good. One member of staff told us, "The training is really good. I've progressed from housekeeping staff. During my induction I followed someone around." Another member of staff said, "They kept me up to date with nursing skills. I have had training in Medicines administration and assessment in Catheter care and End of Life care. We had all received updated infection control a few weeks ago."

The training matrix provided to us showed that staff had received all the mandatory training as required. Other training undertaken by staff had included palliative care, hydration, records management and dignity. All new staff complete an induction and the Care Certificate training. This is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Records showed that pre-admission assessments were completed by senior staff members prior to people moving into the service. This meant that the service could ensure they were able to meet the person's needs. One member of staff told us, "Everyone has an initial assessment before they come to Birtley House." They told us that recently, they had been asked to complete an assessment in hospital for a person who may come to the home. The assessments included the person's history and well as their social, psychological and physical health needs. This was then turned into the care plan on the system and risk assessments completed as they got to know the person. Care plans had been produced from the information recorded in the assessments.

People were supported to ensure they had enough to eat and drink to keep them healthy. The provider had recently employed the services of an external catering team. There was a four week seasonal menu that provided alternative choices for home cooked meals. The chef told us that he was flexible and would make whatever a person wanted if they didn't like the choice of meals offered. People told us that the food had not been as good as it used to be, but that it was slowly improving. One person told us, "If you don't eat meat the chef will always do a piece of fish for you. He tries hard; he comes out into the dining room and speaks to us all to ask us if everything is alright." Another person told us, "The food varies a bit; supper time seems to be a repetition of menus and sometimes cold but it's nice to sit down with everyone in the dining room and have a chat." We discussed this with the deputy manager who told us that this would be followed up with the chef.

The chef, apart from one person who was diabetic, was aware of people who had special dietary

requirements. They had notices up in the kitchen that informed all kitchen staff about people's dietary requirements and allergies. For example, there was information about people who required pureed diets, one person who had their food minced and one person who was on a soft diet. We noted that they provided choice of at least five different pureed meals plus whatever they are making that day pureed.

We observed the lunch time service. People were offered a tabard to cover their clothes. People were asked if they wanted assistance with cutting their food up but it was not done routinely. Only one person needed feeding, and we observed that the member of staff sat directly in front of her, making good eye contact and talking to her throughout the meal. She was patient and did not overload the spoon, feeding was at the resident's pace with pauses for drink as required. The food looked to be of a good standard.

People had access to all healthcare professionals that supported them to live healthier lives. Records showed that people had access to the GP, dentists, opticians, physiotherapy, audiology and the community mental health team. People told us they were able to see all the healthcare professionals when they needed to. One person told us, "I do see the doctor." This showed that staff worked with other services to provide effective care and support to people.

People lived in an environment that that was mainly adapted to meet their needs. The main building was very old and the provider had plans in place to refurbish this. The layout of the home was on three floors that were accessible by two lifts and a stairway, however, there were not many signs up to show people the way to their rooms; this made it a little difficult to navigate or find one's way.

We recommend that the environment is adapted to meet the needs of people to find their way to communal areas and their rooms.

Bedrooms were personalised with people's belongings and photographs, books and evidence of hobbies such as painting and craft work. One room had a white board on the wall with the date and reminders for the person, and activities to go to. Equipment used at the home, such as hoists, had been serviced in line with the manufacturer's recommendations.

There was up to date documentation related to the safety and suitability of the premises. These included electrical installation condition report, gas safety certificate, PAT testing, monthly hot water safety testing, Legionella Risk assessment and hoist and wheelchair servicing and maintenance.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were very complimentary about the care they received from staff. They told us that the care they received was very good. One person told us, "Most of the carers are very good and polite, the regular ones know how I like things done and we have a good rapport." Another person told us, "I think the care staff are exceptional, wonderful. Nothing is too much trouble for them. If you want someone to come in and join you for lunch, they lay out the table especially for you away from other people so that you can have privacy to enjoy your guest's company. They always make a big fuss of you when it's your birthday and provide a party for you and a cake." A third person told us, "I can get a bit down sometimes but one of the staff will come up and read to me, poetry or a novel. Its company and it makes all the difference in the world". "The staff are wonderful, kind, polite always try and explain things whether it's the housekeepers or the care staff."

One person we spoke to told us, "Staff are lovely. Sometimes they'll stay and chat to me if they've time. They are always ready with a smile and checking that you're okay, if there is anything you want. I'm here temporary at the moment but I may become permanent. They give me time to do things at my own pace. They don't rush you to decide."

We observed good interaction between staff and people throughout the day. During lunch staff were polite, checked what the people had ordered for their meal before giving it to them and had conversations with people while they waited for their meal. People's meals were plated in the kitchen individually as required and brought to the table. The chat around the tables was sociable at times. One gentleman who was not feeling well enough to manage a full meal was offered soup instead.

A member of staff was engaged in conversation with one person. During the conversation the person asked the member of staff when they were next on duty. The staff talked in polite and respectful tone and called the person "Mrs [surname]." We asked the member of staff why they had addressed the person in this way and they told us that a lot of people wanted to be addressed formally, but staff always asked people what they'd prefer to be called.

People were able to express their views and be involved in making decisions about their care, support and treatment. Staff told us that each person had a named nurse who would sit and discuss their plans with them once a month. Staff told us that people request changes about their care and support needs at any time. People told us that they knew what their care plan was and what help they were supposed to have. Some people were able to inform us that they had been involved in the review of their care plans, others could not remember. One person told us, "They don't need to involve me in my care plan because they know I can manage." Another person said "If I am not well they will add things into my care plan to help me."

People's dignity was respected by staff and their independence was promoted. Staff told us that they always attended to the personal care needs of people in the bedrooms and bathrooms with the doors and curtains closed. Staff also told us that they ensured exposed parts were covered to protect the dignity of people. We

saw in the personal care part of care plans that staff were informed to "protect personal privacy at all times." There was also a notice board near nurse offices that had information about respect, dignity and choice.

People told us that staff were very respectful and always closed the doors whenever they were helping them. One person told us, "The staff are very nice to me, they cover me up when helping me with washing. It saves me from being embarrassed and they are so patient with me. My clothes are always beautifully laundered and hung away neatly, the way I would have done it when I was at home. They [staff] are very thoughtful." Another person told us, "They are so pleasant and polite. No one ever barges into your room. They knock and wait for you to invite them in. I appreciate that, it reinforces the feeling that you are not totally adrift, you still have some space that is your own." We observed staff knocking on people's doors throughout our inspection. Before staff would introduce us to people they always knocked on their doors and waited for a reply and then only entered people's rooms when invited to do so.

Staff told us that visitors were welcome at the home. This was confirmed during discussions with people.

The deputy manager told us that no person living at the home was from the lesbian, gay, bisexual or transgender (LGBT) communities. They were not able to state if this was explored during the pre-admission assessment so people could inform them. The manager and staff told us that they treated all people as individuals and respected their individuality.

Is the service responsive?

Our findings

People told us that they knew they had care plans written for them. One person knew about their care plan but could not recall when it was last reviewed. Another person told us, "I know about my care plan and I could make changes if I wanted to." A third person told us, "If I am not well they will add things into my care plan to help me. "

People had not always received care that was personalised to their needs. People had care plans that had been produced from the information in the pre-admission assessments. However, none of the care plans include a life story of people and provided enough detail about how to attend to all the personal care needs of people. The provider was aware of this and had put an action plan in place to address these shortfalls.

Care plans were held on an electronic system that enabled staff to easily access information in the care plans. Staff were knowledgeable about people's care needs and were able to explain how they attended to the needs of people. For example, one member of staff told us, "We have keyworkers and we find out about people through them and their families. We keep notes on people's background in the keyworker notes." However, we looked at these and found that they just had a monthly entry, rather than background history.

We observed staff attended to the needs of people as recorded in their care plan and from their knowledge of the person. For example, one person's care plan informed that they suffered from anxiety. It stated, 'speak in a low, calm voice. Allow them time'. We observed a member of staff member do this at lunch time. They asked the person if they were ready to go through to the dining room or wanted time. It also stated, 'seems to want to sit in annexe lounge and watch TV'. Again we observed the person doing this both during the morning and afternoon. It stated they needed to wear glasses at all times as they had poor vision and we saw they had these on.

We found that staff were responsive to the needs of people. For example, it had been identified that one person's meal would go cold as they took a long time to eat. We noted that staff had provided a special 'lip' plate that kept their plate warm so they could enjoy their meals.

People had access to a range of activities they could get involved in. The home had a full activities programme that operated on a five day basis. Activities ranged from Scrabble, Cards, Bagatelle, gardening, book club, arm chair yoga as well as a pat dog that came into the home. There was an activities co-ordinator who told us that most afternoon activities were well attended as afternoon tea followed immediately afterwards. On the day of our inspection there was an armchair yoga activity that was very well attended. The home had a Wellbeing monitor who visited people who spent a lot of time in their room to socialise with them to help prevent them from becoming isolated. This member of staff would read to people or do activities on a one to one or simply chat to them. One person told us, "I love that one to one company it's like having a special friend you can share things with." A number of volunteers come into the home to talk to people and do activities with them. Some people forge strong links with these volunteers and would ask for a particular volunteer. People attended to and maintained the courtyard garden. They also received help from pupils who attended a local special school who come in and do some gardening.

They had planted tulips and pansies with people. There was also a 'cook and grow' group work in the kitchen garden and they would share their cooking skills with people. For example, they had made shortbread for Burns night.

The provider had been in contact with a local nursery school about the possibility of them visiting the home once a month with a group of 3 to 4 year olds, with their teacher, to take part in an appropriate activity with people at the home. Other groups attend the home such as Pets as Therapy dogs, external pianist, musicians, artist who runs classes and a wood turner who is to demonstrate some willow weaving so people could have a go at doing this.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider told us in their PIR that they had received 10 complaints during the last twelve months and these had been investigated thoroughly, we found this to be the case. Records maintained showed that the complainants were satisfied with the outcomes of investigations into their complaints. Staff were aware of their responsibilities in the management of complaints and concerns. Staff told us they would take all complaints to the registered manager. People told us they knew how to make a complaint if they needed to. Another said "I have complained to the manager about the standard of hygiene. Sometimes the commode pots are not properly cleaned and they've been left with dried urine stains in them. Since I complained it's been better."

One person told us, "I've never had to complain formally about anything but if something was wrong I'd speak to the deputy manager, she's very warm hearted and I think she would do her best to sort it out." Another person told us, "I've never had to complain in all my time."

The home had received a large amount of written compliments from people and their relatives. Some of these include, "Thank you so much for looking after [family member] over the last seven years," "I cannot thank you enough for all the care you gave to my [family member] for the years they lived at Birtley House" and "We just want to say thank you from the bottom of our hearts for the love and care you gave to [family member]."

End of life care was provided sensitively and in line with people's needs and preferences. People and their relatives were given support when making decisions about their preferences for end of life care. The home had been achieved the Platinum award from the Gold Standard Framework (GSF). The GSF provides training to all staff that provide end of life care. Care Plans included a section for end of life care where discussions had taken place with the person and their relatives. They also included the person's wishes in regard to their faith and if they wished to have a pastoral visit at end of life and if they would like to be cared for at Birtley House. Advance Planning and do not attempt resuscitation (DNAR) were in place. We noted that RNs had received training in regard to palliative care and when required the appropriate drugs were obtained. The home had their own Chaplain who would visit people and a trained counsellor who would provide support to people, relatives and staff.

Is the service well-led?

Our findings

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

At the time of our inspection there was not a registered manager in post. One of the directors told us that they had advertised and interviewed for the position recently but had not been able to appoint. Therefore the process is continuing. We will continue to monitor this as it is a requirement to have a registered manager.

Quality assurance systems were in place to monitor the quality of service delivered, however, they were not fully robust. We did evidence that health and safety audits were undertaken and identified issues had been addressed. For example, to record the water weekly flushing of little used outlets to minimise the risk of legionella. The provider had noted that there were no paper records of audits undertaken by the previous registered manager. One of the directors told us that regular verbal discussions took place with the previous registered manager in regard to monitoring the quality of service provided to people but these had not been recorded. The director had become aware that there could be some shortfalls with the lack of recorded audits and had employed an external source to undertake an audit prior to our visit. Whilst the directors were to develop an action plan to address the issues identified in the audit they had not yet been actioned. As stated in this report, some of the issues relate to the lack of supervisions. The provider forwarded to us records of audits that had been undertaken and these included infection control, health and safety, medicines, care plans and complaints. However, the audits undertaken on the care plans were not robust as they had not identified the concerns in regard to risks or person centred care we found during our inspection.

We recommend that the provider implements an action plan to address the shortfalls that were recently identified during their audits.

The directors told us that they had learned lessons recently about the lack of delegation of other duties to staff. They had become aware that they had given too much autonomy to one member of staff and as a result they had not been aware of the issues we had identified during this inspection. One of the directors told us their vision was to deliver high quality care and support, and promote a positive culture that is person-centred and achieves good outcomes for people. They were looking to employ a manager who could deliver this. They also told us that they were want to recruit a manager who could lead and develop the staff team so staff could grow and 'allow for failure' in a safe and structured setting.

People told us that they thought the home was well run. One person told us, "Yes I think it is well run. I think the matron leaving has been a bit of a nightmare for them and unsettling for everyone but the family that run the home are so strong and determined to select staff carefully. They will not have someone unless they feel they are right for the job. The best thing about the home is the caring attitude from all staff. I wouldn't

want to be anywhere else." Another person told us, "Yes I think it is very well run, kindness runs through the home. They have supported me so well throughout the years. I love the activities and the one to one visits. I can't think of anything they need to improve on." A third person told us, "yes it is well run. Everyone is very well looked after. The directors are in and out of the home and will always stop and talk to you."

People and those important to them had opportunities to feedback their views about the home. People told us that they had regular resident meetings where they could put make suggestions about the home. One person told us, "We have residents meetings and the management are there. I don't recall ever being given a feedback form to fill in but we get a chance to have our say in the residents meetings." Another person told us, "If you've anything on your mind they [staff and management] listen and do act on it. First class care in my opinion." Records of residents meetings were maintained at the home. Topics discussed included staffing at the home, activities, outings and food. In the minutes of the November 2017 meeting discussions took place about the food provided. People had been informed that discussions had taken place with an external company who would soon commence providing food. In the March 2018 minutes the company had commenced and there had been some concerns raised by people about the food. The provider reassured people that their views had been listened to and action had been taken. For example, the chef was present at the residents' meeting and reassured people that their concerns, in particular about suppers, would be attended to. It was also agreed that the menus would be signed off by the directors before they were implemented.

A survey to ascertain the views of people had been undertaken in November 2017. However, at the time of our inspection the directors had not been made aware that completed forms had been returned, they were discovered in the previous manager's office. The directors discovered these after our visit and undertook a summary of the findings. Feedback about the services provided at the home was mainly positive. Comments included, "Very high quality of staff and environment. Excellent care staff "and, "I am very relaxed and have access to everything I need. I would like to go outside more," and "Everyone is kind and helpful and one feels safe." An action plan had been developed to address any issues raised. For example, helping people to go out of the home more. On good weather days, staff were to ask all people if would like to go out into the large grounds of the home, to take activities and afternoon tea outside and investigate improved access for all to the large lake on the estate.

Staff had regular meetings where they were able to have discussion with senior staff about people, medicines, care plans and events at the home. For example, discussions had taken place about the need for care plans to be kept up to date by all nursing staff. The provider had an 'Improvement Project' plan 2018 and information about this was displayed on a staff notice board. This was in regard to feedback from staff. It included the redecoration of the annexe, hall and reception area. Improvements were to be made to paths and garden and grounds. A cold water dispenser was added in the annexe. Improvements were in plan for the Nursing and Administration offices and alternatives to nurses call bells and handsets were being explored.

The home worked with other related agencies to ensure that people received joined up care, treatment and support. Records maintained at the home showed that people had access to all healthcare professionals as and when required. There were also links with other organisations that would help staff and the provider such as the local care association and the local community. For example, the grounds of the home had been opened up to the Surrey Hills Sculpture Society. This featured sculptures and art and crafts on display at the home where by visitors and people could visit to admire. This provided people with the opportunity to socialise with other people outside of the home and where they could take part in the art workshops and have refreshments such as cream tea.

The provider was also involved in further developing the home through working with colleagues in both the private and public sector. They were working towards developing a 'Virtual Care Home'. The aim of this project was to help facilitate cost-effective integration of health and care for older people whilst ensuring that appropriate person centred care was maintained at all times. The key objectives of this was to help get people out of hospital sooner, to manage care to reduce unnecessary admissions to hospital and to prevent re-admission to hospital.

The provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. However, we noted that there had been incidents of unexplained bruising. Whilst no serious injury had been sustained, we reminded the provider should be reporting these to the local authority safeguarding team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that staff who obtain the consent of people who use the service are familiar with the principles of and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any of the people they are caring for. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment had not been provided in a safe way for service users. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that persons employed in the provision of a regulated activity had received supervisions and appraisal as is necessary to enable them to carry out the duties they are employed to perform. |