Willowbrook Healthcare Limited

Birchmere House

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

Birchmere House 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.

Birchmere House provides residential and nursing care to older people. The home has three floors accommodating up to 76 people in one adapted building. On the day of our visit 53 people lived at the home and two of these people were in hospital. The home is located in Solihull, West Midlands.

Recently, the service provision changed. The provider for the home is now two separate companies with joint responsibility for the home. The name of the service also changed from 'Birchmere', to 'Birchmere House'. The changes in registration delayed the publication of this report.

Our last inspection took place on 29 September and 17 October 2016. This inspection was a focussed responsive inspection where we looked at the key questions of 'safe' and 'well-led'. This was in response to information we had received in relation to people's safety and how risks were managed, particularly in the reminiscence area for people living with dementia. However, since that inspection the providers have closed the reminiscence area of the home and the maximum occupancy at the home has reduced from 131 to 76. Prior to this, our last comprehensive inspection where we looked at all five key questions of safe, effective, caring, responsive and well-led, was March 2016.

At the focussed inspection we found there was one continued breach of regulation 17 (Good governance) associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. The home was rated as 'Requires Improvement'. This was because further improvements were required to establish systems and processes and to complete accurate and up to date records of each person's care and treatment.

The provider sent us an action plan which stated all the required improvements would be completed by 20 May 2017. During this inspection we checked whether the improvements had been made and we found sufficient action had been taken in response to the breach in regulation.

There was a registered manager at the home. They had started work at the home in June 2017 and registered with us in December 2017. 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.

People felt safe living at Birchmere House and there were enough staff to support their care needs in a timely way. Procedures were in place to protect people from harm. The staff and the registered manager understood their responsibilities to keep people safe. Staff had received training in 'safeguarding adults' to

protect people from harm and described to us the signs which might indicate someone was at risk.

Processes were in place to keep people safe in the event of an emergency. People had personal fire evacuation plans and staff understood the actions they needed to take in the event of an emergency. Accidents and incidents that happened in the home were monitored and action was taken to reduce the risk of reoccurrence. Checks took place to ensure the environment and equipment was safe to use.

The provider's recruitment procedures minimised risks to people's safety. Recruiting new staff had been one of the provider's priorities over the previous six months to ensure people received consistent care from familiar staff. New staff received effective support and training when they started working at the home. Staff had completed the training they needed to be effective in their roles.

Risk assessments identified potential risks to people's health and wellbeing. Staff had a good knowledge of the risks associated with people's care and how these were to be managed.

People received their medicines as prescribed. People confirmed they received effective care, support and treatment from health professionals to maintain their health.

People's needs were met by the design of the building. The home was warm, clean and well maintained. Staff understood their responsibilities in relation to infection control which protected people from the risks of infection.

The providers were working within the requirements of the Mental Capacity Act (2005). The registered manager and staff demonstrated they understood the principles of the Act. Staff had received MCA training and sought people's consent before providing assistance.

People spoke positively about the food provided at the home and had opportunities to be involved in creating menus. Staff, including the chef, demonstrated good knowledge of people's individual dietary needs.

The atmosphere at Birchmere House was warm and friendly. People told us the staff were caring and showed them kindness.

People were supported to maintain relationships with those closest to them. Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. People received care that was responsive to their needs and personalised to their preferences. Each person had their needs assessed before they moved into the home and people planned and reviewed their care in partnership with the staff.

People's care plans included their life history and information about their preferred routines, lifestyle choices and achievements. This supported staff to provide person centred care. Care plans detailed people's future wishes for end of life care. When needed staff worked in partnership with other healthcare professionals to ensure people had a comfortable and pain free death.

People maintained positive links with their community. A variety of activities took place at the home and people had opportunities to take part in activities which supported them to pursue their hobbies and interests.

People knew how to make a complaint and felt comfortable doing so. The registered manager told us they

used complaints as an opportunity to drive continuous improvement in the home.

People spoke positively about the home and the registered manager. Staff told us Birchmere House was a nice place to work. The registered manager and the providers were committed to recognising the contribution individual staff members made to benefit people. Staff had regular opportunities to attended meetings with the management team and they received regular supervision and an annual appraisal of their work performance.

The registered manager promoted an open and transparent culture. Staff told us communication in the home was good and recent positive changes had been made to drive improvements. Staff attended daily meetings to share information about people. This meant staff had the information they needed to provide the care and support people required.

The registered manager felt supported by the provider. They used different methods to ensure they kept their knowledge of legislation and best practice up to date. The provider supported the registered manager to further develop their skills to support the values of the organisation.

Effective systems were in place to monitor and review the quality of the home. People and their families had opportunities to put forward their ideas and suggestions to improve the service they received. The feedback received was analysed and used to drive forward improvements.

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.

People felt safe. Risks associated with peoples care and support were identified and staff knew how to manage risks safely. There were enough staff to meet people's needs in a timely way. Staff recruitment processes reduced the risks of employing unsuitable staff. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines as prescribed. People were protected from the risk of infection and the home was clean. There were processes to keep people safe in the event of an emergency. A system was in place to monitor accidents and incidents that happened in the home.

Is the service effective?

Good

The service was Effective.

New staff received effective support when they started working at the home. People were supported by staff who were trained to effectively meet their needs. The providers worked within the principles of the MCA. Staff sought people's consent before providing assistance. People spoke positively about the food provided at the home and staff demonstrated good knowledge of people's individual dietary needs. People received effective support and treatment from health professionals to maintain their health.

Is the service caring?

Good

The service was Caring.

Staff were kind and caring. People planned and reviewed their care in partnership with the staff to ensure they were supported in line with their wishes. People were treated as individuals and staff understood people's preferences. Staff showed respect for people's privacy, and supported people to be as independent. People were supported to maintain relationships with those closest to them.

Is the service responsive?

Good

The service was Responsive.

People received personalised care from familiar staff. Staff knew people well and care plans provided personalised information about people's preferred routines likes and dislikes. People's wishes for the end of their lives were documented. People were supported to maintain their hobbies and interests. People knew how to raise a complaint and felt comfortable doing so.

Is the service well-led?

Good

The service was Well-Led.

People spoke positively about the home and the registered manager. Staff felt supported by their managers. People had opportunities to put forward their ideas and suggestions to improve the service they received. Effective systems were in place to monitor and review the quality of the home.

Birchmere House

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 comprehensive inspection took place on 16 January 2018 and was unannounced. The inspection team consisted of two inspectors, a nurse specialist advisor and an expert- by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

The providers had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service at least once annually to give us some key information on what the service does well and improvements they plan to make. We considered this information when making our judgement.

Prior to our inspection visit we reviewed the information we held about the service which included information we had received from people, relatives, the local authority commissioners and the statutory notifications that had been sent to us. A statutory notification is information about important events, which the providers are required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The commissioners did not share any information of which we were not aware.

During our inspection visit we spoke with eight people and two visiting relatives about what it was like to live at the home. We spoke with 14 staff members which included, care assistants, nurses, the activities coordinator, the chef and a volunteer about what it was like to work at the home. We also spoke with the registered manager, a support manager and the area manager. We spent time observing how people's care and support was delivered in communal areas and observed the dining experience at lunchtime.

We looked at the records of eight people to see how their care and treatment was planned and delivered. We reviewed two staff files to check staff were recruited safely and were trained to deliver the care and

support people required. We also looked at records of the checks the providers and management team made to assure themselves people received a good quality service.

Good

Is the service safe?

Our findings

At our last focussed inspection in September and October 2016 we rated the key question of 'safe' as 'requires improvement.' This was in response to information we had received in relation to people's safety and how risks were managed, particularly in the reminiscence area for people living with dementia. This was because we found staff were not always available at the times that people needed them and people's risk assessments had not been reviewed and updated to reflect known risks which meant some people may not be supported safely.

Prior to this visit we received information which alleged people were not safe because there were not enough staff to provide their care in a timely way. During our visit we checked there were enough staff to meet people's needs. All people we spoke with during our visit told us there were enough staff on duty to meet their needs and keep them safe. One person told us, "I never have to wait for staff to help me. If I press my call bell they (staff) always come to my room." Staff confirmed there were enough of them to meet people's needs safely. On the day of our visit 12 staff members of care staff which included care workers, senior care workers and a registered nurse were on duty. The registered manager was confident this was enough. They informed us that recruiting new staff had been one of the provider's priorities over the previous six months. New staff members had been successfully recruited and the use of agency staff had been significantly reduced which meant people received consistent care from familiar staff.

The provider's recruitment policy and procedures minimised risks to people's safety. The providers ensured, as far as possible, only staff and volunteers of suitable character were employed. Prior to staff starting work at the home, the providers checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. One staff member said, "I was told at interview that if I was successful I would have to wait for all my checks before I could start."

People told us they felt safe living at Birchmere House. One person said, "Yes, I feel safe, the doors are secure, and the fire alarm doors will close if there is a fire." Relatives we spoke with shared this view point. One said, "It's very safe, there is nothing that I can think of that would improve the level of safety."

Procedures were in place to safeguard and protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home to inform people how to report concerns if they felt unsafe. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated.

Staff had received training in 'safeguarding adults' to protect people and described to us the signs which might indicate someone was at risk. For example one staff member told us, "Abuse has lots of different forms. Taking their [people's] money or hitting them. Someone may have a bruise. These could be signs." Staff understood their responsibilities to report any witnessed abusive behaviour or allegations of abuse to their manager. One staff member told us, "If we see something or are worried about something we would

take it straight to the manager." They added, "I am absolutely confident [registered manager] would take action." Another staff member told us the provider's had a confidential 'whistle blowing' telephone line. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service. The staff member added, "The number is displayed in the staff room. I wouldn't hesitate to contact the regional manager or CQC if I needed too."

At our focussed inspection we found improvements were required with the management of risks. At this inspection visit we found improvements had been made. The provider used a variety of risk assessment tools to identify any potential risks to people's health and wellbeing which helped to keep people and staff safe when delivering care. Where risks had been identified, risk management plans had been completed and regularly reviewed to support staff to minimise and manage the risk. This assured us improvements had been made in this area since our last focussed inspection. For example, one person needed staff to assist them use a piece of specialist equipment to move safely around their home. Their plan detailed the number of staff needed, the type of equipment required and the checks that staff needed to complete to ensure the equipment was in good working order. We saw staff followed these instructions during our visit.

Other people were at risk of developing sore skin. We saw plans were in place to manage these risks. For example, staff repositioned one person every few hours to relieve the pressure on the skin they were sitting or lying on. Some people had pressure relieving cushions and mattresses, and records showed the mattresses were checked daily to ensure they were working correctly.

Staff had a good knowledge of the risks associated with people's care and how these were to be managed. One told us, "We always read the plans so we know if there are any risks and what we need to do to keep the resident [person] safe." They added, "If there are any changes we get an update during handover." Records confirmed risk management plans were regularly reviewed and updated if a person's needs changed.

There were processes to keep people safe in the event of an emergency such as a fire or flood. The providers fire evacuation procedure was on display throughout the home and directional signage guided people, visitors and staff to the nearest fire exit in a format they could understand for example, braille. Braille is a form of written language for visually impaired people, in which characters are represented by patterns of raised dots that are felt with the fingertips.

People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support they would require to evacuate the building safely. Staff demonstrated a good understanding of their responsibilities and the actions they needed to take in the event of a fire or other emergency. One told us, "We respond immediately by going to the fire panel and take instructions from the fire marshal." Records showed us regular checks of the fire alarm panel and fire drills took place.

The providers had taken proactive action to ensure lessons had been learnt when incidents had occurred at the home. For example, in August 2017 a small fire had occurred. No one had been injured and the registered manager told us that staff had followed the correct procedure to ensure people were kept safe. Despite this, all staff received further fire safety refresher training and further daily checks had been implemented to make sure items such as electrical fans were switched off when they were not being used.

A system to monitor accidents and incidents that happened in the home including the falls people experienced was in place. Record showed people's falls were analysed monthly by the registered manager. In November 2017 records showed 14 falls had occurred and half of these had happened during the night time. Prompt action had been taken to reduce further falls occurring. For example, some people had been reminded of the importance of using their call bell if they required assistance from staff. Where a person was

unable to use a call bell for assistance, sensor mats had been laid down next to the person's bed to reduce the risk of the leaving their bed without staff knowledge. This meant staff could provide prompt assistance and reduce the risk of the person falling. This information was shared with the provider so they had an overview of the incidents that had occurred and the action taken to reduce the likelihood of reoccurrence.

Checks took place to ensure the environment and the equipment in use was safe for people and staff to use. A maintenance team worked at the home and they undertook any general repairs that were required. Equipment such as bath hoists were visually checked each day by the staff who used them, and had been serviced by external contractors in the six months prior to our visit. Audits and checks of the environment were completed as part of the provider's on-going quality assurance processes.

People spoke positively about the way their medicines were administered. Both nurses and care workers who had been trained to administer medicines did so. One person told us, "I am given my medication regularly and they (staff) never forget." People received their medicines as prescribed. For example, one person had a health condition which meant they needed to take their medicine at the same time each day to control their symptoms. The person's MAR (medication administration record) showed us this medicine had been administered correctly. Medicines that required extra checks because of their potential for abuse were managed in accordance with legislation. Some medicines required refrigeration to ensure they remained effective. We found the refrigerator temperature was within the recommend range for safe storage during our visit.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols (medicine plans) for the administration of these medicines were in place to make sure they were administered safely and consistently. This was important because some people were unable to verbally inform staff of their pain. For those people a recognised pain assessment tool was used. This supported staff to identify and understand the severity of people's pain and administer pain relief when it was required. A series of medicine checks took place so if any errors were identified prompt action could be taken.

The home was warm, clean and well maintained. One person commented, "It is always clean and tidy here." Staff had received training which supported them to understand their responsibilities in relation to infection control which protected people from the risks of infection. One staff member told us, "It's very important to wear gloves and aprons, to wash your hands and dispose of your gloves and aprons in the right bags." [clinical waste bags]. We saw staff members wore the correct personal protective equipment, such as disposable gloves and aprons when preparing and serving food or supporting people with personal care. Paper towels and hand wash solution were available for people to use in communal bathrooms and toilets. Paper towels were used because they reduced the risk of cross infection.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in March 2016 we rated the key question of 'effective' as 'requires' improvement.' This was because staff felt the training they received could be improved. Staff had not received regular support from their managers. Also, some staff were not aware that some people required specialist diets which placed some people at risk. During our visit we checked and found improvements had been made and sustained. People we spoke with told us their needs were met at Birchmere House. This was because they were supported by competent and trained staff who provided the care and support they needed. One person told us, "I do my own personal care, but if I ask for help I get it." Another said, "The staff seem well trained to me. They know what they are doing."

New staff received support and the training they needed to be effective in their roles when they started work at the home. This support included working alongside a more experienced staff member. One staff member described their induction to the home as 'excellent'. The registered manager also spoke positively about their induction. They told us, "I had a month long induction which prepared me for my role and supported me to understand what was expected of me."

New staff also completed the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. This demonstrated the providers were acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Through our discussion with staff and our observations during our visit we found staff were skilled and confident in their practice. Staff told us the training they completed had improved since our last comprehensive inspection, and gave them the knowledge they needed. One staff member old us, "Since the changes [change in providers] we have more face to face training which is really good." They explained this was because face to face training gave them the opportunity to 'ask questions' which they could not do when they had previously completed computer based training. They described how they put their training into practice. They said, "I use what I learnt every day. I know which sling to use and how to use it safely." (Slings are pieces of equipment used by staff to move people safely).Staff told us they had opportunities and were encouraged to work towards nationally recognised qualifications in health and social care.

Staff told us they felt supported by their managers because they received regular supervision and an annual appraisal of their work performance. Supervision is an opportunity for staff to discuss their roles with their manager and to identify any training needs. One staff member described their supervision meetings as a 'positive experience'.

Everyone we spoke with gave us positive feedback about the food provided at the home. A range of hot and cold drinks and snacks were readily available to people throughout the day. At lunchtime we saw people were served their meals by 'hostess staff' which meant care staff had time to support people who required assistance to eat their meals. Care staff demonstrated good knowledge of people's dietary requirements. For example, we saw a staff member added the correct amount of thickener to one person's drink which

reduced the risk of them choking. (Thickeners are prescribed for people who cannot swallow normal fluids safely).

Some people were at risk of losing weight. The amount of food they ate was monitored because they needed extra support and encouragement to maintain their health. During our visit we saw those people were offered foods fortified with additional milk, cream, butter and cheese to increase their calorie intake.

At our last comprehensive inspection some staff were not aware that some people required special diets which placed some people at risk. During this visit staff members including the chef demonstrated good knowledge of people's individual dietary needs which assured us improvement had been made. For example, they knew who had diabetes, who were intolerant to certain foods and who required a special diet such as, gluten free. The chef held a range of relevant catering qualifications and told us they had had recently attended 'Modified texture training.' As a result of this training they planned to implement the use of food moulds. This meant that pureed foods, which were currently served separately to distinguish colours and flavours, would be more identifiable because they would be moulded to look like the item. For example, a portion of carrots would be moulded to look like a carrot.

People had the opportunity to be involved in creating food menus. We saw the chef spent time talking to people to discuss their likes and dislikes. The chef told us they used this feedback to devise future menus. A comments book was also located in the dining room for people to share their comments on the food provided. We found the book contained several recent positive comments. For example, one person had written, 'Mushroom stroganoff with rice was very tasty.' Another wrote, 'Sea bass fillet with vegetables. Excellent thank you.' This further assured us people enjoyed the food.

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 an assessment shows a person lacks 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 are called the Deprivation of Liberty Safeguards (DoLS).

The providers were working within the principles of the MCA. People had been assessed to determine whether they had capacity to make their own decisions. Where people had been identified as not having capacity to make specific decisions about their care, appropriate discussions had taken place with those who knew the person well, to make decisions in their best interests. The outcomes of these discussions were clearly recorded.

People's needs were met by the design of the building. There were a variety of communal rooms including a bistro and a hairdressing salon. There was a passenger lift which people used to gain access the different floors of the home. People's en-suite bathrooms had wide doors which meant people who used wheelchairs and mobility aides could gain easy access. One person told us, "The wide doors are really good; I can get in and out without waiting for staff to help me." The decoration of the home was under constant review to ensure it remained a nice environment for people to live in. For example, we saw the carpets on the first floor of the home had recently been replaced because they were looking 'tired'.

People confirmed they received effective care, support and treatment from health professionals to maintain their health. One person told us, "We do see the doctor, chiropodist, optician and the dentist." Another said, "I have bandages and on my heel and it is changed twice weekly without fail by the district nurse." A local GP

visited the home twice a week to deal with people's routine medical needs. A nurse explained the links the service had with the locals GP's were invaluable in helping to provide good, holistic care to people.

Staff had received MCA training and our discussions with them demonstrated they understood the principles of the Act. One staff member told us, "You have to assume everyone has capacity to make decision unless proven otherwise. Even if they don't have capacity to make every decision you have to check each time." Throughout our visit staff sought consent from people before providing them with assistance. For example, one staff member asked a person if they would like assistance to move to the dining room at lunch time. The person declined and asked the staff member to come back in ten minutes. The staff member responded, "Not a problem. See you in ten." We saw the staff member then returned ten minutes later to provide assistance.

Good

Is the service caring?

Our findings

At our last comprehensive inspection in March 2016 we rated the key question of 'caring' as 'requires improvement.' This was because some staff told us they could not always give people the care they would like because there were not enough staff. We also found people did not always have care provided to them in a personalised way that met their wishes. For example, some people told us they preferred female care staff and they did not always get this. And we saw on one occasion a staff member cut a person's toe nails in a communal area which meant the person's dignity was not maintained. During our visit we saw improvements had been made and sustained.

The atmosphere at Birchmere House was warm and friendly. People told us the staff were always caring and showed them kindness. One person said, "The staff are lovely, very patient people." A relative told us the staff were always helpful and polite and this made them feel their relation was cared for well.

During this visit staff told us people received high quality care because the use of agency staff had decreased and changes had been made to the way staff were deployed at the home. This had resulted in staff having more time to spend with people. All the staff we spoke with told us they enjoyed working at the home. One said, "We make sure people feel loved, especially those who don't have any family. We become their extended family." Another said, "It's a good place to live and work. There is lots of laughter."

We saw and people told us they were always treated with dignity and respect. One person told us they had been asked if they preferred to be assisted by male or female staff. They explained they had no preference but it was good that this been considered as some people could become upset if they were supported by a staff member of the opposite sex. Staff described how they respected and promoted people's privacy and dignity. One staff member said, "It can be embarrassing for some people when we help them with personal care so I am sensitive to how people are feeling. I make sure people's private parts are covered and doors are closed." To help ensure privacy was maintained, people's care plans were kept securely and were only available to those who needed to access them.

People were supported to maintain relationships with those closest to them. There were no restrictions on visiting times and a relative told us they were always greeted with a 'friendly smile' from reception staff whenever they arrived. A bistro was located on the ground floor of the home and we saw people and their visitors chose to spend time together in this area. There was also a 'family room' people could use if they wished for their visit to be undisturbed. People had telephones in their bedrooms which meant they were able to make or receive telephone calls if they wished to do so. Wi-Fi was available throughout the home and people also had the opportunity to use Skype to keep in touch with people. (Skype is a computer programme which enables people to hold conversations over the internet).

Some friendships had developed between people who lived at the home. One person explained they used the bistro area each day to meet people to 'have a natter,' play dominoes and read daily newspapers. Another person said, "The bistro is the hub of the home, it's a good place for us all to meet for a coffee."

People told us they planned and reviewed their care in partnership with the staff. One day a month, each person who lived at the home was a 'resident of the day'. On this day the individual person's care and support was reviewed. This review included staff from different departments of the home speaking with the person, and asking for their views on different aspects of their care. For example, the house keepers asked people if they were happy with the level of cleanliness of their bedrooms.

The registered manager understood the importance of promoting equality and human rights as part of a caring approach and they told us, "Everyone was welcome at the home." People told us staff promoted equality and diversity and respected who they were. One person told us they chose to spend a lot of their time in their bedroom because they enjoyed their own company. They explained that staff respected their decision and they recognised this is how they chose to live their life. The providers had policies and procedures in place to ensure people were treated fairly and staff had received equality and diversity training. The area manager spoke passionately regarding the importance of people being treated as individuals. They said, "We tailor care and support for everyone differently. No one is the same. We pride ourselves on that."

Promoting people's well-being was one of the provider's main aims for the service. The registered manager told us they were committed to ensuring this was achieved and informed us a new well-being programme was being implemented at the home. This new initiative included a 'self-assessment' tool for people to complete to evaluate their well-being from their perspective. The aim of this was to support people to improve their quality of life and achieve things that were important to them.

Memory boxes were located on the wall outside of people's rooms. They contained photographs of people's achievements and things that they enjoyed. For example, one person enjoyed dancing and a picture of a dancing ballerina was placed in the box. The memory boxes served two purposes. They helped people to locate their bedrooms, and gave staff visual reminders of what people enjoyed which supported them to 'spark' up conversations with them. A staff member commented, "The boxes are great. When I started here they really helped me to get to know people."

People told us the staff supported them to be as independent as they wished to be. One person explained that sometimes they needed a bit of help from staff to put on their socks and shoes but staff only helped them if they requested assistance. Staff understood the importance of encouraging people to be as independent as possible. One told us, "Even if it is a little thing if they [People] manage to do it on their own it makes them feel better."

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in March 2016 we rated the key question of 'responsive' as 'requires improvement.' This was because people told us they wanted to be supported by staff who they were familiar with but this did not always happen.

During our visit we found improvements had been made. This was because people confirmed they received care and support that was responsive to their needs and personalised to their preferences. Staff demonstrated they knew people well. They told us this was because they read people's care plans and spent time speaking with people and their relatives and this had helped them to learn about what people needed and wanted.

We saw one person became anxious during our visit and a staff member quickly noticed this. The staff member stroked the person's face, held their hand and gave them a hug which the person responded well to. Staff we spoke with told us they knew to use distraction techniques which provided comfort and reassurance to people in different ways. For example, one person sometimes felt claustrophobic in enclosed areas so staff members supported the person to go into the garden area at this time which reduced their level of anxiety.

Each person had their needs assessed before they moved into the home. This was to make sure the home could meet their needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. People's communication needs were assessed and guidance for staff was in place to inform them how to support people to achieve their desired outcomes. For example, one person's care plan detailed 'family' was important to them and they enjoyed speaking with their relative on the telephone. The plan informed staff to dial the telephone number and put the telephone on to loud speaker because the person was unable to hold the telephone handset.

People's care plans included a brief life history and information about their preferred routines, lifestyle choices and achievements. This supported staff to provide person centred care. For example, one person liked to take a 'nap' in the afternoon. We saw a 'do not disturb sign' was displayed on the person's bedroom door to ensure their preference was known and respected by others. Another person had a sensory impairment. Their care plan accounted for their impairment ensuring that staff knew how best to support them.

At the time of our visit the home did not support anyone who was moving towards the end of life. Care plans we reviewed detailed people's future wishes for end of life care, in the event they became unable to express themselves or state their preferences. The regional manager said, "Supporting staff to gain the skills they need to provide compassionate end of life care is very important to us." Some staff had completed the 'Six

Steps to Success: improving end of life care in care homes'. This training provided by the local CCG (Clinical Commissioning Group) supported staff to develop their skills to provide high quality end of life care to people who lived in the home.

When needed, staff worked in partnership with other healthcare professionals such as a community end of life practice development nurse to ensure people had a comfortable and pain free death. The home was also working towards achieving the Gold Standards Framework (GSF) accreditation in end of life care. The GSF is a national program of care that enables staff to provide a gold standard of care for people nearing the end of life.

People told us they had opportunities to take part in a variety of social activities which supported them to pursue their hobbies and interests. The activities co-ordinator told us they regularly met with people to discuss social activities. They used people's feedback from the discussions to amend and update the activity programme to ensure it continually reflected people's preferences.

The 'wellbeing and activity programme' was displayed around the home so people could decide which activities and events they wanted to be involved in. Planned activities included daily outings to places of interest, individual art classes, flute recitals, Indian exercise classes, IT tutorials and an African drum workshop. We were made aware that one person had recently commented the colours on the 'activity programme' made it difficult for them to read. In response to this a black and white larger font version of the programme had been produced. The person told us they had found this 'most helpful'.

A variety of activities took place on the day of our visit which included an exercise class, and manicures. We saw staff used this time to engage with people and hold meaningful conversations with them. The home had its own minibus, which meant people could access their local community on a daily basis. People told us they had recently enjoyed shopping trips, trips to local pubs and garden centres.

People's individual religious and spiritual needs were recognised. One person's religion was very important to them and they told us they had been offered support to attend their place of worship to practice their religion. However, they had decided to attend a weekly religious service that took place at the home which they told us they always looked forward to.

Staff told us communication in the home was good and recent changes had been made to make improvements. For example, the nurse on duty carried a mobile phone to ensure they were contactable at all times. A new telephone system had also been implemented because the previous system was not working as well as it should have been. People told us the new system was 'much better.

During our visit we attended two meetings where staff shared and discussed information which included changes in people's health or wellbeing. This was important because it meant the staff had the information they needed to provide peoples care and support. The registered manager was in attendance at both meetings. They told us they attended the meetings to ensure they had up to date knowledge of the people who lived in the home. However, we were aware that one person was at risk of choking and this information was not passed onto the nurse who was responsible for the persons care when they came on duty. We discussed this with the registered manager who took immediate action to resolve this issue.

People felt assured that complaints would be taken seriously and acted upon. People knew how to make a complaint and felt comfortable doing so. A copy of the providers complaints procedure was on display within the foyer of the home. It included information about how to make a complaint and what people could expect if they raised a concern. Records showed seven complaints had been received in the last six

months. All had been resolved to the complainant's satisfaction. The registered manager told us they used complaints as an opportunity to drive continuous improvement in the home.

Good

Is the service well-led?

Our findings

During our previous focussed inspection in September and October 2016 we rated well-led as 'require improvement'. This was because systems and processes were not always effective and records of each person's care and treatment were not always accurate and up to date. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since that inspection the registered manager and provider arrangement had changed. The providers action plan informed us that a new system had been implemented to ensure processes were followed in-line with the provider's procedures. Each person's risk assessment and care plan had been reviewed an updated where necessary to ensure the information was correct. During this inspection we checked and found the required improvements had been made and this meant they were no longer in breach of the regulation.

The registered manager had worked at the home since June 2017 and registered with us December 2017. They were a registered nurse and had many years of experience working in health and social care. They told us they were dedicated and committed to providing excellent care to people. They were supported by a regional support manager, a deputy manager, nurses and senior care workers. The registered manager met with the provider's area manager each month to reflect on their leadership style and to gain assurance the home was being run in line with the providers values for the service.

The registered manager felt supported by the providers. This was because they had had a thorough induction when they had started working at the home and they received on-going the support and training they needed to be effective in their role. The provider demonstrated its commitment to supporting the registered manager to further develop their skills to support the values of the organisation. For example, the registered manager had attended a motivational leadership conference in December 2017. The purpose of this was to support the registered manager to continually promote a positive organisational culture.

The registered manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they had recently attended training on the changes that had been made to the CQC's Key lines of enquiry in November 2017. They also attended regional leadership meetings within the organisation.

People spoke positively about the home and the registered manager. One person told us, "I am happy with the home, I know who the manager is, and she is approachable." A relative said, "As a family, we are happy with everything. It was mum and dad's choice to come here." Managers completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff provided care and support to people and gave them the opportunity to speak with people, visitors and staff.

Staff told us they were happy working at Birchmere House. One said, "Team work is good. We all work together and support each other." Another told us, "From the day I started I have found the whole team very supportive. I couldn't have asked for more."

The registered manager told us one of their main priorities over the previous six months had been to promote an open and transparent culture and to improve staff morale as some staff had been unsettled when the provider had changed. They explained they had achieved this by slowly introduced new ways of working such as, adjusting the staff rota so staff did not feel overwhelmed by this. They commented, "Slowly things have got better, in December things clicked into place and staff tell me things are better now." Staff members we spoke with confirmed the changes made had been managed well. One commented, "No one likes change but actually credit where credit is due it is better here now."

The registered manager and the provider were committed to recognising and celebrating the contribution individual staff members made which benefited people. To demonstrate this, an 'Employee of the month' scheme had recently been implemented. Nomination boxes were available for people, staff and visitors to nominate staff who they thought should win the award. Whilst this scheme was in its infancy the aim was to 'make staff feel good' and to thank them for their hard work.

Staff told us they had regular opportunities to attended meetings with the management team. They told us these meeting were a positive experience because they felt able to discuss their concerns or ideas for improvements. One staff member said, "When you can speak openly and are listened too you feel valued. Moral within the team has improved." Another staff member said, "…and it's really nice to get a thank you for your hard work."

Staff told us the registered manager was approachable and supportive. Comments included, "They (registered manager) have an open door policy. If they can't help you there and then they always come back to you." "The manager never speaks down to us. I think that is really important." And, "The manager is all ears they really do listen. You can just go in [registered manager's office] and talk or even cry. She is very supportive."

The providers operated an 'on call system' so staff had access to a member of the management team outside normal office hours. An agency nurse told us, "I have all the contact numbers I need. So if I do have a problem I know I will be able to get support."

People had opportunities to put forward their ideas and suggestions to improve the service they received. Records showed in September 2017, 18 people had attended a residents meeting and different areas of the home including the decoration had been discussed. People's suggestions were listened to because they had requested new table cloths and we saw these had been purchased. During the meeting people were also informed of the provider's future plans for the service. These plans included continually recruiting new staff to reduce the reliance on agency workers.

Meetings for people's families were also held. The registered manager told us they had worked hard to build relationships with people's family members to increase their confidence in the service and the management team as changes had taken place. They told us they had felt 'overwhelmed' during a recent meeting when one relative had shaken their hand and thanked them for keeping them up to date with changes.

A residents' committee was also in place and this further demonstrated people were involved in running the home. For example, the committee had shared with the registered manager that some people had been unhappy that the postal collection service from the home had recently ceased by the provider. This was despite alternative arrangements being made for people's mail to be taken to the post office. The registered manager was supporting the committee to engage with providers to get the postal service reinstated.

Quality questionnaires were also sent out to gather people's views on the service. In October 2017

questionnaires had been sent to 39 people and 17 had been returned. Analysis of the feedback showed us overall people were happy with the service they received.

Effective systems were in place to monitor and review the quality of the home. Audits such as, care plan reviews and safe handling of medicines took place. These audits were carried out to ensure if any areas of improvement were identified so they could be addressed quickly. There was a strong emphasis on continually looking for ways to improve the service people received, and also looking at learning if care fell below the standards the providers expected. The provider's area manager also visited the home once a month and as part of their visits they assessed the quality of care people received. All of this information was shared with the senior leadership team to demonstrate the service was working in line with the vision and values of the service.

People maintained positive links with their community. For example, people used the home's minibus daily to access their local area. Members of the public were invited to events such as coffee mornings held at the home. A local choir visited the home to entertain people and a member of the public also visited and played the piano which people told us they enjoyed. The home used social media and had a dedicated 'page' which was a way of communicating with people, their relatives, staff and the local community.

The registered manager knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. The provider has a legal duty to display their last inspection rating. We checked and found during our visit our visit the rating for the service was on display.