BEN - Motor and Allied Trades Benevolent Fund

Birch Hill Care Centre

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on 8 and 22 August 2018. The inspection was unannounced and carried out by one adult social care inspector.

We last visited the service in December 2015 where we rated the service as good. At this inspection we found the provider continued to meet all of the regulations we inspected against and had introduced a number of changes and improvements. We have rated the effective and well led key questions as outstanding so the overall rating for the service is outstanding.

Birch Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. Birch Hill accommodates up to 24 people, most of whom are living with dementia. There were 23 people living in the home at the time of the inspection.

There was an experienced registered manager in place. 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 service was extremely effective. Bespoke and innovative training was provided to staff to help them to understand the experiences of people living with dementia. Relatives were also supported to gain a greater understanding of how people might be affected by their dementia related condition. They learned about the person centred model staff followed to minimise behavioural disturbance and distress and maximise potential, quality of life and wellbeing.

Changes in practice and the environment showed staff had taken training and advice regarding dementia care best practice on board. Steps had been taken to minimise noise and improve lighting and there was great attention to detail in order to maximise the comfort of people living in the home.

Staff received regular supervision and appraisals and were well supported to carry out their roles effectively.

The nutritional needs of people were extremely well supported through personalised ordering of meals and flexibility in the provision of food and drinks. Snack shacks and hydration stations ensured people had access to food and drinks throughout the day, and food was available at all times of the day and night.

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

In addition to routine audits and quality assurance systems, the registered manager and deputy

continuously looked at ways to develop the service and enhance the experience of people living in Birch Hill. The outcome of this was an extremely well-led service. They accessed various forums and networks to help them find new ways of working with the aim of improving care. There were numerous examples of new ideas being put into practice seen during our inspection. Staff felt extremely well supported and morale was good in the home. There was an ever present shared sense of purpose with all staff demonstrating that the needs and wishes of people living in Birch Hill were paramount.

People told us they felt safe at Birch Hill and systems were in place to monitor the safety of the premises and equipment. Medicines continued to be managed safely and there were suitable numbers of staff on duty.

Staff were caring and courteous. We observed numerous examples of compassionate care during the inspection and observed the privacy and dignity of people was maintained.

A range of activities were available and people were involved and included in decisions about the home wherever possible. The individual needs and preferences were taken into account when planning activities including the provision of early bird activities for early risers and evening activities for "night owls." Staffing was planned around the needs of people using the service to ensure they could be supported at times convenient to them. Person centred care plans were in place which were up to date and regularly reviewed. A complaints procedure was also in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe procedures were in place for the ordering, receipt, storage and administration of medicines.

Risks to people were assessed and plans were in place to mitigate these, Risks relating to the premises and equipment were also assessed and regular checks were carried out to keep people safe.

A safeguarding procedure was in place. Staff had received training in safeguarding of vulnerable adults and were aware of the action to take in the event of concerns.

There were suitable numbers of staff on duty and safe recruitment practices were followed to keep people safe.

Is the service effective?

Outstanding

The service was extremely effective.

People were cared for by highly skilled staff who knew them exceptionally well.

Training was provided which was innovative and imaginative and supported staff to meet the needs of people in a very person centred way.

Nutritional needs were extremely well met. Mealtimes and food choices were highly personalised and flexible to meet the individual needs and preferences of people.

The environment was in the process of refurbishment. Decoration to date took evidence based best practice into account when designing environments to support the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

We observed numerous very kind and caring interactions between people and staff. Staff treated people as equals and there were a number of comments about the warm and friendly atmosphere in the home.

The privacy and dignity of people was maintained and staff received training in equality and diversity and provided highly individualised care.

People were supported to remain as independent as they could for as long as possible.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place which were up to date and kept under review.

A variety of activities were available to people. Staff knew people's individual needs and preferences well and tailored activities to meet these.

A complaints procedure was in place. The registered manager used feedback to learn and make improvements to the service.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

People, staff and relatives spoke highly of the registered manager and senior staff in the home. The registered manager was a passionate advocate for people and the improvements made in the home were due to their vision and commitment to continuous improvement.

The registered manager was inclusive in their management style. They had built strong relationships with relatives and visiting professionals and worked hard to develop a shared vision of person centred care.

The registered manager put people at the heart of all decisions made in the home and this ethos permeated throughout the staff team. Morale was good in the home and staff were proud to work in the service.

Birch Hill Care Centre

Detailed findings

Background to this inspection

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

The inspection took place on 8 and 22 August 2018. The inspection was carried out by one adult social care inspector. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of the inspection was announced.

Prior to the inspection we reviewed information we held about the service including statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to inform us of.

We contacted Northumberland and Scottish Borders safeguarding and commissioning teams. We used the information they provided when planning this inspection.

The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

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

We spoke with the registered manager, deputy manager, house leader, four care staff, three relatives, and 10 people. Following the inspection we received feedback from a GP, a social worker, reviewing officer and a further three relatives.

We looked at three staff recruitment files, four care plans and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

Safe procedures continued to be in place for the management of medicines. We checked procedures relating to the ordering, receipt, storage and administration of medicines and found these were satisfactory. We carried out a check of controlled drugs (CDs) and found the correct quantities were in stock. CDs are medicines which are liable to misuse and therefore subject to more stringent controls.

Clear instructions were provided for medicines to be given to people as and when required. The circumstances under which these medicines should be offered were personalised. One person was to be offered pain relief for leg pain if they appeared to be rubbing their legs, or for back pain if they were adjusting their seating position. Clear instructions are particularly important where people may be unable to tell staff they are in discomfort.

Risks to individual people were assessed including their risk of pressure ulcers. A pressure ulcer 'safety cross' was in use as a visual aid and prompt to record any pressure ulcers identified. Preventative care plans were in place and we observed that the safety crosses did not contain any details of pressure ulcers during our visit. Risks such as falls and potential hazards in the environment such as access to the stair lift were also assessed and plans in place to reduce the risks associated with these.

A record of accidents and incidents continued to be maintained and these were analysed by the registered manager to check for any patterns or trends.

Fire safety procedures were in place and an additional fire safety assessment had been commissioned by the provider following a highly publicised fire that hit the headlines nationally. This found the home was compliant with fire safety procedures and a number of improvements were made to the environment such as replacement of internal fire doors and further compartmentalising of the roof voids to prevent the spread of fire.

Staff received fire safety training and individual Personal Emergency Evacuation Plans (PEEPS) were in place. These outlined the level of support people needed in the event of an evacuation from the building.

There were suitable numbers of staff on duty on both days of the inspection and we saw care being delivered in a calm, unhurried manner. Gaps in staffing rotas were picked up by staff who told us they all helped each other out and this meant they did not need to employ agency or unfamiliar staff which was better for people. There were a small number of staff vacancies which had been recruited into and appropriate checks on the suitability of applicants to work with people were taking place before they could start work.

We found safe recruitment practices had been followed including checking references and Disclosure and Barring Service (DBS) checks. The DBS checks on the suitability of staff to work with potentially vulnerable adults which helps employees to make safer recruitment decisions.

Staff received training in the safeguarding of vulnerable adults and were aware of the procedures to following the event of concerns. One staff member told us, "We have had the training and we also have a whistleblowing policy. I have never seen anything I have needed to report."

The home was clean and well maintained. An infection control link staff member attended infection control meetings at the local hospital and shared information form these meetings with the wider staff team. This helped the provider to remain up to date with best practice. Following these, the registered manager had adopted a 'bare below the elbow' staff uniform policy similar to that used in hospital to help prevent the spread of infection and enhance the effectiveness of hand washing. We observed staff following appropriate hygiene procedures and wearing gloves and aprons where necessary. Infection control audits picked up any areas that did not meet the required standard, for example one audit had picked up footplates on a wheelchair were dusty so this could be immediately rectified.

Regular checks on the safety of the premises and equipment were carried out including to the emergency generator, gas and electrical installations and equipment used to move people including passenger lifts and hoists. Emergency contingency plans were in place which had been put to the test over the winter during extreme weather.

Outstanding ☆

Is the service effective?

Our findings

Support provided to people in the home was extremely effective. People, visitors and visiting professionals told us staff were highly skilled and provided an excellent level of support to people, particularly those living with complex needs or a dementia related condition. A relative told us, "They deal with every stage in (relation's) dementia in a very caring and practical way. She is always treated as a person and her needs are paramount….never seen as a situation to be dealt with."

Staff received training which was highly specialised and innovative which helped them to support people living with a dementia related condition extremely effectively. This included practical training which challenged the senses and emotions of staff, and enabled them to gain an insight into the direct experience of the people they were caring for. Staff accessed this training by joining a dementia 'virtual tour bus' experience. During this time, they were exposed to sensations and experiences that people living with dementia were likely to encounter in everyday life.

A staff member told us, "We had some great training. The dementia bus was really good; it was really weird but really good. It helped us all to understand how people might feel, for example noise. We had headphones on and they played loads of noises so we couldn't hear people properly. We hadn't understood that that could be difficult for some people. We had to wear gloves and try to do a task which was hard and really frustrating." Staff told us this training truly helped them to put themselves in the place of people they were caring for and to see things from their point of view. A visiting professional told us, "They have invested a lot in providing extra training for their staff including things like the dementia bus which endeavours to give staff some sense of what it might be like to have a dementia in its more advanced stages and I think this is evident in staff attitudes, understanding and practice."

Following the training, staff made changes to the way they delivered care as a direct result of the experience. They got rid of a noisy trolley having now realised the effect excess noise could have on people, and used doilies on trays to prevent cutlery and crockery rattling. Memory foam insoles were also available to people suspected of having sore feet as this had been raised as a common problem for people during the training.

Additional bespoke training was also provided by a specialist behaviour support service. This provided staff with an in depth understanding of the signs, symptoms and triggers of behavioural disturbance and distress which sometimes impact upon the quality of life of people living with dementia. Staff contributed to highly detailed person-centred assessments which included people's physical, social, recreational, emotional and spiritual wishes and needs. They used this information to help to anticipate needs and prevent distress where possible.

The behaviour support specialist practitioner told us, "Birch Hill is an excellent home in my experience. They are caring, skilled and motivated to do everything they can to improve the wellbeing of those in their care. I have found this to be the case without exception."

The provider also strived to support the needs of relatives in understanding dementia and the person

centred model of care practised in the home. Relatives were invited to a conference set up by the registered manager which took place in a local hotel. Speakers were invited to explain the behavioural and psychological symptoms of dementia, and how these may be displayed. They also explained the way the person centred model of care followed in Birch Hill was designed to anticipate people's needs and meet them, in order to avoid discomfort or distress. Relatives found this extremely beneficial as they gained a greater insight into the needs of their loved ones and other people living in the home.

Feedback from the conference was extremely positive and provided relatives with practical ways to help their loved ones. One relative said, "We as a family found [relative] got really upset when we went to leave and [the session] gave us various ways in which we could deal with it, and have to say it is so much easier on us all now having the tools to deal with that situation in a different way."

People's nutritional needs and preferences were met in a highly personalised way in the home. The registered manager told us, "It is part of our personalisation project. People are given choices at every meal time in a meaningful way." This recognised the difficulties people living with dementia could encounter through being asked to order meals in advance.

Cooked breakfasts were available every day and staff supporting people in the morning took their individual order and passed it to the kitchen so it was ready when they were. We spoke with a cook who told us, "Staff talk with people about what they fancy to eat. Most have a cooked breakfast of some description all to their preference."

We were told that one person could be restless and unsettled at night and staff had found they had enjoyed a cooked meal in the middle of the night which immediately made them feel better. The cook therefore prepared a full cooked dinner each night available in case they woke up and were distressed. This was then heated by staff who sat with the person who then returned to bed and slept well. The person told us about their midnight meal saying, "Well why not! The lady makes me whatever I want. I am very spoiled and I love it."

People enjoyed a relaxed and social dining experience with staff who were extremely attentive and provided sensitive and discreet support to people. Sample meals were plated up and shown to people so they could choose their meal in the moment, and alternative choices were offered. The cook visited the dining room and said, "Are you all okay? Has everyone got enough?"

People told us they enjoyed the food. There were numerous spontaneous comments throughout the meal, and one person patted their tummy and laughed when they told us, "The food is great; look at me! I have put lots of weight on since I came here."

The registered manager had also introduced 'snack shacks' and 'hydration stations' where people could help themselves to biscuits, fruit and snacks and drinks. Older people, particularly those living with dementia are prone to weight loss and the registered manager told us people's weights had increased or stabilised since the introduction of the snack shack and personalised breakfasts. We saw records which confirmed this was the case.

A number of changes had been made to enhance the environment and people were involved in decisions about redecoration. The corridors and bathrooms had been painted and the registered manager told us people had chosen the colours. People were shown a variety of photographs which they then chose to decorate the communal areas. Work was in progress and the provider had taken evidence based best practice guidance into account in relation to dementia friendly design principles. People were given a

choice of 'front door' style decal which helped them with finding their way around the home. We saw one person was able to locate their own room with minimal prompting that it was next to the pink door which helped to support their independence.

The provider had invested in new lighting following the dementia training which highlighted the way in which lighting could support people with dementia or cause difficulty. Shadows and pooling of light for example could cause distress or misinterpretation. This was in keeping with evidence based best practice advice from the Dementia Services Development Service at the University of Stirling.

People had timely access to healthcare services. Records showed people had been seen by GPs, community nurses, mental health, dental and chiropody services. We contacted a GP who told us they were trialling an innovative way of working with the service to help them to triage calls from the home to ensure people had swift access to urgent care when necessary. The new 'Stop and Watch' system they had developed with the home provided staff with clear guidelines about the information they should provide to the GP when someone presented as being unwell. This gave staff a structure to follow and also supported the GP practice and out of hours service to prioritise calls.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the service continued to operate within the principles of the MCA. People were supported where possible to make everyday decisions. Where they lacked capacity, decisions were made in their best interests involving family, care staff and professionals. A record was held of all applications made to the supervisory body to deprive people of their liberty. CQC was notified in line with legal requirements of those granted.

Good

Is the service caring?

Our findings

People, relatives and visiting professionals told us staff were caring. One person told us, "They are lovely, they look after us well. I have no complaints." A GP told us, "The staff are all very caring…care is provided in a timely and sensitive manner I would be happy for one of my relatives to live there." Comments from relatives included, "Staff are very friendly, they'll do anything for you," "I like the atmosphere here. It is a calming atmosphere," and "The nice thing for me is I come in and I'm greeted like a friend. Not made to feel like an intruder, no defensive attitudes, just totally helpful and professional."

We observed numerous kind and caring interactions between staff and people during the inspection. There were close relationships between staff and people, within professional boundaries, where people living in the home were treated as equals and looked upon staff as friends. One person had heard about the plans for a member of staff's 30th birthday celebrations and said they would like to go. The staff member invited them to the party at a local venue where they thoroughly enjoyed themselves.

During a period of very heavy snow last winter, the home was cut off due to snow drifts and staff were unable to leave the home so slept there for a number of days. They went above and beyond to care for people and even managed to ask the local bakery to make them fresh bread.

People were supported to maintain their independence where possible. Staff always asked people before providing help. We observed staff putting food onto one person's fork during lunch which meant they were then able to manage some part of their meal independently and maintain skills.

The privacy and dignity of people was maintained. Staff supported people discreetly during meals and offered assistance with personal care quietly. Records were stored securely to maintain confidentiality of information and staff knocked on doors before entering people's rooms. A discreet solution for the labelling of people's clothing had been sourced including 'snappy tags' which fixed to labels on people's clothes and coloured cotton was used on underwear where a tag could not be used for comfort sake. This meant laundry could be identified in a non-institutionalised way.

The caring culture and atmosphere in the home was also evident during interactions between people. One person said they felt unwell when sitting at the table. The person sitting opposite said, "Are you okay? Can I help you? I'm always here if you need me." Another person got up and left the communal lounge and went to another room to fetch a cushion to place behind the back of one of the other people as she thought they looked uncomfortable. Staff helped adjust the cushion and thanked the person for their kindness who said, "We all look after each other here." This demonstrated people were engaged with their environment, peers and staff, which was a positive sign of wellbeing.

The religious and cultural beliefs of people were recorded and included information about whether they needed support to meet their needs or if, for example, they were non–practising. Staff received equality and diversity training and we observed they treated people with the utmost respect during the inspection.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One person said, "The girls are always here if I need them. They are very good." A relative told us, "There is very prompt treatment for any illnesses or condition, and the staff always contact us to let us know what is happening."

Relatives told us staff also responded well to people's psychological needs and had found the conference they attended helped them to do the same. One relative told us the session encouraged them to see things from the perspective of their relation and said, "The nurse practitioner emphasised the need to preserve the dignity of the person and the need to work with them as far as possible. It was also a good forum for relatives to ask questions and share their experiences interacting with their loved ones."

Staff were allocated a number of people to care for during each shift, and they would pay particular attention to their needs, and ensure records were kept up to date. They were also available to all other people, but were accountable for specific support to individuals. Staff 'handed over' the care of the people they were responsible for to the next shift directly, rather than one staff member gathering information and handing over about everyone. This helped to maintain clear communication and ensure information wasn't missed, while maintaining a personalised approach to care.

Care plans continued to be in place which were up to date and regularly reviewed. We found some statements in older style care plans which sounded less personalised and generic in nature and we pointed this out to the registered manager. Action was taken to ensure these were removed and the plans were updated in line with the remainder which were person centred. Person-centred planning means that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care.

A range of activities were available to people. The registered manager told us, "We haven't gone down the route of an activities coordinator being responsible for activities. We have someone that helps with planning but staff all have a role in activities. They have a detailed knowledge of people."

Staffing levels had been increased and shift patterns changed to allow for additional support in the early morning when a number of people wished to rise, and for the evenings when historically, staff numbers would drop, but some people were more active. This had led to the creation of 'early birds' and 'night owl' activity sessions. For example, night owls enjoyed 'Tipple and nibble club'. One person said they enjoyed a gin because, "The Queen Mother always had one and it never did her any harm!"

Activities were personalised. One person had a Chinese takeaway each Friday and there were plans to introduce a Saturday night takeaway and invite families every few months. Another person enjoyed watching television. A staff member brought them the TV and radio times and went through it with them to plan what they wanted to watch the following week. The registered manager told us that some staff brought well behaved dogs, brought babies and grandchildren to see people which they enjoyed, and they had been visited by miniature Alpacas.

People had access to the community, attended coffee mornings and had accessed dementia friendly cinema screenings in Berwick. One relative told us, "There's loads of stuff going on. (Name) enjoys singing, comedy and anything to do with flowers, she's in her element. Activities are tailored to people."

People were well supported at the end of their lives. Staff were undertaking additional training with the local hospice and had completed three modules in end of life care. There was no one receiving end of life care at the time of our inspection but we found people's wishes about their care at the end of their lives was recorded where they were happy to share this. The registered manager told us, "We pride ourselves in end of life care. No one is ever left alone; a staff member sits with people day and night." The registered manager and deputy went to the home out of hours to sit with people when required. A number of compliments cards praised staff for the care they had provided.

A complaints procedure was in place. There had been one complaint since the last inspection which had been dealt with in line with the company policy. The registered manager told us, "We were very disappointed to receive a complaint but we thought, what we can learn from this and used it as a way of improving." Relatives we spoke with knew there was a complaints procedure but said they would speak to a member of staff if they had any concerns.

Communication was adapted to meet the needs of people living with dementia. There was picture and word signage throughout the home. Individual symbols and photographs were helped to orientate people through being drawn to something they recognised and connected with.

Outstanding ☆

Is the service well-led?

Our findings

There continued to be an experienced and passionate management team in post. The registered manager and deputy used their position to lead and improve the service and to strive for continuous improvement. Without exception, people, relatives and staff said they were very well supported by the managers and house leader.
A relative told us, "I think the home is well-run. I haven't needed to speak to the manager but if I have asked to see her she has appeared just about instantly. They are out of the office and around the home." A GP told us, "It is a well-run and efficient home with a very homely feel." Another relative told us, "If I can't get in, I just call or email. The manager responds more or less straight away."

The provider was proactive in monitoring the quality of the service and seeking out areas for improvement. The registered manager and deputy manager led these improvements through their imagination and exceptional vision to set realistic but stretching goals for service improvement. These were documented in a detailed 'evaluation of innovation plan' and were reviewed regularly.

The registered manager used their leadership style to create a shared vision of improvements to be made and involved staff, relatives and people at each stage as they designed, planned and implemented various projects to enhance the quality of life of people living in the home.
Improvements made as a direct result of the innovation plans included the education session for relatives and staff around person centred approaches to caring for people living with dementia, and the personalised meal and snacks policy.

The provider had commissioned an external inspection based on CQC fundamental standards which had positive findings and minor areas for improvement. The registered manager had acted promptly upon the feedback they were given. This demonstrated openness to constructive feedback and a proactive management style. The provider had also commissioned an external fire report following publicity around a severe fire at Grenfell Tower in London demonstrating leadership values by proactively assessing risk. As a result of the fire safety report a number of areas in the home were modernised including new fire doors.

We made some minor suggestions during our inspection and the registered manager and deputy were very keen and quick to take these on board; recognising they may sometimes miss small details and appreciating 'a fresh pair of eyes'. For example, we pointed out that seat covers which were designed for use with people with continence problems could compromise dignity as they drew attention to the issue and were not needed as seats were washable.

People were placed at the heart of decisions made about the service. We found the registered manager did not simply go along with accepted ways of working, for example in their wider organisation. This was evidenced through their decision to change their shift patterns which meant moving away from the shift patterns followed by other homes in the group. They were able to justify this change as being directly to support the needs of people using the service and the difference in the type of care they provided.

There were clear lines of accountability and responsibility in the service with staff having good understanding of their role with clear direction from managers. A number of routine audits were carried out to ensure the quality and safety of the service was maintained. In addition, the registered manager was a member of a number of forums from which they shared ideas with other care providers which had resulted in a number of imaginative ideas and ways to improve the lives of people including the snappy tags and snack shacks which were a direct result of this collaborative work.

Systems were in place to obtain feedback from people, families and staff. The registered manager had also introduced a "You said we did" board which outlined action taken following feedback from people and relatives at meetings. One response related to the request of families for a private space for them to spend time with their loved ones. We saw that suggestions were taken on board and led by the management team with the interests of people and their families at the heart of all they did. Family members told us they enjoyed spending private time in the newly created quiet room.

We found morale and motivation in the staff team was excellent. There were high levels of satisfaction across the staff team. Staff told us they were very happy working in the home, one staff member told us, "I'm very happy working here, it's well run and like a family. Everyone mucks in and helps each other out."

The registered manager had an inclusive management style. They led by example and treated everyone with the utmost respect, including people, relatives, staff and visiting professionals. The ethos in the home promoted the treatment of people as equals and individuals, and staff told us they felt very well supported by the management team who they described as accessible, supportive and flexible.

A business plan had been completed which included identifying what the service did well but also any threats. Risks associated with the rural location of the service had been identified as a threat as this could impact upon staff recruitment for example. The registered manager recognised this and had used innovative ways to publicise the home including the use of a local radio station. The registered manager had carefully considered the recruitment challenges and had planned a comprehensive strategy to address this.

They also advocated on behalf of staff in relation to pay and conditions due to the rural location of the home and resulting increase in travel expenses to get to and from work. They carried out market research in terms of pay and conditions locally to ensure they remained competitive and that staff got a fair deal. They were committed to ensuring the excellent reputation of the home was spread in the community. Positions that were vacant at the beginning of our inspection were filled by the end which showed there had been some success with the advertising and recruitment strategy.

There were very strong links with the local community. This included strong links with local churches and the school. A social worker told us, "Birch Hill always provides a good standard of care. They have really strong links to the community and it is very positive and healthy that these connections are encouraged."