

Birmingham Multi-Care Silver Birch Road

Inspection report

7 Silverbirch Road
Erdington
Birmingham B24 0AR
Tel: 0121 382 1899
Website: www.birmingham-multicare.org

Date of inspection visit: 6 February 2015
Date of publication: 27/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 6 February 2015 and was unannounced. At the last inspection carried out on 21 August 2013 we found that the provider was meeting all of the requirements of the regulations inspected.

The home is registered to provide accommodation and personal care to up to four people at any time. The home provides short residential respite stays to people with physical disabilities and / or learning disabilities and / or autism. We were told that the home provided respite care

to 22 people that received varying lengths of short stays at the home. On the day of our visit one person had gone home following their short stay and three people were due to arrive for their respite stay.

The location is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

All of the relatives that we spoke with all told us that they felt their family member was safe at the home during their respite stay.

We found people's risk assessments were not detailed and had either not been completed as required or had not been updated to reflect changes.

Appropriate numbers of sufficient and suitable staff were planned for different people's respite stays which were reflective of their needs.

A medication policy was in place and staff were trained to support people with their prescribed medicines.

Staff had the skills and knowledge to care and support people that had respite stays at the home.

The Mental Capacity Act 2005 (MCA) states what must be done to ensure the rights of people who may lack mental capacity to make decisions are protected. We found that the provider was meeting the requirements set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

Relatives told us that staff were caring and kind toward their family member.

Relatives told us that staff responded to their family member's needs.

Systems were in place to monitor and improve the quality of service people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Some risks to people were identified but we found that assessments were either not detailed or had not been completed or updated.

We saw that procedures were in place to keep people safe from the risk of abuse. Staff understood their responsibilities in protecting people and knew how to raise concerns if needed.

Suitable arrangements were in place to ensure that people received their prescribed medicines.

Requires Improvement



Is the service effective?

The service was effective.

People were cared for and supported by suitably trained, skilled and experienced staff.

Staff were trained in and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Relatives told us that staff were kind, caring and polite to their family member.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed. Staff worked closely with people's relatives to respond to any change in people's needs.

Staff were responsive to people's preferences.

Staff met the cultural and ethnicity needs of people.

Good



Is the service well-led?

The service was well led.

Staff teams were supported and supervised to provide a positive culture that had people's needs at the centre.

The provider / registered manager had systems in place to monitor the quality of the service provided to people. Where actions were identified as needed to make improvements they were taken.

Good



Silver Birch Road

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 was unannounced and took place on 6 February 2015 and was carried out by one inspector.

We reviewed information we had received since the last inspection. The provider is legally required to send us notifications about specific incidents. The provider met their responsibility in doing this.

We asked the local authority if they had any concerns about the home, which they did not.

We spoke with three care staff, the deputy manager and the registered manager. We were unable to speak with or spend time with people that used the service so we telephoned and spoke with ten people's relatives. We looked at four people's care records and other records that related to their care such as the medicine management processes to see if they met people's needs. We looked at the systems the provider / registered manager had in place to monitor the quality and safety of the service provided to people. Some records such as new staff member's files and staff training logs were not available we asked for them to be provided to us following our visit and they were sent to us.

Is the service safe?

Our findings

Relatives told us that they felt their family member was safe at the home. One relative told us, “Staff always observe my family member when they are in the kitchen so they don’t get hurt.” Another relative told us, “It is the best respite service we have used. [Person’s Name] is very safe there.” Another relative told us, “I know [Person’s Name] is safe and secure when they stay at Silverbirch Road. If I thought any different I would not use the service.”

Staff said they understood their responsibilities to keep people safe and protect them from harm and the risks of abuse. Records confirmed that staff had completed safeguarding training. Staff told us that they were confident about recognising and reporting abuse. One staff member told us, “If I thought someone was being abused, I’d tell the manager straight away.” The registered manager explained to us what action they would take if a staff member raised a concern to them.

Some people’s relatives told us that they verbally told the registered manager if they considered their family member was at risk of harm, for example, from falling. Staff told us how they protected people that they supported from the risk of injury based upon their knowledge of the person. One staff member told us, “Some people have been having respite stays here for many years so we get to know them quite well.”

We saw that people had ‘community risk’ assessments. We found that these were generic and lacked detail. The registered manager told us and we saw that they had noted that risk assessments were ‘under review.’ The registered manager told us, “One person’s social worker had identified that the person needed individual risk assessments. I have not yet had time to do them but plan to update all of the risk assessments.” We saw that this had been identified as requiring action in November 2014 but no action had yet been implemented. The lack of timely action meant that written information was not available for staff to refer to in order to ensure people’s safety.

Of the four sets of care records looked at we saw that some risks had been identified in the person’s care assessment but none had individual risk assessments in place. For example, we saw that one person used bed sides. Staff told us it was for the person’s safety but there was no risk assessment in place to show why it was in the person’s best

interests to use them. We saw that the person’s care assessment said that they were at risk of falling over but found there was no risk assessment in place to tell staff what actions to take to minimise the risk of injury.

We asked staff what they would do in emergency situations that might arise from time to time. Staff on duty were able to tell us the first aid action they would give, for example, if a person was choking or had a fall. They also told us when they would seek further advice using 111 and when they would call 999. One staff member told us, “I’d stay with the person and support them whilst another staff member got help. We’d then complete the accident record once the person was okay.”

People’s relatives told us that they thought there were enough staff on duty to meet their family member’s needs. One relative told us, “Staff have always been there to greet [Person’s name] when we arrive at the home. I’ve always thought there were enough staff on duty.” Staff spoken with also told us that they felt there were sufficient numbers of staff on each shift to meet people’s needs in a safe and timely way. The registered manager told us and records confirmed that staffing levels varied to meet the needs of people at the home. The registered manager said, “I plan the staff rota according to which people are here on respite short stays. Some people might need more support. Another time there might only be one person here, so the staffing reflects those needs.”

Since our last inspection of the home, we were told that there had been four new staff members. We spoke with two new staff members and both told us that they had been interviewed and were offered an induction. We asked to look at the pre-employment checks that had been completed. The registered manager told us that the staff files were not available at the home on the day of our visit because they had taken them to update. They told us they would forward us the relevant information following our visit which they did. We saw that all appropriate pre-employment checks had been completed.

Staff spoken with told us that they were provided with training for their job roles and felt that they had the skills they needed to keep people safe. Relatives spoken with told us they felt that staff were trained and skilled to provide the care and support their family member needed.

We saw that appropriate arrangements were in place to manage people’s medicines and ensure that these were

Is the service safe?

available to them as prescribed. The registered manager explained to us that people brought their prescribed medicines with them for their respite stay. The registered manager told us that people's medicine administration records were written and printed from their computer once

the person arrived and staff checked and recorded their medicines. This ensured current information was followed by staff so that people were supported with their medicines safely.

Is the service effective?

Our findings

Relatives told us that they felt their family member's needs were met by staff. They told us that they thought staff had the skills they needed for their job. One relative told us, "Staff are very effective at putting my family member at ease. [Person's name] used to become very anxious when separated from me. But, they have settled well at this respite home. I think staff have the skills they need."

Staff spoken told us that they had completed an induction when they started their employment and had on-going training. One staff member told us, "We have lots of training here which is useful to our job. The moving and handling training was useful teaching us how to use the ceiling track hoist." The registered manager explained to us that annual updates are completed by all staff. Staff told us that they received one to one supervision and that staff meetings took place. All staff told us that they felt well supported by the registered and deputy managers.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty to keep them safe. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

The registered manager told us that none of the three people due to arrive for their short stay at the home was subject to DoLS. One staff member told us, "We keep the front door locked but only for security. None of the people that come for respite are kept in against their will. People have the freedom to move about as they wish to." All of the relatives told us that their family member may lack mental capacity to make some decisions in their lives but were able to make some day to day decisions about their lives. One relative told us, "[Person's name] would only want to go out with a staff member as they would want the support from them."

The registered manager told us that they would make a referral to the Local Authority for any of the people that had short stays at the home if they needed a DoLS in place. Most staff that we spoke with were able to tell us about the requirements of MCA and DoLS.

All of the staff told us that they would always explain verbally to people what was happening to them, for example, when being supported with personal care tasks. Staff told us that they would never force anyone to do anything. This meant that people's consent to care and treatment was sought and staff acted in accordance with legislation.

Staff told us that there was no set menu for people's meals. One staff member told us, "Meals are planned according to who is at the home. We shop and base the menu according to people's likes and dislikes." Another staff member told us, "Some people have vegetarian or halal diets or soft food diets. We will cater to what people like and any specific wishes they have." Relatives told us that they believed their family member's enjoyed the food and drinks offered at the home. One relative told us, "The home always sends me a report about [Person's Name] stay and the information includes what meals they have eaten."

The registered manager told us that they had been made aware of one person requiring foods that had a soft texture. We saw that they had liaised with the dietician and that guidance was in place for staff to follow. Staff on duty demonstrated that they knew what the guidance stated.

Relatives told us that they took care of their family member's healthcare appointments. The registered manager explained to us that they had an arrangement in place with a local GP surgery. This meant that people on respite stays could have a temporary registration with the practice if needed. For example if they became unwell during their stay at the home and no family member was able to take them to their usual surgery. The registered manager told us, "We would always act in someone's best interests and seek professional healthcare advice if needed, for example if their family was away on holiday. But, we would also keep their family fully informed." This ensured arrangements were in place for people to access health services if needed.

Is the service caring?

Our findings

Relatives told us that the staff team were kind and caring toward their family member. One relative told us, “My family member is happy to go the home. They recognise where we are going and say ‘Silverbirch’. I would know if they were anxious. When they come home again, they are relaxed. This shows me that they have been well cared for.”

All of the staff spoken with told us that there was no fixed routine or times for things to happen at the home. One staff member told us, “Tonight, for example, we know some people will arrive later after their clubs they go to. We fit in to different people’s needs.” This meant that a personalised approach to care was taken.

All of the relatives told us that they were involved in their family member’s care planning and liaised with the home to book short stays. Relatives told us that their family members were involved in making decisions about what they did there. One relative said, “My family member likes to go for a burger and the staff support them to go out to do this.” All of the relatives spoken with told us that following each short stay their feedback was sought. We saw that the provider also had an accessible ‘smiley face’

feedback form for people that used the service to give their views but found that these had not recently been used to gather people’s views. The registered manager told us that they would also offer the accessible feedback survey to people to gain their views as well as that of their relatives that was sought.

We saw that bedrooms were well presented and pleasant. They were not personalised because they were used by different people during their stay at the home. However, all staff told us that people could bring any items they wished to from their own home to make their room more personal to them during their stay. One staff member told us, “We encourage people to bring any items with them that will make their stay more comfortable or enjoyable.”

All of the relatives spoken with told us that they could keep in touch with the home as much as they wished to while their family member was staying there. One relative told us, “Whenever [Person’s Name] is there, we phone every day to make sure they are okay. But, we know the staff would phone us if they needed to.” This meant that there were no restrictions put on relatives keeping in touch with their family member.

Is the service responsive?

Our findings

Relatives told us that they were asked about their family member's care and support needs. We saw that this information contributed to people's plans of care. We saw that people's likes and dislikes were recorded. For example, this included information about people's food preferences for example and how they liked to spend their time. One relative told us, "When [person's Name] has a respite stay at the home it is in their best interests for their usual weekday routine to continue. Staff know what this is and support them in this." Another relative told us, "My family member continues to attend their day centre during the daytime when they are at Silverbirch Road. This is what they enjoy and staff support them to be ready for this." This showed us that people received personalised care that was responsive to their needs.

Staff told us that people were offered various home activities. We saw that board games, DVDs and a large garden were available to people to use. One relative told us, "My family member really enjoys the garden there. They like to be able to go outside for fresh air." Another relative

told us, "I know that my family member observes staff preparing meals in the kitchen and they enjoy that." This meant that people were supported to follow their interests and activities that were meaningful to them.

One relative told us, "I am very happy for [Person's name] to go to the home. In particular some of the staff have the same ethnicity as my family member. This means they I don't have to give specific guidance on their hair care, for example. It is also really good that the staff team are culturally diverse as that reflects people that use the service." This showed us that staff could respond to people's individual needs.

None of the relatives that we spoke with told us that they had any concerns or complaints about the home. One relative told us, "If anything concerned me, I'd speak to the manager. They are approachable and I feel they would listen and address anything they needed to." The registered manager told us that one complaint had been made to them since our last inspection. We had also been made aware of this by the complainant. We saw that the issues raised had been investigated and resolved. Staff told us that if anyone at the home appeared anxious or upset by anything they would attempt to find out what it was and resolve it.

Is the service well-led?

Our findings

Relatives told us that they felt the home was 'well run.' One relative told us, "The staff team are good and the manager is good. There is a homely atmosphere and overall it is a positive environment for people when they stay at the home for respite." All of the staff told us that they worked closely with people's families to ensure that stays at the home were an enjoyable experience for people. One staff member told us, "We always try to carry on people's usual routine if, for example, they go to school or day centre this is what would happen when they are staying here." This showed us that staff worked in an inclusive way with people's families to ensure a person centred approach was adopted to their stay within a positive culture at the home.

Relatives told us that they were asked for their feedback about the services provided to their family member. We saw that overall comments were positive and included the following feedback, "Another happy stay" and "Thanks for all your support." The registered manager told us they read all of the feedback surveys and we saw that they had documented any communication with relatives and where action had been implemented to make improvement to the service when needed.

Relatives told us that they felt there was good management at the home. One relative told us, "The manager always lets me know how my family member has been. There is good communication and we also get 'newsletters' from the home about updates and events planned for at the home." We saw that the provider / registered manager had used their newsletter to openly inform relatives of additional

costs for specific activities. The newsletter explained the extra cost if a relative wished to purchase one to one staff for their family member to pursue a particular community based activity.

We saw that community links had been made with the local Pets as Therapy (PAT). Staff told us that relatives were asked if they thought their family member would benefit from therapy dogs that were to visit the home. The home's most recent newsletter confirmed to us that relatives were being consulted about their family member's involvement with therapy dogs.

All staff spoken with told us that they felt they worked well as a team as well as being well led by the registered manager. One staff member told us, "Most staff have worked here for years and we work well together." Staff told us that meetings and one to one supervision took place during which they could give their views on how the service was run. This showed that there was a culture in the home where feedback from staff was encouraged.

We saw that there were quality assurance systems in place, such as audits, to monitor the quality of the service provided to people. We looked at a medication audit and saw no actions for improvement had been identified. We saw that the registered manager's checks on the environment had identified part of a kitchen cupboard needed a new seal and action was being taken to address the problem. We looked at the area manager's February 2015 audit and saw that no actions were needed. This showed that quality assurance systems were in place and used to identify any actions required to improve the quality of the service provided to people.