

New Outlook Housing Association Limited







Silver Birch

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	

Overall summary

This unannounced inspection took place on 20 May 2015. Silver Birch can accommodate up to seven people who have learning and physical disabilities and who need support to live in the community. This home specialises in providing support to people with visual impairment.

The service has a Registered manager. 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 met all of the Regulations we inspected at our last inspection in September 2013.

People told us that they felt safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

Summary of findings

The arrangements for the storage, administration and recording of medication were good so that people were protected from possible errors.

People who lived in this home and people's relatives, told us that they were happy with the care provided. People were supported to attend social and educational activities of their choice and most people chose to live busy lives with frequent outings. People's relatives were encouraged to visit and were made welcome.

Throughout our inspection we saw examples of and heard about good care that met people's needs. People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect. People in this home lived active lives and made frequent outings, for example, to places of interest and the theatre.

Staff working in this home understood the needs of the people who lived there. We saw that staff and people living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives.

Staff were appropriately trained and skilled and provided care in a safe environment.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being deprived of their liberty.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

People were supported to eat meals which met their needs and suited their preferences.

The registered manager assessed and monitored the quality of care consistently. In addition to observing and working alongside members of staff, the registered manager consulted people in the home, their relatives and professional visitors to find out their views on the care provided. The registered manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation. The provider encouraged feedback from people who lived in the home, their family members, advocates and professional visitors, which they used to make improvements to the service.

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 safe.

People told us that they felt safe in this home and in the company of staff who knew how to keep people safe.

Staff managed people's medicines safely and encouraged them to know what medicines they were taking and the reasons why.

There were enough members of suitably recruited staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were involved in making decisions about their care and were asked about their preferences and choices and consented to their care where possible.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

Good



Is the service caring?

The service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and the running of the home and took these into account when planning the care and support.

Staff communicated well with people.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The manager responded appropriately to comments and complaints about the service.

Good



Is the service well-led?

The service was well-led.

There was a busy, but homely culture in this home where people were included and consulted.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager made use of good systems for monitoring staff performance and for ensuring that the high standards within the home were maintained and, where possible, improved upon.

Good



Silver Birch

Detailed findings

Background to this inspection

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

This inspection took place on 20 May 2015 and was unannounced. It was undertaken by one inspector. During the course of the inspection we met all the people who lived at the home.

Before the inspection we reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people

receiving care, this also includes any safeguarding matters. We refer to these as notifications. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we met the people who lived at the home. We talked with five people about their experiences. We observed how staff supported individuals during a mealtime.

During our visit we spoke with several members of the staff team and the Registered manager. After the visit we contacted several relatives by telephone and e mail for their comments.

We looked in the care records of three people, including the records of their medication and at a sample of records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People who lived in this home indicated that they were safe in this home and relatives confirmed that they felt the staff protected people well. One person who lived in the home told us, "I am safe." and when asked what they would do if they did not feel safe, said, "I would tell the registered manager or [relative's name]...they would know what to do."

The risks of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff told us that they received training in recognising the various possible types of abuse during their induction period and at regular update sessions, including staff meetings. They showed that they knew who to contact if they had witnessed abuse or suspected that abuse had taken place.

We saw that there was information about how to report suspected abuse in the home and this was available in accessible formats for people who lived and worked in the home as well as to visitors. . When people had raised issues in relation to their safety, staff had taken appropriate action to keep them safe.

We saw that staff minimised the risks to people on a daily basis. There were clear guidelines for staff about the possible risks to each person in a variety of situations such as using transport, bathing and eating. Staff demonstrated that they were aware of the measures to take in relation to specific people in order to keep them as safe as possible.

We saw that the provider had systems to make sure that there were sufficient numbers of staff to provide people with the support they needed and to keep them safe. The registered manager told us that the staffing numbers were determined by the needs and dependency levels of the people in the home. There was a vacancy for a team leader, which was being filled by another member of staff. The registered manager told us that she did not use agency staff to cover vacancies, but used the provider's bank staff to cover when necessary. This meant that people were always supported by staff who knew them and their needs. There were usually three members of staff on duty. Staff and relatives confirmed that there were enough staff to meet people's current needs.

All prospective employees were checked through a robust and comprehensive recruitment process which included two references, confirming people's identity and right to work in the UK and making checks through the Disclosure and Barring Service. Staff told us that they had not started work before these checks had been carried out. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had good arrangements in place to manage medicines. We saw that the medicines were stored in a suitable, secure location. The records of the administration of medicines were appropriately completed and up to date. Staff told us that all staff who administered medication had been trained to do so and that there were regular checks on their competence.

Is the service effective?

Our findings

We saw that people in this home had a range of abilities and needs which meant that they needed differing levels of support. This included people with differing levels of visual impairment and different levels of understanding. Some people did not communicate verbally, but used hand signing. We saw that the staff knew each person's needs and preferences well and had the necessary skills to communicate with people and carry out the required tasks.

All of the staff we spoke with told us that they were well supported and received good opportunities for training to enable them to provide effective care. The majority of the team had worked together for several years at this home and the newest member of staff had been at the home for over a year. Staff explained how they had received induction training in areas including first aid, epilepsy, autism and food hygiene when they first started to work at the home.

The records showed that all staff had received training in the basic areas and this had been renewed on a regular basis. The registered manager showed us the records of when updates were needed and this showed that some members of staff were due to receive updates in the near future. Staff said that they were encouraged to undertake further training. All staff were expected to undertake at least level 2 National Vocational Qualifications (NVQ) training and the majority of staff had achieved level 3.

We saw staff engaging with people and demonstrating that they knew their preferred methods of communication. We saw that the information in people's care plans about their usual method of communication was detailed. Staff showed their skill in deaf blind manual communication. We saw boards with clear photographs so that people could see who was working that day and a large diary chart with a pictorial representation of what each person had planned.

People told us that they liked the food and they were able to choose what they ate and when they ate it. One person told us, "I say what I want and they make it for me." Another

person, in a semi-independent part of the building told us that they cooked for themselves. We saw that people were supported to have sufficient to eat and drink. Staff demonstrated that they knew each person's needs and preferences in terms of food. Records showed what food and drink each person needed to keep them well and what they liked to eat. We saw that staff knew what support each person needed during a mealtime and they waited at a discreet distance when people were eating independently. People were encouraged to undertake some tasks for themselves, such as carrying their plates to the kitchen. Some people told us that they went into the kitchen to make drinks or snacks.

Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. Where people had needed to change their food intake in order to reach a weight which was considered to be healthier, staff had supported them in this. People told us that staff had been a good support to them when they had changed their diet. One person said, "It wasn't bad and I feel much better now. I can walk better." We saw that staff served meals at different times, when necessary, to accommodate people's activities, waking times and preferences.

People were supported to have their mental and physical healthcare needs met by appropriate health professionals. Staff accompanied people to health appointments. Each person had a plan to show how their health needs were being met. People were supported to have regular medical checks and, where appropriate, screening, in order to stay as well as possible..

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). They were aware of the need to keep under review the arrangements for all the people living in the home and to make applications, where required, to the relevant authorities. There was no-one in the home whose liberty was being restricted at the time of our visit but the registered manager demonstrated that she knew what action to take should this ever be necessary.

Is the service caring?

Our findings

People told us that the staff were, 'kind', and 'helpful'. We observed staff interacting with people who lived in the home and saw that people looked comfortable in staff company. We saw that people were involved and included in the everyday interactions. When we arrived at the home some people were getting ready to go out to the theatre and others were either in the living room or in their rooms depending on where they had chosen to be. We saw people moving freely around the home.

Staff demonstrated that they respected people's rights and choices by affording them privacy when they wanted this. For example, when we visited, some people had chosen to spend time in their bedrooms. Staff respected this choice. Staff introduced us and asked permission from people

before we spoke with them. We saw, in one person's records, instructions for staff advising them to make sure that they had sought permission from the person before providing personal care, reflecting the care which staff took to respect people's wishes and preferences before acting.

We saw that staff helped people to be as independent as possible, making sure that there were no obstacles for people in the main areas. We saw, in people's plans, that

there were details of the amount of assistance people needed to help them to carry out tasks for themselves. For example, on one person's plan we saw, 'I am able to do my own washing. Staff will need to carry my basket to the laundry'. In another plan we saw, 'I need staff to put me a bowl and spoon on the table. I can then help myself'.

The registered manager demonstrated a good knowledge of the available technology to help people with visual impairment and had helped people to obtain items which made their lives easier, such as talking or tactile clocks and watches and kitchen equipment with safety features.

We saw that people looked well cared for. People were supported to attend to their personal care needs and to choose that they wanted to wear. We saw staff making sure that people were dressed appropriately and well-presented before going out. One member of staff noticed that someone's shoe laces were coming undone and stopped them gently to tie them.

We saw that staff took account of people's diversity. For example, staff respected people's choices and cultural backgrounds in relation to religious observance and meals. The records showed that some people attended places of worship and enjoyed singing hymns and playing instruments there.

Is the service responsive?

Our findings

People told us that staff helped them to do the things that they liked doing. People were supported to access a wide range of social activities and hobbies which were important to them. People told us about the regular trips they went on to the theatre and showed us the tickets which had been booked for future shows. On the day of our visit, two people went to the theatre. People also told us that they went riding, to places of interest to them such as the Coronation Street set and to day centres where they learned skills including animal husbandry.

There were chickens in the back garden of the home and some people told us that they liked to help with looking after them. People also said that they enjoyed using the trampoline and football goal posts in the large garden. Other people liked to walk using the handrail at the side of the path which made the garden accessible to all. There were examples of arts and crafts around the home and there was a small room where people could do crafts.

People told us that the staff helped them to visit relatives and friends. Relatives told us that the staff made them welcome when they visited.

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw they were individual to the person and included plenty of information about people's likes and preferences. In the records we viewed we saw that risk assessments had been written for people on an individual basis which had identified areas in which staff needed to take particular actions in order to minimise the risks. This showed how staff enabled people to be as independent as possible.

In order to monitor people's progress, staff recorded each person's activities, their behaviour and communication, food intake and contact with other people to provide an overall picture of the person's wellbeing. The registered manager and staff reviewed each person's records regularly to monitor any changes which had taken place. Staff provided examples of when people's behaviour had changed and the action which they had taken. This ranged from making changes to people's environment to contacting health services to check that the person's medication was appropriate.

The registered manager and staff held regular meetings with people to discuss any changes in their needs and outcomes of their experiences so that personal plans continued to reflect people's current needs. The registered manager told us, and records confirmed, that feedback was gained from as many people as possible, including relatives and health professionals in order to make sure that people's needs were met.

The registered manager had made the complaints procedure available in formats that people could understand. Some people at the home may not have been able to make a complaint due to their communication needs and level of understanding. People's care plans contained information about how they would communicate if they were unhappy about something. The registered manager told us that whilst they had not received any recent complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Is the service well-led?

Our findings

People living at the home, relatives we contacted and staff told us that the registered manager was approachable and available if they needed to speak with her. People told us that the registered manager was very involved in life in the home and committed to improving standards for people. One member of staff told us, “She is out in the garden...she gets her hands dirty...I couldn’t work for a better manager.”

Relatives of people who lived at the home confirmed that they were encouraged to provide feedback and make their views known.

Staff received support to maintain high standards. Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. All of the staff we spoke with told us they would feel confident to report any concerns or poor practice if they witnessed it and had confidence that the registered manager would listen and take appropriate action.

The home had good links with the local community for the benefit of people in the home. People who lived in the home attended a range of local facilities such as day centres, shops and church on a regular basis.

The registered manager of the home demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as registered manager. The registered manager demonstrated that she was aware of the latest information provided by CQC and demonstrated that the home continued to comply with current Regulations. The

registered manager had considered the changing needs of people in the home as they aged and how the building may be altered in the future to continue to meet the needs of the people who lived there.

The culture of this home reflected the registered manager’s approach of putting the wishes of people who use the service at the forefront of all decisions made. Known as the ‘Eden Alternative’, the service is one of a number of services nationally which have adopted the philosophy of the project. One key element of this approach is that there are elements of variety and spontaneity in people’s daily lives. People in this home had varied lives with plenty of opportunities to have new experiences.

Support was available to the registered manager of the home to develop and drive improvement and we saw that there was a system of auditing of the quality of the service. The audits included monthly Key Performance Indicators and the registered manager submitted returns to the provider in relation to key areas including safeguarding, incidents, accidents and compliance with relevant legislation. These were then reported to and scrutinised by a scrutiny committee which involved board members and people who used the organisation’s services. As well as checks on the records, the registered manager carried out regular observations on the staff as they carried out their duties.

Records showed that, in addition to the checks carried out by the registered manager, representatives from other parts of the organisation also visited the home to monitor, check and review the service and ensure that good standards of care and support were being delivered.