

North Yorkshire County Council







Silver Birches

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 inspection took place on 10 February 2015 and was unannounced. We last inspected this service on 11 September 2013 and found no breach of regulations. Silver Birches is a care home providing personal care and accommodation for up to 31 older people over the age of 55 years of age.

The service has four beds which are used to provide rehabilitation for up to six weeks and a day centre which is open on three days a week. The rehabilitation unit provides care and support from physiotherapists and occupational therapists for people who wish to return

home in order to improve their physical abilities and skills following illness. On the day of the inspection there were 17 people living at the service, three people in the rehabilitation unit and four people using the day care facilities. The service is purpose built and is designed over two floors around a central outdoor quadrangle. This provides a safe area for people if they wish to spend time outdoors with seating and planted areas.

There was a registered manager at Silver Birches. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that this service was safe. When we spoke to people who used the service they told us that they felt safe. We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs. The environment was kept safe through regular servicing and checks being carried out. Medicines were administered safely.

People who used the service confirmed they were involved in planning their care and we saw that plans were personalised. People's mental capacity had been assessed where appropriate and we saw evidence of best interest decision making if it was necessary. Staff were properly trained to carry out the work they were employed to do. The environment was suitable for people who used the service.

This service was caring. People said that staff were kind and caring. There were numerous examples of staff having meaningful and positive relationships with the people living in the home throughout the day. Our

observations revealed that staff we spoke with had a good knowledge of people, their life histories and their preferences. People were spoken to in a friendly, polite and respectful way with lots of cheerful banter and laughter.

People said they felt their individual needs were addressed. We saw that the care plans were reflective of the person and each person had a care plan that was personal to them. These were reviewed with the person monthly. There was a full programme of activities as well as people being supported to go out in the local community. People were given clear information about how to make a complaint.

This service was well led. All the staff we spoke with told us they felt supported and enjoyed their work. They attended regular staff meetings. There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager was approachable and had a regular presence in the service. The registered manager monitored the quality of the care provided by completing regular audits.

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. When we spoke to people who used the service they told us that they felt safe. We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs. The environment was kept safe through regular servicing and checks being carried out. Medicines were administered safely.

Good



Is the service effective?

The service was effective. People who used the service confirmed they were involved in planning their care and we saw that plans were personalised. People's mental capacity had been assessed where appropriate and we saw evidence of best interest decision making if it was necessary. Staff were properly trained to carry out the work they were employed to do. The environment was suitable for people who used the service.

Good



Is the service caring?

The service was caring. People said that staff were kind and caring. There were numerous examples of staff having meaningful and positive relationships with the people living in the home throughout the day. Our observations revealed that all staff had a good knowledge of people, their life histories and their preferences. People were spoken to in a friendly, polite and respectful way with lots of cheerful banter and laughter.

Good



Is the service responsive?

The service was responsive. People said they felt their individual needs were addressed. We saw that the care plans were reflective of the person and each person had a care plan that was personal to them. These were reviewed with the person monthly. There was a full programme of activities as well as people being supported to go out in the local community. People were given clear information about how to make a complaint.

Good



Is the service well-led?

The service was well led. All the staff we spoke with told us they felt supported and enjoyed their work. They attended regular staff meetings. There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager was approachable and had a regular presence in the service. The registered manager monitored the quality of the care provided by completing regular audits.

Good



Silver Birches

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 registered 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 10 February 2015 and was unannounced. The inspection team was made up of one inspector and one expert by experience whose area of expertise was adult social care and health care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before carrying out the inspection we reviewed the Provider Information return (PIR) and looked at

notifications we received from the service. We went on to speak with a representative of the local authority quality and contracting team who told us that they had no concerns about this service.

During the inspection we spoke with six people who used the service, one relative, three care staff, a senior support worker, two domestic staff, the cook, an independent living facilitator and the registered manager. We observed a lunchtime period and a medicine round, inspected the care plans and risk assessments for five people and looked at their medicine administration records.

We visited the day centre and the rehabilitation unit which were in the same building. They were run separately to the residential service by allocated staff although they were all under one registration with one registered manager.

Is the service safe?

Our findings

We found that this service was safe. When we spoke to people who used the service they told us that they felt safe. One person said "That's one thing you do feel when you go to bed and settle down" and a second person said "Yes, I wasn't safe on my own in a big three bedroomed house and it was a worry for the family." They also said "The staff are very good, they keep checking on me."

We found that staff had been recruited in a safe way. When they applied to work at the service they provided two references and checks were carried out with the Disclosure and Barring service to check that they were suitable to work with vulnerable people. They did not start work until these checks had been carried out.

There was sufficient staff on duty on the day of our inspection to meet the needs of people who used the service. The rotas we looked at showed us that staff numbers were consistently sustained. The majority of the staff team was well established giving consistency to people who used the service.

There had been two safeguarding alerts made by the service since the last inspection. We checked during the inspection and the registered manager told us that the alerts had not been substantiated. Training had been given to all staff in safeguarding adults. When we spoke with staff to check their knowledge of the procedures they were able to describe the process they would follow to make an alert. There was a policy and procedure available to staff for reference. People who used the service could be confident that staff knew what to do if they witnessed abuse.

We checked care planning documents and saw that risk assessments were in place and found that the risk

assessments were clearly linked to the persons identified need. For instance there were risk assessments in place when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were all recorded in people's care plans.

When we walked around the service we saw that the environment was clean and tidy. Corridors were not cluttered and doorways were clear. An infection control audit had been completed. It which looked at all areas of the service. Actions had been determined following the audit with timescales for when they should be completed and by whom and we could see that they had been completed

We saw that people's safety and welfare had been considered when the fire risk assessment had been written. Regular checks of fire alarms and fire fighting equipment and safety checks of mains services such as gas and electricity had been carried out and were up to date. Equipment for the use of people who used the service such as hoists were maintained regularly. This meant that people could be sure that the registered manager was doing everything possible to maintain a safe environment.

Senior staff administered medication and we saw that they did so safely. They identified areas during the inspection where they had questions and told us they would be looking at the National Institute for Clinical and Care excellence website for guidance which demonstrated that they were aware of appropriate guidance. Medicines were received, stored and disposed of correctly and there were records of each action which meant that people's medicines were managed safely.

Is the service effective?

Our findings

We found that the service was effective. People who used the service confirmed they were involved in planning their care and we saw that plans were personalised. Each care plan contained information that was personal to each person. For instance one person had specified that they did not wish to be checked at night. This enabled staff to identify people's care preferences. People told us that staff had the skills and knowledge to provide the care they needed. One person told us, "They're (staff) very good; they know what they're doing. Look at me I won't be long before I go home. "A second person said when asked, "Oh yes, I think they do."

The CQC is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS authorisations are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We could see that people's mental capacity had been assessed where necessary and we saw evidence of best interest decision making. In one case it had been decided that it was in a person's best interest to live at Silver Birches. There was clear evidence of consent being sought by staff for issues such as staff checking people at night. People who used the service had agreed to and signed their care plans. Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in their file which had been discussed with them. The service was choosing the least restrictive options for people when it was necessary to do so. The service was following the principles of the Mental Capacity Act (MCA) 2005.

The registered manager provided people with information about the service when they came to live at the service. The information included information about the service, the facilities and support offered.

Staff were trained and supported at this service. All the staff we spoke with had completed an induction period when they started working at this service and most of the care staff had gone on to achieve a vocational qualification in care at level 2 or above. Other, more specialist training had been completed by staff. Examples of subjects covered during this training included Mental Capacity Act, dementia, autism and equality and diversity. One member

of staff told us, "I am well supported and where necessary given assistance if I don't understand something." A second member of staff said, "I can discuss any issues in supervision such as training, holidays and how I feel."

The staff used assessment and monitoring tools to identify changes in people's health and wellbeing so they could quickly access appropriate health, social and medical support when needed. On the day of the inspection one person clearly had serious hearing difficulties and a poorly functioning hearing aid didn't help them. They told us, "I don't like this and it's not much good but I can't hear anything in this ear without it and not much with it." This was reported by the inspector to the registered manager who responded immediately by making arrangements for this person to see a community audiologist.

The environment was suitable for the needs of people living or staying at the home. The day centre had a large lounge area as well as access to toilet and bathroom facilities. The rehabilitation unit was funded in part by the local health trust and had four bedrooms, a lounge area and kitchen. People who are accepted into the unit have up to six week's rehabilitation before a decision is taken about their future. We were told by the registered manager that people are usually able to return home after receiving support from a physiotherapist and an occupational therapist. They are not based at the service and so they train staff to do any exercises that are required to be done. This means that people receive a consistent service that meets their needs.

There were seated areas throughout the building which all looked out on to the courtyard or the street. There was a lounge where people were busy doing activities and there were a number of quiet areas suitable for people to use to have private discussions with family or professionals or for having private time away from their rooms. The kitchen and communal areas of the service were spacious, uncluttered and very clean. There were ramps and wide corridors to facilitate the use of walking aids or wheelchairs where required.

Most of the people who used the service spoke enthusiastically about the meals. One person said, "The food here is excellent, it couldn't be better," and another said, "Sometimes it's lovely and sometimes it's not. Bread

Is the service effective?

isn't the same these days; you can't get nice bread like you used to. There's a choice every day and they make lovely sandwiches but what's left gets put in the fridge I think and then they're all wet underneath; spoiled, spoiled."

Mealtimes were observed to be sociable occasions in a very attractive dining room where people chatted throughout the meal and clearly enjoyed the food which looked and smelled very appetising and fresh. Some people ate in their rooms. Staff were attentive to people's needs and

maintained the dignity of those who experienced difficulty in a very discreet way. One person said, "It's very, very good and do you know you can get a snack or a drink any time you want - just ask for it." People were offered drinks regularly throughout the day.

We saw that the menu for the day was displayed on a board in the dining room as well as on each dining table. All the tables were set properly with condiments available. There were pictures and reminder boards on the walls.

Is the service caring?

Our findings

People said that staff were kind and caring. One person said “We all get on, they're (staff) wonderful. They're right down to earth, easy to talk to. We have a bit of fun.” A second person said “They're (staff) pretty good, we get on well. Some are more jovial than others. Some have their off days, like everybody.”

We observed that there was a friendly atmosphere between staff and people who used the service. There were numerous examples of staff having meaningful and positive relationships with the people living in the home throughout the day. Our observations revealed that all staff had a good knowledge of people, their life histories and their preferences. People were spoken to in a friendly, polite and respectful way with lots of cheerful banter and laughter.

One person told us, “They're polite and respectful, exceptionally helpful and good.” While another said, “They're always kind and helpful, they know me very well.” Staff demonstrated that they knew people well throughout the day and could answer all of our questions about people's needs in detail.

Staff were seen to help and support people in their activities and mobility in an appropriate way to foster their independence. Carers were seen to encourage residents to get themselves up and out of armchairs when they needed to go to somewhere else in the home, using their walking aids but held heavy doors open and made sure there were no obstacles that could be a risk and carried any additional belongings so that the resident could concentrate on what they wanted to do.

When asked if they were listened to and encouraged to make suggestions one person said “I did make suggestions before, about activities. I think it must have worked because since then we have a young lady who comes.” And a second person said “Oh yes, they do listen to you, you know they do because of the conversations you have.”

We saw leaflets advertising advocacy services but did not see that anyone had an advocate. Most people had families who visited regularly. People said their family and friends were always welcome. One person said, “You'll see people in and out all the time. It can get quite busy with them but that's nice.”

Is the service responsive?

Our findings

This service is responsive and people said they felt that their individual needs were addressed. One person said “I can do anything I want within my capabilities and they help me do that. They always say to make it like your own home.” Another person said “Yes, they're very good on that. They talk to you about it.”

Before people became resident at Silver Birches an assessment was carried out by the registered manager to ensure that the service was able to meet that person's needs. People were allocated a key worker when they arrived who supported them during their first weeks and beyond. A key worker is a member of staff who works closely with people who use the service and their families to provide support and a point of contact.

We saw that the care plans were reflective of the person and each person had a care plan that was personal to them. The care plan had been written in consultation with the person or where that was not possible their families or representatives. We saw that the care plans were reviewed monthly by the key worker and there was evidence of some reviews by the persons care co-ordinator. A care coordinator is employed by the local authority to assess a person's care needs and to develop a care plan. One member of staff told us, “I am a key worker and am involved in reviewing care plans and risk assessment's every month.” This was a means of keeping track of peoples changing needs and recording them.

People who used the service were smartly dressed and looked very well groomed with their hair tidy and many of the ladies had manicures. They were mostly engaged in groups or individually in the activity programmes led by the full-time Independent Living Facilitator. This is a person who supports people to access group or one to one

activities. People were encouraged to maintain hobbies and interests and the service employed a person full time to organise activities. They appeared very engaged with various activities and said that they felt they had been involved in determining what was on offer.

The Independent living facilitator told us, “We try to promote independence with the activities, The residents have put forward suggestions and we discuss it and agree what we'll do. We go out on trips and the residents particularly like going to the Community Centre in Filey for tea or coffee. There they can meet up with lots of other Filey residents and feel they're still part of the Filey community.”

There was a full list of activities with people particularly enjoying a pamper session. Other activities offered were an exercise class, arts and crafts, quizzes, dominoes and themed activities around festive periods such as Valentine's Day and Easter.

Outside entertainers also visited the service. The entertainment including singers, musicians, Mr Motivator and a very popular planned event of a clothes party in collaboration with Edinburgh Woollen Mill. The service also organised Easter & Summer Fairs which are open to the public to promote community spirit. We were told that they were always very well attended and raised substantial funds for the Residents Fund. People using the day centre told us that they came for lunch and did a variety of activities but mainly they enjoyed socialising. People had choices about how they wished to spend their time.

Leaflets outlining how people could make a complaint were given to people who used the service and were displayed in the entrance. There had been four complaints made to the service in the last twelve months which were all dealt with within 28 days. We saw records of the complaints and actions taken.

Is the service well-led?

Our findings

All the staff we spoke with told us they felt supported and enjoyed their work. Staff told us, “This is a lovely environment to work in” and “The managers are supportive and encouraging.” They said that the registered manager always acted immediately on any concerns they reported while maintaining their confidentiality. One staff member told us, “We’re all a good team. We get on well and communicate well.” We saw that the staff worked well together and approached the registered manager and senior workers throughout the day to ask for advice or guidance.

Records showed that staff received regular supervision. Staff confirmed this. One member of staff told us, “The duty manager does my supervision. They give me a lot of reassurance.” The registered manager had a management qualification and had completed training such as effective supervision and appraisal skills to enable them to carry out their role effectively as well as maintaining the mandatory training that all staff had completed.

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager was approachable and had a regular presence in the service. During our inspection we spoke with the registered manager. They were able to answer all of our questions about the care provided to people which showed they had regular contact with the staff and the people who use the service.

We saw that the registered manager led by example and was keen to improve the service. During the inspection we told the registered manager about someone needing assistance with their hearing aids. The registered manager acted on that information immediately which meant that people who used the service could be confident that the registered manager would act to maintain their welfare.

The registered manager monitored the quality of the care provided by completing regular audits. These included audits of medicines, care records and infection control.

They evaluated these audits and created action plans for improvement, when improvements were needed. An annual improvement plan was devised by the registered manager and actions set out for completion. Where guidance was needed the registered manager and senior staff showed knowledge of good practice guidance.

The registered manager told us that they attended meetings quarterly with other managers across the provider group and the nominated individual from the organisation to focus on the development of good practice. North Yorkshire County Council, who is the registered provider, also has a share point website where managers can share good practice and any tools which helps to maintain and enhance the registered managers knowledge and skills.

Relatives were consulted regularly. This was in the form of an annual satisfaction survey as well as regular and ongoing contact. They also received a quarterly newsletter sent to keep them informed about events at Silver Birches.

Staff meetings were held regularly. Staff told us the meetings were an opportunity to raise new ideas and raise any concerns. They told us they believed their opinions were listened to and key workers told us that their ideas and suggestions taken into account when planning people’s care and support.

There was a system in place for recording accidents and incidents. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded.

There were emergency plans in place for all individuals. For example, people had personal evacuation plans telling staff how to support individuals in the event of fire. This meant that people would be supported effectively in the event of a fire.

The service worked alongside healthcare colleagues to provide rehabilitation services at Silver Birches. There was also a community podiatry and audiology clinic held at this service demonstrating that the service worked well with other professionals.