

Pine View Care Homes Ltd

Silver Birches

Inspection report

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Tel: 01162832018

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30 August 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 30 August 2018 and the visit was unannounced.

Silver Birches is a residential care home providing accommodation and support for up to 19 people. Silver Birches had 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Silver Birches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Silver Birches accommodates a maximum of 16 people in one building, with bedrooms on the ground floor and first floor. At the time of our inspection there were 15 people who lived at the home.

At the last inspection on January 2016 the service was rated as Good. At this inspection we found the service remained Good.

People had their support needs assessed and were involved in the development of their care plan. Staff had access to people's care plans and received regular updates where people's needs had changed. Care plans were updated and included changes to peoples' support needs. People were supported to attend routine and specialist health checks.

People felt staff were kind and caring, and their privacy and dignity was respected in the delivery of care and their choice of lifestyle. People were aware of their care plans and they were involved in care plan reviews. Staff prompted people's choices and respected their decisions.

People were provided with a choice of meals that matched their dietary and cultural needs and choices. Staff ensured people were able to maintain contact with their family and friends and visitors were welcome without undue restrictions. There was sufficient person centred and culturally appropriate activities provided on a regular basis.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work with people. All the staff received a training induction and then on-going training for their specific job role. Staff were informed about and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what assistance was available from external bodies to report suspected abuse on to and follow up alleged incidents.□

Staff told us they had access to information about people's care and support needs and what was important to people. People who used the service and staff felt they could make comments or raise concerns with the

management team about the way the service was run and were confident these would be acted on.

There was a clear supportive management structure within the service, which meant the staff were aware of who to contact out of hours. The provider undertook quality monitoring in the service and was supported by the compliance manager and staff. Staff were aware of the reporting procedure for faults and repairs and had access to maintenance services and resolve emergency repairs.

The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals. We received positive feedback from a health professional about the support offered to people.

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 remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained 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 persons continued to meet 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.

We visited the service on 30 August 2018 and the inspection was unannounced. The inspection team consisted of one inspector.

Before our inspection visit, we reviewed the information we held about the home and information from the local authority commissioners. The commissioners for health and social care, responsible for funding some of the people that lived at the home told us they had some concerns about how the home was being managed. We took this into account during our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications from the provider; a notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who lived at the service and one visiting relative. We spent time observing the care and support being provided throughout the home and in the wider community. 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 with us.

We also spoke with the registered manager, compliance manager, care manager and two care staff.

We looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Is the service safe?

Our findings

People told us they felt safe. One person said to us, "I am safe, I can lock my door there's no need."

The provider had policies and procedures about how staff should safeguard people. Staff had this information which they could follow if they had any concerns about a person being at risk. Staff we spoke with understood their responsibilities to keep people safe from abuse. Staff confirmed and records demonstrated staff had received regular and detailed training that ensured they recognised the signs when people may be at risk of harm. Staff were aware of whistle blowing and were able to explain the process they would undertake if their concerns were not followed up by the management of the service. One staff member said, "I can go to the compliance manager and if not acted on, the owner. Failing that it would be social services." The compliance manager was aware of their responsibilities and ensured safeguarding situations were reported through to the Care Quality Commission as required.

Sufficient numbers of culturally appropriate staff were employed to tend to people's needs. People told us there was enough staff to ensure people remained safe. Staff told us they believed that staff were employed in adequate numbers to ensure people were safe. They said there was usually staff present in public areas to ensure people were observed at all times. A member of care staff told us, "There are enough staff to ensure they [people] are safe."

The compliance manager told us they used a staffing calculator to ensure there was enough staff to care and support people's needs, which provided staff cover throughout the day and night. A relative said, "I chose this home as it's small and there's not so much of a staff turnover."

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff. We found that the relevant background checks had been completed before staff commenced work at the service, and annual checks were made to ensure staff remained able to work with people.

Risks to people posed by the environment were documented and included hot water temperatures being regulated and radiators being guarded to reduce the risk of scalds and burns. People in the home were independent so few adaptations to the environment had been required, but the compliance manager stated these would be introduced where necessary.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and all staff who administered medicines had received training. Following their initial training staff had their competency to administer medicine checked throughout the year, which ensured their practice was up to date and safe. We saw staff followed written guidance which ensured people were given the right medicines at the right times.

People told us the home was cleaned to a standard suitable for them. One person said, "I always have a nice clean bed." Cleaning schedules were in place and staff were trained in infection control and prevention. We noted the laundry door was not always kept locked, however there was a member of staff in the office which

is situated directly across the corridor. We spoke to the compliance manager about this who said they would ensure staff were reminded to keep the laundry secured when staff were not in close attendance.

Changes that had been introduced by the management staff and outcomes from investigations were documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained, and staff prompted to ensure their practice was changed accordingly. The compliance manager said if any issue related to a single member of staff this would be followed up at one to one meetings, to ensure confidentiality.

Is the service effective?

Our findings

The compliance manager explained how people's needs were assessed prior to their move into the home. People's needs, and choices were assessed to provide the basis of a care plan which was then developed throughout the person's stay to reflect any changes of their needs. The initial assessment covered areas such as levels of support and how staff were to meet people's cultural, physical and mental health needs.

People told us they felt care staff were trained to provide a good service that met their needs. Records we viewed demonstrated that staff had received the training and supervision that they needed and provided a good effective service. Staff supervision can be used to advance staffs' knowledge, training and development by regular meetings between the management and staff group. Supervision sessions included observations by the management team. The compliance manager told us this was to ensure staff were adhering to the training that had been provided, and to ensure their continued development. One staff member said, "We have the [compliance] manager supervise us when we do the job, they've checked when I've gave the medicines out to make sure I have done it correctly." A second member of staff said, "I've had a lot of training since I started here but prefer face to face training."

People were supported to have enough to eat and drink. One person told us, "The food is good, they [staff] always ask me what I want." A second person said, "We have strawberries and ice cream, that's my favourite."

People were offered positive meal choices and were offered food throughout the day. Breakfast in the morning was followed by drinks and snacks throughout the day. Lunch was planned around 1.00pm, where the main meal was served offering culturally appropriate choices. People had the choice to eat their meals in their bedrooms or one of the lounges. One person told us, "I prefer my meals in my room, I like it that way."

Where dietary restrictions were necessary people had been referred to their GP or specialist for advice. Specialised diets, such as diabetic diets were provided for people who required them.

People were supported to maintain their health. People were encouraged to attend their GP by visiting the local surgery, though home visits were arranged when necessary. We saw where health professionals input had been sourced for a person who required a specialist piece of equipment, which greatly assisted their posture.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, one application had been approved by the local authority to make sure people's freedoms were not unnecessarily restricted.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. People's

consent was sought, and one person told us, "They ask what help you need."

People's consent and ability to make decisions had been assessed and recorded in their care plan. It was clear what specific decisions people were unable to make and where staff had to make informed choices on people's behalf.

Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act.

Is the service caring?

Our findings

People we spoke with were positive about the relationships with the staff group. One person said, "It's good here, they make time to sit and talk with you."

People were involved in the support that was offered by staff. We saw examples of this in the care plan where staff asked people how they wished to be addressed and were asked if they wanted staff to check their wellbeing during the night. That demonstrated that staff involved people in the support they required.

We observed people were treated with kindness and compassion by a caring staff group. We saw staff interacted positively with people throughout the inspection which confirmed that staff were caring and helpful and people were treated respectfully. We observed there was a calm and relaxed atmosphere in the home which allowed meaningful conversations between people in the home and staff.

Staff told us about how they assisted some people with personal care, and the steps they took to preserve their privacy and dignity. That demonstrated staff took steps to promote a caring and thoughtful approach to the support offered to people.

We observed staff greeted people in a friendly way when entering public areas and people were provided with a choice of where to sit and whom with. We observed care staff had a good relationship with people and engaged them in an empathic way. People were supported to be independent and had access to information about advocacy.

Staff recognised the importance of people's individual privacy and ensured bedroom doors were lockable. People told us they had the option to lock their door at night but chose not to do so. Individual bathroom and toilet doors could also be locked when the room was being used. This demonstrated that people's privacy and dignity was considered at all times by staff.

A member of staff said, "I know when I help [named person] with their personal care, they like me to wait outside the door."

The compliance manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider, is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process.

Is the service responsive?

Our findings

The support people required was assessed before they moved into the home. People's care plans included information that guided staff on the level of support and prompting they required to ensure their individual needs were met. People told us they had seen and agreed their care plan. One person said, "I am well looked after here."

Care plans had detailed information about people's individual preferences and support needs. One person said, "You just need to press the buzzer and they [staff] come, they bring you what you want." This included information about what was important to each person, their health and details of their life history. We reviewed care records and found that people received the care they agreed to and was detailed in their care plan. People and when appropriate their relatives were involved in planning and reviewing their care. This ensured that the support people received continued to meet their needs.

Staff understood people's individual needs. One member of staff spoke to us about the specific dietary needs one person had. They told us this information was included in the care plan and all the staff were aware of the information, including the catering staff. Where people displayed behaviour that may put themselves or others at risk, staff had clear guidelines on how to support them. Staff understood how to minimise people's anxieties and used positive strategies to help people remain calm. Care staff understood the importance of promoting equality and diversity.

We asked the consultant manager about how the accessible communications standards had been introduced to the staff group. The accessible communications standards allow staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and /or sight loss, or communication debility caused by a life changing event. Some people had their communication needs assessed and the person's needs were added to the care plan.

People were encouraged to take part in activities that they enjoyed and were meaningful to them. One person said, "I prefer to keep myself to myself, I don't need to play games."

Staff later confirmed activities were planned on a regular basis and was something most people enjoyed. One staff member said, "We don't always do what's planned, sometimes people just want a chat, or to do colouring, so we do what they want."

People enjoyed spending time in their bedrooms, watching television or went out to the local shops. People's care plans identified their interests and activities that they enjoyed which guided staff when they were encouraging them to take part in activities.

People told us they felt able to approach staff if they needed to raise any concerns and were confident that staff would be addressed. One person told us, "If I have a complaint [care manager] will sort it out for me."

The provider had systems in place to record complaints. People we spoke with said they knew how to make

a complaint. Records showed the service had received one complaint in the last 12 months, which included 'minor' comments made by people. This had been investigated, and a written explanation sent to the complainant. Feedback from complaints was provided for staff through staff meetings and individual supervisions where needed, changes were made to the service, because of complaint outcomes.

Some people had end of life plans added to their care plans. Details of funeral directors and other people to contact in the event of people's passing were included in individual care plans.

Is the service well-led?

Our findings

People we spoke with during the inspection gave us positive opinions about the service, management team and staff. One person said, "[Named care manager] is ever so good, she's always on hand to answer a 'call for help'."

A registered manager was 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were provided with the guidance and direction they needed to develop good team working practices. We found that there were regular handover meetings at the start and end of each shift where staff were provided with information about changes to people's support needs. Care staff told us they were assured that they could speak with the compliance manager if they had any concerns about the conduct of a colleague.

Staff had high praise for the management team. One staff member said, "[Named compliance manager] comes around regularly, if we have anything to chat about she's always there to listen."

Documents showed that people, their relatives and visiting professional staff had been invited to complete questionnaires on the quality of care that was offered. People confirmed that quality assurance questionnaires were sent out periodically. One person said to us they received and returned one, "A couple of months ago." The visiting relative confirmed they were also sent a quality assurance questionnaire. The compliance manager stated the most recent questionnaire that had been sent out had not been well supported with only two being returned. They added this was viewed as a positive where people appeared not to have any opinions about the home or suggested improvements.

Quality assurance checks were regularly undertaken by the management team and included making sure that staff support for people was being provided by care staff in the right way. People's care and support plans were checked on a regular basis to ensure they were up to date. Quality assurance records showed that checks were undertaken by the care manager and staff and were then checked by the compliance manager. Outcomes from these were then overseen by the provider. That ensured the provider was aware of any areas where safety was compromised and action to rectify these was swift and decisive.

We saw evidence that the provider worked in partnership with health and social care colleagues. Input from social workers, occupational and physiotherapists GP's and a variety of community nursing staff.

The provider is required to display their latest CQC inspection report at the home so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. They continued to notify us of some important events that occurred in the service which meant we could check appropriate action had been taken.

