

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 ●

Summary of findings

Overall summary

Silver Birches is a residential care home for 31 older people. The service is purpose built over two floors and comprises a residential home, a rehabilitation unit and a day centre. There were 15 people living at the service and one person staying in the rehabilitation unit.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported by staff that had been recruited safely and were deemed suitable to work in this environment. We found there were sufficient staff to meet people's needs.

Environmental and individual risk assessments were completed. These were used to identify and minimise the risks to people who used the service.

Staff understood what it meant to safeguard a person and received training in this subject.

Individualised care plans were in place which were reviewed regularly. People's medicines were managed in a safe way.

Staff received training to ensure they could meet people's needs safely. They were supported through supervision and appraisals.

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

People's nutritional needs were effectively met. People spoke positively about the quality of the food, which they enjoyed.

People were supported to access health care professionals when needed. Feedback we received from visiting healthcare professionals was positive. A healthcare professional told us that the staff acted on any advice given and this resulted in improved outcomes for people.

People said the registered manager and staff were helpful and friendly. Staff understood the importance of respecting people's dignity and treating people with respect.

There was a good range of activities available to prevent people from becoming socially isolated. People knew who to speak with if they had any worries or concerns and were confident that action would be taken if they raised any issues.

There was a registered manager in post. They maintained an effective quality assurance system which ensured that the service was well managed and organised. Audits for each area of the service were

completed. Feedback was sought from a variety of sources through questionnaires, meetings and one to one conversations.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection took place on 12 April 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we looked at all the information we held about the service including statutory notifications. The registered provider is required to notify us of any events at the service that affect how the service runs or people who live at the service. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners for feedback. We used all this information to help us plan the inspection.

During the inspection we spoke with the registered manager, two senior care workers, one care worker and the independent living facilitator. We also spoke with six people who used the service. We spoke with an occupational therapist who was visiting the service. We looked around the service including communal areas and people's bedrooms where permission was given. We observed staff practice throughout the day and reviewed the care records of four people. We looked at activity records and observed activities throughout the day, observed lunchtime and were shown how medicines were managed and administered by a senior care worker. We inspected records showing how the service was run such as records of the servicing and maintenance of the building and equipment, staff meeting minutes, resident and relatives meeting minutes, accidents and incident records and complaints.

Following the inspection we were contacted by a relative who wished to give us feedback. We contacted a member of the hospice care homes team to gather feedback.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us when asked if they were safe, "Oh, yes. No-one would hurt you here." A second person told us, "It's a good place to be; no ill treatment." Everyone we spoke with felt that where there were any issues around safety they would be dealt with by staff.

Training records we saw confirmed staff had received training in how to protect people from harm. Staff told us that they would raise any concerns with managers and were confident that any issues they raised would be acted upon. One care worker said, "There is a whistle blowing policy should I need it." The registered manager was aware of the process for raising any safeguarding concerns with the local authority.

Care plans contained risk assessments which were updated on a regular basis or when the person's needs changed. For example, one person had been assessed for the risk of malnutrition which was found to be low risk. However, there were additional circumstances which put the person at risk and so clear risk management plans had been put in place for staff to follow.

An occupational therapist told us that staff knew people well and acted as their 'eyes and ears.' This meant that any concerns were identified quickly. Any accidents or incidents were recorded and noted in the person's care file. Changes to care plans were made if it was appropriate.

There were sufficient staff to meet people's needs. People told us that there were enough staff to care for them. One person told us, "Staff work in twos all the time" and a care worker told us, "It is very well staffed here." When we looked at the rotas we saw that staff numbers had been maintained over the last four weeks.

Staff recruitment was robust. Background checks had been completed for prospective staff prior to them starting work at the service. These included gathering two references and a check by the Disclosure and Barring service (DBS). DBS checks return information about any convictions, cautions, warnings or reprimands. The checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working in care services. Staff confirmed they only started working at the service following those background checks.

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of electricity and gas, portable appliances tests and water safety. Records confirmed these checks were up to date. In addition, there was a fire risk assessment and tests of fire safety and fire fighting equipment showed them to be fit for purpose. People who used the service had Personal Emergency Evacuation Plans (PEEP's) in place. These are used where people require special provision to ensure their safety in the event of fire.

Systems were in place to ensure medicines were ordered, stored and administered safely. We observed medicines being administered and saw people who used the service received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their medicines.

These were completed correctly. We checked the stocks and records of controlled drugs (CD's) and found they were managed in line with regulations. CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm.

Is the service effective?

Our findings

People told us they felt that staff were well trained and had the right knowledge and skills to support them. One person who used the service told us, "Yes they [staff] are well trained and know what they are doing" A relative said, "I have been very impressed with staff at Silver Birches. They treat people considerately"

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that no applications had been made to the supervisory body by the registered manager but the registered manager was aware of the procedure to follow should this become necessary.

We saw staff gained people's consent before care and support was provided. One person told us, "I am independent but feel confident staff would ask and communicate well if needed." Visiting health care professionals told us that people's conditions were monitored and that changes to people's needs were discussed with them so that action could be taken to protect people's health and wellbeing. One healthcare professional told us, "Staff always ring for advice if someone is struggling." We saw that people had access to their GP when required. One person told us, "They are pretty good at getting you to see a doctor."

Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. Staff confirmed they received training on a regular basis in subjects which included MCA and DoLS training, safeguarding and medicines. The registered manager told us they monitored staff training, to ensure that it was kept up to date.

Staff completed an induction when they started working at the service and told us they thought the training equipped them to do their job effectively. One care worker told us, "I completed a corporate induction and shadowed more experienced colleagues. I have completed all mandatory training. [Training considered necessary by the provider]." Staff were supported through regular supervision sessions and annual appraisals.

People told us they enjoyed the meals provided. They told us, "The foods good and I drink water by the bucketful" and, "They make lovely cakes and sponge puddings." One person said they would like a change of menu but a second person told us they were asked about ideas for the menus. We saw this had been discussed at the resident and relative meeting. Relatives were able to share meals with people and a recent written comment by a relative was, "Yet another Sunday lunch provided for visitors. Superb home cooking." A tool to identify when people were at risk of malnutrition was used by the staff but we saw they also used their knowledge of a person to identify when there were any issues.

We saw that where needed areas of the service had been adapted to meet the needs of older people or those who required rehabilitation. For example, in the rehabilitation unit dining room in order to assist people to get in and out of chairs, they had been made higher. There were specialist baths which were easy to access and where necessary people had appropriate equipment such as pressure relieving mattresses.

The service had been refurbished in some areas and there was an on-going plan in place for improvements. One person had recently commented in the complaints and compliments book, "What a beautifully kept and pleasantly decorated place."

Is the service caring?

Our findings

People who used the service spoke positively about the service and the staff. One person told us, "Staff are so pleasant" and another said, "Staff buck you up and make you laugh." A third person told us, "On the whole they [staff] are good." A relative told us, "I've been very impressed with Silver Birches. They have been good to my [relative]." We observed many positive interactions between people and staff during the inspection.

People told us that they felt informed and involved in care reviews. They said they were consulted about their care and support needs. One person said, "I have seen and read my care plan and we meet monthly to discuss with staff." In addition, people were invited to share their views and give feedback at regular resident and relative meetings. The last meeting had 16 attendees who discussed the responses from recent questionnaires. They were invited to help to find solutions to some of the issues raised.

A relative told us that the service also cared for them as family members. They said, "They haven't forgotten us and invited us to join a concert arranged for residents." Staff knew people well and there was a stable core staff group which meant that people received good continuity of care. A relative said that staff were compassionate and thoughtful. They said that staff had shown sensitivity when choosing presents for people. The presents were tailored to each person's needs and/or likes. For example one person complained of the cold a lot and they had bought them a warm shawl.

Staff tried to maximise people's independence and wherever possible they tried to encourage people to do things for themselves. This was very evident in the rehabilitation unit where people were expected to return home where possible, but also in the residential unit. One person told us, "They try to help me to do a lot of things. I gave up on me but they didn't." The occupational therapist told us that they set exercises for people in the rehabilitation unit and the staff followed them to maximise people's skills and therefore their independence.

Care plans included people's social interests and lifestyle and this helped staff to provide a service that met people's preferences. People told us that they had respectful relationships and that staff respected their privacy, dignity and rights. There had been a recent dignity day where people who used the service and staff spoke about what dignity meant for them. People were at ease when speaking with staff and we observed that there was a warm, friendly atmosphere.

Staff told us they supported people with end of life care and we saw that where people were receiving end of life care they were registered with the hospice 24 hour helpline so that staff could seek assistance or advice immediately. In addition staff were supported by the hospice care homes and hospice at home teams where necessary. There was a member of staff at the service who had completed training with the local hospice and who provided a link between the service and the local hospice care homes team ensuring good communication. They told us that all staff at the service had taken part in education sessions for end of life care and staff confirmed this. A non-identifiable visual aid was placed on bedroom doors to alert staff to the fact that a person was receiving end of life care. These measures combined ensured that people receiving

end of life care had appropriate care and support in this stage of their life.

Is the service responsive?

Our findings

Staff were knowledgeable about each person and supported them in an individualised way. One person told us, "I resented the move here terribly but I can't think of anything bad to say about it now." A relative told us, "Staff are very flexible."

A visiting healthcare professional also told us staff knew people well and could spot any changes in their well-being. They commented, "They [staff] are very good at communicating with us and following up any concerns they have. We hold a weekly multidisciplinary team meeting in the rehabilitation unit where people's progress is discussed."

We saw that care plans were detailed and included information about people's needs. People told us they were asked how they wanted to be cared for which ensured they exercised choice in their lives. Care plans were up to date and these were reviewed regularly in response to changing needs. People's needs were assessed before they moved into the service to ensure these could be responded to and met. Each person had a key worker who updated people's daily notes and organised monthly reviews with people to discuss their care plan.

There was a handover by staff at each shift change. This meant that essential information was passed between staff so that they could meet people's individual needs in a consistent way.

A range of activities were offered in the service organised by the independent living facilitator. On the day we inspected we saw that there had been a breakfast club. This promoted people's independence by allowing them to get their own breakfast; there were people making Easter cards and a motivator session. A concert had been arranged that evening which people were looking forward to. People told us about local clubs and events in the town, which they attended and one person told us, "I like my quizzes." A relative told us, "I am very impressed by how they [staff at Silver Birches] have drawn on local resources for the benefit of residents."

People received information about what they could expect from the service and how to make a complaint if they were not happy. There was information displayed in the entrance hall which outlined the services available to people alongside the complaints procedure. There was also a complaints and compliments book that people could use if they wished. We saw that any complaints had been dealt with in line with the registered provider's policy and procedure. People told us that staff wanted to know about any complaints so they could be dealt with but they had none. There had been a large number of compliments made in the book and in cards and letters received. One person told us, "You can talk to them [staff]. If I wanted to complain I could go to them."

Is the service well-led?

Our findings

Silver Birches is one of thirty services run by North Yorkshire County Council. The registered provider has a history of compliance in the majority of its services. There was a registered manager in post which met legal requirements. 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.

There was a clear management structure at the service. The registered manager was supported by a care services manager who did their supervision and visited the service periodically. The registered manager was supported within the service by two deputy managers and senior care workers.

People we spoke with told us they found the registered manager and the staff approachable and genuine. One person who used the service told us, "[Name of registered manager] sees things and gets things done" and a care worker told us, "I think this is quite a tight ship and we can talk to managers. [Name of registered manager] has an open door policy. I would feel happy to go to them if I needed to. Managers support you and it makes you feel secure." The registered manager had been awarded an "Outstanding leadership award" by their employer in the previous year.

The registered manager attended a manager's forum quarterly and a locality meeting where ideas and good practice was shared. In addition, they attended a skills network group every two months. They were working with the local hospice to develop staff competence in palliative and end of life care and with Age UK to access activities for people.

Staff said they felt supported and there was an open, inclusive culture in the home. Staff told us they liked working in the home and felt that they received sufficient training to develop their skills and knowledge. Staff told us they had opportunities to give their views and suggestions about the service at staff meetings, supervisions and appraisals.

Feedback had been sought from people who used the service and relatives and the findings discussed with people. Where any issues had been raised solutions were sought in partnership with people who used the service.

The registered provider had a quality monitoring system in place which ensured the smooth running of the service. This included audits which the registered manager and senior staff had undertaken on a regular basis. This meant they could easily identify, assess and manage potential risks to the safety and well-being of people who lived at the home.

The registered manager had developed good working relationships with local health and social care professionals. Those we spoke with confirmed the service was well-led and staff were knowledgeable about people's needs and followed their guidance.

