

Pine View Care Homes Ltd

# Silver Birches

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Silver Birches is a residential care home providing personal care. The care home accommodates 19 people in one adapted building. The service provides support to people with physical disability, mental health needs and/or dementia. At the time of our inspection there were 17 people using the service.

### People's experience of using this service and what we found

A lack of oversight of the service meant some audits and personal emergency evacuation plans lacked detail. We found some care plans did not always contain the necessary information and this was not identified by the provider.

Recruitment was not always robust. Staffing was not always sufficient, and training was not always up to date. Medicines were not always managed safely. Infection prevention and control measures were not always in place to keep people safe.

There was a lack of involvement of people's relatives and next of kin. For example, relatives reported the service had not sought their views on the service generally or in relation to reviews of people's care plans.

People told us they felt safe. Staff understood safeguarding well. People were supported to eat and drink enough to maintain a balanced diet. Visiting healthcare professionals were positive about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 September 2021).

### Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to falls. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silver Birches on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation safe care and treatment and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Silver Birches

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors. An Expert by Experience made phone calls to people's relatives, to gather feedback on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Silver Birches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silver Birches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with six people who use the service, and seven relatives or professionals acting as next of kin about their experiences of the care provided. We spoke with three external health or social care professionals who were involved in people's care at the service. 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 spoke with nine members of staff including care staff, chef, domestic cleaner, service manager and registered manager. We reviewed a range of records. This included seven people's care records and multiple medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- People's personal evacuation plans to guide emergency services in the event of an emergency lacked detail. They did not all give enough information about people's needs. This put people at risk of unsafe evacuation in the event of an emergency as the fire service would not be fully informed of the specific needs of people.
- We saw evidence one person was placed at risk of choking as food provided was not always the size recommended by speech and language therapists (SALT). The role of SALT was to guide staff to any changes needed to food to make it safe to swallow for that specific person. The registered manager addressed the choking risk immediately.
- We identified ripped equipment and soiled furniture and, this had not been identified by the provider's own checks. This means people were at risk of infections from material that may get trapped in the damaged or soiled furniture.

Using medicines safely; Preventing and controlling infection

- Topical medicines were not always given consistently. We identified one person had regular topical medicines prescribed, however there were multiple gaps in the medicine's administration records. We were unable to determine whether the person had received their medicine as prescribed, the person either did not receive the medicine as prescribed or the medicine had been applied but not documented. This put the person at risk of receiving medicines incorrectly.
- Covert medicines were not managed consistently. Covert medicines are medicines which have been approved by a healthcare professional can be hidden in food or drink of a person who lacks capacity, to ensure the person gets their essential medicines, when they may otherwise refuse it. There was no guidance in place from the healthcare professional to state specifically how this should be administered and as a result one care staff had crushed medicines and placed in food whilst the service manager told us they should be hidden in food whole. This put people at risk of receiving medicines incorrectly. The GP was asked for a covert medicine information sheet on the day of inspection.
- The service was not always clean. We saw unclean light switches, ripped and stained equipment, and a stained non-wipeable chair in a communal space. The registered manager said the chair belonged to a resident and will be cleaned and moved to their room.
- Infection prevention and control measures were not always in place. Liquid soap had not been provided throughout the service in line with the service's own policy.
- Staff were not always using PPE effectively and safely. We saw staff painting resident's nails without a facemask. One relative told us, "The staff don't wear facemasks." Staff told us, "When we are speaking to residents, they can get pulled down so they can understand you." This is not in line with government

guidance and put people at risk of respiratory infections such as COVID-19.

The provider lacked oversight of risks at the service and had poor infection prevention and control and medicines processes in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines administration records (MARs) showed people received their medicines as prescribed by healthcare professionals.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.
- Relatives told us they found the cleanliness of the service to be good. One relative said, "The place is very clean. I am impressed with the tidiness and cleanliness. The apparatus is also clean."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

People were supported to have visitors. However, not all relatives were aware they were now able to visit inside. Relatives told us they felt safe infection control processes were followed when they visited.

#### Staffing and recruitment

- Staff recruitment needed to be improved. All staff had references sought and police checks completed, and although eligibility check of identification documents had been carried out, the provider had not kept a record of them. This meant people were at risk of care from people that were not appropriately recruited.
- Staffing needed to be improved as we did not consistently hear there were enough staffing and whilst most of the time there were enough staff available in line with the dependency tool, we identified on staff rotas several occasions when there were not enough staff available in line with this tool. However, during our inspection we observed staff were able to respond promptly to people's needs.
- Staff gave us mixed feedback about staffing levels. One staff member told us, "Sometimes we only have two staff on, and it should be three. It can be quite hard." Other staff members said since the new service manager has started staffing levels have improved.
- Relatives and a next of kin provided mixed feedback. One relative said, "There is not enough staff which is why they (residents) don't go out", whilst another relative told us, "There is enough staff and they have bingo, music and sing-a-longs."
- People told us there were enough staff. One person said, "There is enough staff. If I want to have them help, they will help me."

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People who lived at the service told they felt safe. One person told us, "I've always felt safe here." Relatives also felt their relatives were safe, one relative told us, "Without a doubt my relative is safe and is looked after."
- Staff had a good understanding of safeguarding and whistleblowing procedures. We spoke to staff about



their understanding and asked what they would do if they suspected abuse. Staff were able to tell us the appropriate steps to safeguard people.

- Staff told us they felt confident the management team would respond appropriately to any concerns.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Staff support: induction, training, skills and experience

- Not all staff had completed training in some key areas, such as dignity and respect. The providers own "end of life" policy stated all staff should complete training in death, dying and bereavement, but this had not been done by all staff. This meant people may not be supported appropriately by staff, for example at the end of their life. We were told the registered manager was arranging a new training package to address these gaps in staff knowledge.
- Some staff told us they felt they needed additional training on how to support needs of people when showing specific emotional distress. They felt they had good general understanding of people who are experiencing distress but would benefit from a more person-centred approach. This might include looking at specific triggers, and ways to support a person. The impact of not having this training is people may not be supported in a person-centred way.
- Some staff felt they had sufficient training. We were told, "If you need help with training, they are quite good with training." Another staff member told us that following their good induction and shadowing period they, "Felt ready to work", before starting working independently.
- Staff told us they received regular supervision, which was of good quality.
- Relatives gave us mixed views about the support their relative received. One relative told us, "They know 100% how to support my relative."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People may not get full freedom of choice. One relative told us, "Staff encourage my relative to stay in their wheelchair because it's easier (for them)." This may suggest not everyone is supported to have choice all the time.
- Equality, diversity and human rights issues were not covered well in care plans. There appeared to be a lack of diversity exploration for people. For example, in care plans whilst we saw capacity had been recorded for people to make decisions relating to social cultural and spiritual care, there was no further detail on these needs. The manager assured us following the inspection they would address these concerns.
- The admission assessment process covered areas such as the person's general health, mobility, and nutrition and had been completed in line with current legislation and recognised best practice guidance. All of this information was used to form the person's care plan, risk assessments and support them to achieve good outcomes.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People were not always supported to receive food cut to the correct size to meet their swallowing needs, this has been addressed in the safe section of this report.
- We were assured people were supported to eat and drink enough. One person told us, "There is enough food," and, "Its ok quality food." Whilst a relative told us about, "They (relative) were underweight when moved here but is now putting on weight."
- We observed the lunchtime period in the dining room. There were sufficient staff, and the atmosphere was calm.
- People and their relatives told us they liked the decoration of the home. One relative told us, "The home is well decorated."
- People and relatives told us they felt positive about the environment. One relative told us, "I would consider here for my relative because it is friendly, small, very homely and they cater well for people."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff and registered manager worked well with other agencies. We spoke with two visiting health professionals, who told us communication worked well and they were contacted if there were concerns.
- Referrals to health care professionals were made appropriately to ensure care and support was timely. For example, we saw evidence district nurses had been contacted in a timely way when their input was needed.
- We were told about one person's skin condition which improved as staff had followed the advice provided by a healthcare professional of a schedule for applying creams.
- People told us they felt referrals were made to a doctor when needed. One person said, "I haven't needed to see a doctor. I'm quite well. But if I needed one, I think they would help."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS were in place for people who needed them and the conditions were being met.
- Assessments were completed when people lacked capacity. Best interest meetings were held to agree the decision, such as support with medicines and provision of personal care. These included professionals and relatives to support this process.
- Staff had a good understanding of DoLS, MCA and decisions made in people's best interest. Staff were observed seeking consent before providing care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was not always open and transparent. Relatives told us the communication between them, and staff was not always effective. One relative said, "Staff do tell me things, or I ask them, but would like them to respond to me more openly." Another said, "I personally would like more interaction with the home and how my relative is and if there are any problems like needing new clothes for example. The staff are defensive. Better, more honest communication would improve things."
- Oversight of equality characteristics was lacking. The registered manager had failed to identify the gaps in equality and diversity within care plans, which we identified at inspection.
- There was a limited approach to sharing information with and obtaining the views of people and their relatives or next of kin. Relatives told us about a lack of feedback sought by the registered manager from them, both generally and regards to reviews of care. One relative said, "I have not had a questionnaire and there haven't been any reviews." Another said, "I have not been invited to the care plan reviews and have not been asked for feedback."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager lacked oversight of people's care records. We found some important information about people's health needs was not recorded in their care plans. The checks by the registered manager had failed to identify this putting people at risk.
- There was a lack of oversight by management at the service. For example, there was no overall falls analysis at the service, to identify trends and put actions in place to reduce falls. Medicines management lacked systems and processes to identify there was no covert administration record from a healthcare professional in place. A further example is there was no system in place to ensure face masks were worn consistently.
- Oversight of staffing and recruitment were lacking. For example, the registered manager had failed to identify recruitment had not been completed fully, as their own systems and processes failed to pick up the lack of recorded identification checks. They also failed to identify they had not followed their own dependency calculations.

The provider had insufficient governance and oversight arrangements in place to maintain standards of care

and drive improvement at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We received mixed feedback from relatives about management of the service. Some did not know who the manager was and said, "I don't know the management team, I don't know who to ask for." Whilst another relative said, "I rate the management team; there is a new manager who impressed me."
- Staff were generally positive about the teamwork and communication at the service. One staff said, "Everyone takes part in their job, there is good communication in the home."
- People had been asked about their meal choices. A questionnaire was given to people about this. As a result, they had requested curry. Which we were told was trialled, and was a success, so is was added to the menu plan.
- The registered manager met their regulatory requirement by notifying CQC when appropriate.

#### Continuous learning and improving care

- Relatives told us the registered manager and care staff did not always act on things they agreed to, to improve care. One relative told us, "They (the staff) do say they will do something but then don't." Whilst another said, "Sometimes they (the registered manager and staff) are cooperative and other times they pass the buck."
- People felt their concerns were listened to. One person told us, "I've got nothing to complain about. But I'm sure they'd listen if I did."
- The registered manager was quick to put actions in place on the day of inspection to reduce risks identified by inspectors. For example, the care plan was quickly updated when it was identified the recommended diet for a service user was not included within the care plan in line with SALT guidance.

#### Working in partnership with others

- The service successfully worked in partnership with others. We spoke with two healthcare professionals who visited the service. They explained that referrals were made when needed, and staff listened to any advice given.
- Staff spoke positively about the service. One staff said, "If ever there is anything, you can raise it to (manager), and they will help you in any way." Another staff told us, "I would definitely put one of my family here, I know they would be looked after really well. I would recommend this home to a lot of people."

#### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the underpinning principles of the duty of candour and had an appropriate policy and procedure in place.
- The registered manager demonstrated they have applied the duty of candour when dealing with a significant incident at the home.
- Staff knew how to apply duty of candour where appropriate.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  There was a lack of safe care and treatment at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager failed to have effective leadership of the service including a failure of auditing processes, oversight of infection prevention and control practices, and engaging and involving relatives and next of kin of people using the service.