Bellview (UK) Ltd

Silverbirch Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on the 11 July 2016. Silverbirch Home provides care and accommodation for up to nine people with learning and or physical disabilities. At the time of the inspection nine people were living at the service. The service is also registered to deliver personal care to people in their own homes although this was not currently not being provided.

We last inspected the service in July 2014 and found that the provider was breaching regulations in relation to monitoring the quality and safety of the service. Following that inspection the provider sent us an action plan detailing the action they would take to address the breach. At this inspection we found that whilst improvements had been made in some cases these improvements had not been sustained. The provider had identified risks to people but had not always put adequate measures in place to reduce the risk for the person. The systems in place to monitor these risks were not entirely effective.

The service has a registered manager who was present throughout the inspection. 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.

People and their relatives told us that people were safe at the service. People were supported by staff who were aware of the signs of abuse and the need to report any concerns. There were sufficient, suitably recruited staff available to meet people's requests for support promptly.

Medicines were given safely and there were systems in place to monitor medicine administration. Staff had received training in how to support people with their medicines.

People were not always protected from risks associated with their care as the service had not always carried out assessments to minimise the risks to people. The registered manager was developing ways to rectify this concern.

Staff had some knowledge of the Mental Capacity Act (2005) and could explain how people communicated their needs. People were given choices in all aspects of their care. Staff had received sufficient training to understand and meet people's individual needs. We have made a recommendation about accessing and making use of communication aids to support people who use the service to express their views and choices.

People had their healthcare needs met and we were provided with many examples of how people's health had improved since they moved into the service. People were treated with dignity and respect and independence was promoted wherever possible.

People and their relatives were happy with the care provided and told us that staff were kind and caring in their approach. Care was planned with relatives to ensure care provided would meet people's individual needs. Staff were enthusiastic about their role and knew people well and could explain how people preferred to be supported.

Care was reviewed at regular intervals. People had been supported to maintain relationships with those who were important to them.

People didn't always have the opportunity for regular activities. We found that there was no schedule for activities and some people didn't access the community very often. There were limited opportunities for people to undertake interesting or stimulating activities when they were at home.

People and their relatives were happy with how the service was managed. The registered manager had made improvements to the way they monitored the quality and safety of the service although some of these had not been sustained. The service had sought feedback from relatives and health professionals but had not sought feedback from people. Staff felt supported in their role and felt able to make suggestions for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had been identified but assessments had not always taken place to identify how to minimise harm.

People received their medicines safely.

Staff were knowledgeable about safeguarding people and knew the appropriate action to take should they have concerns.

There were sufficient, suitably recruited staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People had their healthcare needs met.

People were involved in making decisions about their everyday care needs.

People had their nutrition and hydration needs met.

Staff had a good knowledge of people's individual care needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who had got to know them well and their preferences for care.

Care plans described people's individual needs and relatives input had been gained.

People's independence was promoted and their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care was reviewed.

People had access to some community activities although there was little opportunity for stimulation whilst people were at home.

People and their relatives knew how to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality monitoring systems had improved but these improvements had not been sustained.

There were limited opportunities for people to feedback their experience of their care.

People and their relatives were happy with how the service was managed and staff felt supported in their roles.

Silverbirch Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 11 July 2016 and was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and spoke with two people who lived at the home. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak with us due to their health conditions. We spent time in communal areas observing how care was delivered and 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 the registered manager, the deputy manager and four staff. We spoke with four relatives and received feedback from a healthcare professional who has regular contact with the service. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that people were safe living at the service. One relative commented, "She's well looked after and safe, absolutely." We saw that people approached staff with ease.

People were supported by staff who could explain the possible signs of abuse and the appropriate action they would take should they have concerns. Staff told us and records confirmed that they had received training in safeguarding. This would aid their understanding of the correct procedures to follow should concerns arise. Some people living at the home would be unable to alert staff if they were being abused as they were unable to communicate verbally. Staff emphasised the importance of knowing these people and their communication needs well so that any changes in their normal communication could be investigated. The registered manager was aware of their responsibility to report and respond to any safeguarding concerns that may arise. This meant people were supported by staff who had the knowledge to recognise signs of abuse and knew the action to take to support people appropriately.

The service had employed a member of staff who carried out routine maintenance around the home and was also available to undertake repairs as and when needed. The service had adapted the premises and provided specialist equipment to meet people's specific needs. We saw that specialist equipment had been routinely serviced to ensure it was safe to use. This meant that people were protected from the risk of using unsafe equipment.

Some people used behaviour as a way of communicating their needs or their feelings. At times these behaviours led to the person hurting themselves or others. Staff had received training in how to support people in a safe way when these behaviours occurred and the staff team had access to a healthcare professional and a person within the service who could advise on safe care and procedures at these times. Staff could explain to us what these behaviours meant for people and how they supported them to stay safe. Each person had a behaviour plan in place. There was a lack of detail in care plans about support needed which placed people at risk of receiving inconsistent support at times. This was particularly an issue when they were supported by staff unfamiliar to them or when they were displaying behaviour that challenged the service. The registered manager informed us that they had recognised this was a risk and was developing the knowledge of staff and updating care plans to further support people with their behaviours and ensure that they received consistent support.

Individual risks to people from equipment they used such as bedrails and hoists had not been fully risk assessed. The assessments that we viewed did not contain sufficient detail of how to minimise harm to people. Although staff were able to inform us how they supported people to use this equipment we found that assessments had not been carried out to ensure people were supported safely either initially or when their needs had changed. This meant that an inconsistent approach may be taken when supporting people who used equipment. The registered manager assured us that these specific assessments would be put in place.

We saw that there were sufficient staff available on duty in communal areas of the service to meet people's

requests for support promptly. The service had access to known agency staff to maintain safe staffing levels. Staff told us there were sufficient staff to meet people's needs. Relatives told us they thought there were enough staff working at the service and one relative told us, "There's quite a few staff. It's well staffed." We saw that staffing levels were planned to ensure adequate numbers of staff would be on duty.

We looked at the systems in place for the recruitment of staff. The registered provider had ensured that all staff had a Disclosure and Barring Service (DBS) check before staff worked with people and additional checks such as gaining references from previous employers were carried out. These checks ensured people were supported by suitable staff.

People received their medicines safely. We saw people receiving support with their medicines in a dignified way and staff explained to people about the medicines they were about to take. Medicines were stored safely and there were systems in place to audit medicine's to ensure they had been given correctly. We saw that staff had access to information about the medicines people took and how the person preferred to be supported. Staff told us and records confirmed that staff had received training in how to administer medicines safely and staff we spoke with could tell us appropriate action to take should someone refuse their medicines. The registered manager and staff told us that their competency to administer medicines was checked although this was not currently recorded. There was information available for staff about when people may need their 'as required' medicines.

Good

Is the service effective?

Our findings

Relatives informed us that staff had the skills and knowledge to support their family member. One relative commented, "Yes I do think they've got good skills." Relative's informed us that staff understood what to do when their family member became anxious and one relative commented, "They're very, very patient with her, very calm."

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us they had received training in the MCA, and staff we spoke with had adequate knowledge of what this legislation meant for people living at the service. We saw that people had choices relating to people's daily activities of living. One person we spoke with told us of the choices they had made during the day such as choosing what to wear and what to eat. Care plans we viewed detailed the importance of offering people choice. Although staff could explain people's individual abilities to make decisions records showed the capacity of people to make specific decisions had not been assessed or there was no details about which parts of the decision the person could or couldn't make.

Some of the people living at the home could not communicate verbally. Staff knew people well and had learnt how to interpret people's non verbal communication. However, there was a lack of communication aids available for people which could have further supported people with their communication when making choices and decisions. We recommend that the provider seeks out information about how to facilitate communication and makes use of communication aids which would support people to express their preferences. We saw that for one person who needed to have their medication administered hidden in their food, the home had sought and received medical agreement but no record of the best interest discussion had been completed

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The service had applied for a DoLS for some people due to restrictions on their liberty. Whilst awaiting for the DoLS to be agreed, the service had worked to limit the effects of these restrictions such as people having the opportunity for activities outside of the home.

Staff told us they had received sufficient training to carry out their role but that they were also willing to learn more. One staff member told us, "You can never have enough training so we can do better for the clients." Training had been scheduled for the year with all the required updates booked in. The provider had ensured that new staff completed the care certificate. The care certificate is a nationally recognised induction course that should be offered to staff to provide them with a general understanding of good care

practice. Staff told us they felt supported in their role and received supervisions although some staff told us they didn't receive supervisions frequently.

People were supported to have food and drinks that met their preferences and healthcare needs. People had access to the kitchen at all times. Some people had been supported to develop skills in preparing food and drink and enjoyed being involved in meal preparations. Specialist guidance had been obtained for people who required the texture of their food or drink altering for them to swallow it safely. Staff demonstrated an understanding of how to follow these guidelines and we saw meals been prepared in line with the guidelines . Meals were planned around people's known preferences and there was a variety of healthy meals offered. One person told us, "They [staff] bring all the food from the shops and I choose it." We saw that there was a lack of communication aids available to support people at meal times. During a lunch time we observed that some people had not understood the choices they had available to them which increased their anxiety until staff were able to serve the alternative that they knew the person had wanted.

People had been supported to access regular healthcare. The management team had developed strong links with some healthcare professionals and worked in partnership with them to support people effectively. Relatives we spoke with commented on the positive outcomes their family member had experienced since living at the service. One relative explained, " She is the healthiest that she's been in her life." Another relative commented, "If she's unwell, they get her to the doctor or the hospital and they tell me." The management team had been proactive in notifying and seeking advice from other healthcare professionals when a change in a person's condition was noted. Because of these links and the services proactive approach to healthcare people living at the home had benefitted from an improvement in their healthcare conditions.

Many of the staff had worked with people for a number of years and understood people's communication needs well. This was of particular importance for those people who did not communicate verbally. Staff were skilled in their interpretation of people's gestures and could explain what the person was trying to communicate. This in depth knowledge of people and their communication needs meant that subtle changes and signs that people's wellbeing was changing was noticed more quickly and had resulted in advice been sought promptly. In addition the service had sought specialist support for one person to aid their weight loss which had a positive outcome for the person. We contacted a healthcare professional who had regularly visited the service. They told us that the staff were quick to alert them to a change in healthcare needs. This meant people could be assured of having their healthcare needs met.

Good

Is the service caring?

Our findings

People appeared calm and relaxed around staff and one person told us, "They're nice [referring to the staff]. I like all of them," and, "They're kind." Relatives were complimentary of the caring nature of staff and one relative told us, "It's an absolutely fantastic home- I can't emphasise enough. Staff are always around and always welcoming. They understand her and she looks happy." Another relative told us, "To be honest, it's absolutely first class." One relative told us that their family member benefitted from staff who knew them well and commented, "They know what to expect, and what to do. I know they care about her."

Staff showed a caring attitude to their work. Staff told us they enjoyed working at the service and one staff member told us, "We do our best to look after people here." Another staff member told us, "I love caring for people. The residents are great. I want to make sure they are safe and make the residents more happy." Some staff had worked at the service for a number of years and had got to know people well. Staff were able to tell us in detail people's likes and dislikes and their preferences for care.

Care plans had been developed with family members and staff who had worked with the person for a number of years. Relatives told us that the service worked collaboratively with them when planning care. One relative told us, "We put our thoughts together and we came out with a care plan." Care plans contained details of how a person liked to be supported and contained information of what was important for the person's care needs to be met. We saw that one care plan did not have current information of how the person was to be supported. However, staff were able to tell us how this person preferred their support to be provided.

People were supported to maintain relationships with people who were important to them. People had regular contact with family members and relatives told us they could visit the service when they wished and how often they wished. One relative told us, "I just turn up and I go unannounced- I do that all the time." Another relative told us, "They make you feel welcome and they leave us on our own to talk." The service had accessed advocacy services for those people who did not have any family members involved in their care. The service had ensured that there were areas of the home for people to meet friends, relatives and advocates in private.

People were encouraged by staff to remain independent and we saw that care plans detailed the importance of promoting people's independence wherever possible. One person told us, "Staff do the cooking, but I go into the kitchen and to get things- staff help me get what I want." People had been involved in the running of some aspects of the home. We saw that people were encouraged to return their crockery to the kitchen after lunch and sometimes were supported to undertake some aspects of meal preparation with staff support.

Through our observations of staff interactions with people we saw that people were treated with dignity and respect. People were taken to private areas of the service when they needed support with personal care and we observed staff knocking on people's bedroom doors before entering. People had access to their bedrooms at any time of the day should they wish to have time on their own. Staff were able to describe

how they maintained people's dignity and explained action they would take to gain a person's consent before supporting them.

Good

Is the service responsive?

Our findings

We looked at the opportunities people had for accessing activities of their choice. Some people we spoke with were happy with the activities provided to them. We saw that the service had supported some people living at the home to attend further education to learn independent life skills. People had the opportunity to access the local community and we saw that recent activities included going to the park, going out for meals and shopping trips. The views of relatives varied about the activities that were provided for people to participate in. Whilst one relative commented how pleased they were with the activities on offer and the opportunity it had given their relative for new life experiences another relative was not pleased. They commented that there was a need for their family member to access further activities in the community. Records of community activities that people had participated in indicated that that although people had enjoyed these there were no plans in place to ensure that such events happened again or that other people who had not been involved would be able to have similar experiences. Staff could tell us about people's interests but hadn't always used this information to facilitate activities on an individual basis with people whilst they spent time at the service. During the inspection we observed that as a group people spent their time watching television. Although staff were present there were limited opportunities for any alternative activities. This meant people may not have received the opportunity to partake in activities that they enjoyed.

People's care plans had been reviewed regularly to ensure their current care needs had been documented. These reviews had been carried out by staff members who had got to know the person well and who reviewed people's care on their behalf. One person told us that the staff asked for their views on their care and stated, "They do ask me. I say I like this place." Staff told us that on occasion they had meetings with people living at the home to check if the person was happy with the care they were receiving although these were not planned and did not occur regularly. However, people were involved in review meetings which were led by healthcare professionals to discuss key areas of a person's care. Relatives informed us that they were involved in reviewing their family members care and were kept up to date with any changes in care needs. One relative informed us, "I've been in a lot of meetings, and they do consult me about her if anything happens." Another relative informed us, "I get a monthly update." The registered manager advised that people's experience of their care was monitored on a daily basis and was recorded through daily notes which were then reviewed by staff.

There were systems in place for staff to share important information about people's changing needs at handovers between staff teams at key points during the day.

People that we spoke with told us they knew how to complain and were able to tell us occasions when they had raised concerns which had been dealt with appropriately. Relatives felt able to raise concerns or complaints although they commented that they had not needed to do this. There had been no complaints made in the last twelve months.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2014 we found that the service did not always have adequate systems in place to assess and monitor the quality and safety of the service. Following this inspection the provider submitted a plan detailing the action they would take to address this breach of regulation. At this inspection we found that progress had been made in addressing many of the issues identified at the last inspection and the provider had followed their action plan. Some of the improvements initially made had not been sustained which meant people could not be confident that the quality of the service would be consistently monitored

We looked at how the registered manager monitored the quality and safety of the service. The registered manager had implemented audits of certain aspects of the service, which took place at regular intervals during the year. These included ensuring that equipment was serviced, that medicines were monitored and that the cleanliness of the service was kept under review. We found that some of the other audits were not robust and had failed to identify that assessments to keep people safe had not always occurred and care plans had not always been kept up to date. The lack of detail in care plans and documentation about how people were to be supported in management of risks had been identified but was still outstanding. Audits that had taken place had not considered or identified issues relating to respecting people's dignity. We saw that personal information about people had been displayed on a board in an area of the home that visitors may have had access to. Although this information was important for staff to be informed of it had not been identified by the provider that it was not appropriate to have this information on display and did not respect people's privacy or dignity. When we brought this to the registered managers attention they removed the information from display immediately and said they would think of an alternative method to record and monitor this information.

The last questionnaires circulated by the provider had been sent out to family members and visiting health professionals two years prior to the inspection and no other means had been used to obtain or capture the views of relatives or professionals about the service provided. The registered manager was aware that feedback had not been sought and was in the process of involving an external company to undertake this task in the forthcoming year. The service had also sourced people external to the company to undertake quality audits of the whole service which gave an unbiased view of the service and served as a tool the provider could use to monitor the quality of the service.

Meetings for people living at the service did not occur frequently and questionnaires to seek feedback from people had not occurred for some time. The registered manager explained that meetings with people had not been successful in the past but told us that monitoring of people satisfaction with the service took place daily which was recorded in daily notes. However, no other methods had been sourced or carried out to seek feedback from people about the service. Seeking feedback from people is a way of monitoring their experience of their care and to ensure the service is meeting their expectations.

There was a clear leadership structure which staff understood. The registered manager was supported by a deputy manager and senior staff. This ensured that leadership within the service was always accessible should the registered manager be unavailable. The deputy manager was responsible for the day to day

running of the home and we observed that she spent much of her time working alongside staff and people, providing support where needed. The registered manager understood their responsibility to inform the Commission of certain events that had occurred and was aware of what new regulations meant for service provision.

Staff we spoke with felt supported in their role and told us they were able to approach the management team with any concerns they may have. One staff member commented, "The manager's inspired me and I know it's a good company to work for." Another member of staff told us, "I enjoy working with the manager. She is someone I can talk to and listens to us." Staff told us that the service encouraged team work which staff felt aided their sense of support. One staff member told us,"The manager is very good and we work as a team to support each other." Staff meetings took place to keep staff updated in developments in the care sector, and to give staff the opportunity to raise concerns or share ideas for improvement.

Relatives told us they were happy with how the service was managed and felt able to contact one of the management team should they need to. One relative told us that one of the best things about the service was, "The way it's run. Everybody seems happy." Relatives told us that they corresponded more closely with the deputy manager and one relative commented, "She always listens."