

# New Outlook Housing Association Limited

## Silver Birch

### Inspection report

39 Silver Birch Road  
Erdington  
Birmingham  
West Midlands  
B24 0AR

Tel: 01212502067  
Website: [www.newoutlookha.org](http://www.newoutlookha.org)

Date of inspection visit:  
22 November 2016  
25 November 2016

Date of publication:  
13 February 2017

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 May 2015. After that inspection we received concerns in relation to some aspects of the safety of the service. In response to this we undertook an unannounced focused inspection of this service on 22 and 25 November 2016 to look into these concerns. This report only covers our findings in relation to this focussed inspection which looked at whether the service was safe. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Silver Birch on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Silver Birch provides accommodation without nursing for up to seven people who are living with learning disabilities and have sensory impairments. At the time of the focussed inspection seven people were living at the home.

There is a registered manager at the service 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 told us they felt safe living at the home. Staff were knowledgeable about the different types of abuse and told us appropriate action they would take should they have concerns. There were enough staff available to meet people's requests for support although we noted that the deployment of staff needed reviewing in order to promptly meet people's specific care needs.

There were systems in place to enable people to receive their medicines safely and to monitor medicine administration.

Staff had a good knowledge of the people they supported however this was not reflected in people's care plans and risk assessments. We found some records did not reflect people's current needs. There was a risk that people would not receive consistent, safe support with their care needs.

We received assurance from the registered manager that the issues identified would be addressed.

## 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.

Risks to people were not always managed appropriately.

Medicines were managed safely.

Staff were knowledgeable about safeguarding people.

People were supported by sufficient staff who had been recruited safely.

**Requires Improvement** ●

# Silver Birch

## 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.

We undertook an unannounced focussed inspection of Silver Birch on 22 November and 25 November. This inspection was carried out due to information of concern we had received about some aspects of the safety of the service. We inspected the service against one of the five key questions we ask about services: is the service safe?

This inspection was undertaken by two inspectors on 22 November and one inspector on 25 November.

As part of the inspection we reviewed information we held about the home, including notifications that had been sent to us.

On the 22 November we spoke with the registered manager and two staff members. We sampled records including two medication records, two care plans, quality audits and training records. We returned on the 25 November to speak with two people who lived at the service.

We spoke with the local fire safety team and with the local authority who commission services from the provider to seek their views of the service.

## Is the service safe?

### Our findings

People who we met at the inspection told us they felt safe living at the home and that there were enough staff to support them when they needed help.

We looked at how the service managed medicines. We saw that staff had received training about safe medication administration and checks had been carried out to determine if the staff member was competent to give medicines. We saw that specific training had been provided to some staff to enable emergency medicines to be administered. The registered manager informed us that additional training had been booked to ensure all staff received this training. We viewed two medication records and saw that each record stated if people had any allergies and stated the different medicines people were taking and the frequency people needed them. We saw that daily medicines had been given as prescribed. Where people had medicines on an 'as required' basis there was information available for staff of the signs of someone needing this type of medicine. There were systems in place to audit medicines regularly to check that people had received their medicines as prescribed. The systems in place around medicine management ensured that people received their medicines safely.

Staff we spoke with understood the different types of abuse people were at risk of and could describe the signs that may indicate a person had been abused. Staff knew appropriate action to take should they have concerns and understood the provider's safeguarding procedures. We saw that staff had received training to aid their knowledge in this area. This meant people were supported by staff who had the knowledge to recognise the signs of abuse and knew what action to take should they have concerns.

We looked at how the service managed risks to people. We saw that people had individual risks recorded in their care plans with measures put in place to reduce the risk for the person. Through discussions with staff and through viewing records we saw that not all risks associated with people's care had been considered. Records had not been updated for some time and there was a risk that people would not be supported appropriately and staff would not have up to date information about people's risks and the support they needed. People living at the service sometimes displayed behaviours as a way of communicating or to request support. Although staff we spoke with had a good knowledge of people's behaviours and what these meant for people, we saw that some guidance for staff on how to support people with their behaviours had not been reviewed for some time. Staff did not always have access to up to date information to support people consistently with their behaviours. This put people at risk of being supported by staff who may not recognise if people were expressing they felt unwell or their conditions were deteriorating.

Monitoring of people's behaviours took place to try and reduce the reoccurrence of behaviour which might cause them or others harm. Although staff had a good knowledge of people's behaviours, records we viewed did not always reflect this. Some of the records did not indicate a consistent, positive staff approach in supporting people with these behaviours and some terminology used was negative. This indicated a lack of understanding of behaviour as a means of communicating. The registered manager had planned training to refresh all staff's knowledge in this area and to ensure a person centred positive approach was embedded into this part of staff practice.

The registered manager was aware that records were in need of updating and was taking action to improve this and showed us evidence of new formats of care plans that were being introduced at the time of the inspection.

We saw that safe staff recruitment systems were in place. This included obtaining a Disclosure and Barring Service (DBS) check and obtaining references to ensure staff employed were suitable to support people.

Staff we spoke with informed us there were sufficient levels of staff at the service to support people safely. We saw that staff were available to support people promptly should they need assistance. However the registered provider had not monitored staffing levels to ensure staff were deployed effectively at all times of the day to meet people's needs. There was a risk that people would not receive the support they needed at certain times of the day such as when people were waking in the morning. We spoke with the registered manager about this who agreed to review the deployment of staff.

We spoke with staff about action they would take in the event of a fire. Staff were able to describe general evacuation procedures and the action they would take in the event of a fire. There was information available about people's individual support needs in the event of a fire. However some records did not reflect people's current support needs and there was a risk that staff could have an inconsistent approach in supporting people in the event of an emergency evacuation.

We were provided with assurance that the issues identified at the inspection would be addressed.