FitzRoy Support

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 care home for up to 14people who have learning disabilities, they may also have a physical disability. The home is managed by Fitzroy Support and located in the Richmond area.

At our last inspection of 10 October 2016 the home was rated "Good". At this inspection the home continued to meet the characteristics of Good in all areas.

People received safe care and support. The provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area. People were safe from harm because appropriate risk assessments had been carried out with regard to activities people took part in as well as the safety of the premises.

The provider employed sufficient numbers of staff to work in the home so that people's needs were met. People were safely supported with their medicines and general health and care staff had received training to enable them to carry out their role effectively. Care staff were supported by their management team to do their job.

People had good relationships with care staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The home had policies and management systems which supported and ensured good care practice.

Relatives told us they felt people were safe and well cared for in the home. Some people were unable to provide detailed verbal feedback but were able to indicate that they felt comfortable and at ease with staff. Other people spoke positively about the support they received.

We found where people lacked capacity that the appropriate authorisations were in place with regard to lasting power of attorney. People accessed health care homes when needed and records were maintained in relation to each person's health, appointment visits and medicines. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff.

The provider had a complaints procedure which relatives were aware of. The home had an open-door policy which welcomed informal discussions and conversations whenever needed.

This inspection was part of our scheduled plan of visiting homes to check the safety and quality of care people received. We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 home was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The home was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The home was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The home was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The home was well-led.

Details are in our Well-Led findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

Inspection team:
This inspection was conducted by one inspector.

Home and home type:
Silver Birches is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Inspection site visit activity started on 7 May 2019 when we visited the home to speak with people, see the manager and staff and to review care records and policies and procedures. Our inspection was informed by evidence we already held about the home.

We asked the home to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make.

We spent time with nine people living in the home to speak with them and to observe interaction between people and staff. We spoke with the registered manager, the deputy manager and three care staff. We also spoke with four relatives to ask for their views on the home and one external health care provider. We looked at the care records of three people who used the home, records of staff training and development and other records relating to the management of the home.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.
• Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
• Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
• Notifications were sent to us of events and incidents the provider was legally required to send us.
• Relatives expressed confidence in the safety of their relatives in the home. One relative said, "I am very happy that [my relative] is looked after safely. The staff do a wonderful job."

Assessing risk, safety monitoring and management.
• Risk assessments were in place to reduce people's risk of harm. Staff monitored people's safety and reported any concerns to the office staff to act on and amend risk assessments and practice.
• Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
• Relatives told us that they were informed of any accidents or incidents in a timely manner. One relative told us, "We are kept up to date with what's happening, and we can talk about things at parent's meetings too."
• The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
• Staffing numbers were sufficient to meet people's needs. Each of the three apartments within the care home had dedicated staff according to the number of people in each apartment.
• Rotas were managed well by the registered manager.

Using medicines safely.
• The provider's systems made sure medicines were safely received, stored and administered to people.
• People were safely supported with their medicines by trained staff. Staff were not allowed to support people with medicines until they had received training. Staff had also received training in the administration of any medicines specific to individuals, such as medicines to manage epilepsy.

Preventing and controlling infection.
• People were protected from the risks of harm by staff operating good infection control and prevention practices and following good food hygiene guidelines.

Learning lessons when things go wrong.
• The provider encouraged the registered manager and staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur.
• Staff told us there was an open-door policy where they could raise any issues with the registered manager and relatives told us that parents' meetings and regular communication enabled them to feel comfortable

about discussing anything.

Good

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.

Good: People's outcomes were consistently good, and relatives' feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People had a comprehensive assessment of their needs carried out. This included assessments of their healthcare and social support needs, and considered individual preferences based on culture, faith and other characteristics protected under the Equalities Act 2010.
• People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against. For example, where someone required two members of staff to be present whilst outside of the home this was provided.
• People's environment was assessed and reviewed where necessary to ensure it was suitable.
• People were moving to a new location in June 2019 and staff worked hard to ensure people and their relatives were kept informed. This included visits to the new location, a planned, gradual transition period and discussions with relatives. A relative told us, "I am very closely involved in all aspects of the care planning and assessments and the manager has kept us involved and informed about planning for move."

Staff support: induction, training, skills and experience.
• People were supported by staff who had completed relevant training and qualifications to carry out their roles. Staff completed an induction and received supervision and an annual check of their performance.
• Staff confirmed the training they completed in conversations with us and we saw records to back up training and supervision was monitored, reviewed and documented.
• We saw that individual supervision and development sessions with staff had not been as frequent in the last eight months. The registered manager explained that this had been due to her not being long in post and the work that was entailed in preparing for the move to their new home. The registered manager was able to show us plans of re-establishing regular individual sessions with staff.
• Staff we spoke with told us they felt very satisfied with the training and support they received. One staff member told us, "As well as giving each other support, we really can just ask our deputy manager or manager anything, or just book in a slot to discuss any issue."

Supporting people to eat and drink enough to maintain a balanced diet.
• People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. People were supported to make independent decisions and choices about what to eat and when. People and staff made use of pictorial images and feedback from relatives in order to understand people's individual choices.
• People's food and fluid intake was monitored as part of their overall health and well-being. Professional advice was sought, when necessary. For example, one person was on a diet where food was pureed, in line with an assessment and consultation with the speech and language team (SALT).

Staff working with other agencies to provide consistent, effective, timely care.
• Staff worked well with other agencies, health care professionals and social home officers. People were supported with their general healthcare by maintaining good relationships with GPs and pharmacy services.
• Specific needs were supported through the support of specialist teams such as SALT, behavioural therapists and community nurses who specialised in supporting people with epilepsy.
• One speech and language therapist told us, "The home, particularly the deputy manager, is excellent at ensuring we all work well together. I have no concerns and feel very involved in the support of people."
• Some staff at the home were attending a week-long Makaton signing workshop organised by the SALT team. This was to develop further skills in communicating with people.

Adapting home, design, decoration to meet people's needs.
• The house was split into three apartments to provide people with smaller group living which was in line with the values that underpinned Registering the Right Support and other best practice guidance. People could live as ordinary a life as any citizen.

Supporting people to live healthier lives, access healthcare homes and support.
• People were supported to access other healthcare professionals. Each person had a healthcare file that provided a full overview of the person's mental and physical healthcare needs.
• People had a "Hospital Passport" which was a document that described the health and support needs of the person when they were using a care service away from the home, such as a hospital.
• Staff completed up to date visits records whenever someone attended a healthcare appointment, including any actions the home needed to take to support the person.
• Relatives were complimentary about the support provided to people when they had to attend other care services. One relative told us, "When [my relative] had to go into hospital for a couple of nights, staff arranged for someone to stay in the hospital with her. They went above and beyond in order to ensure [my relative] felt reassured."

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

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found people were only restricted with their liberty to make sure they were safe, following appropriate authorisations and 'best interest' decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the home involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.
• People received the care and support they needed from caring staff. A relative told us, "I am very happy. I know [my relative] is well cared for with a lot of choice. They care for us as parents too, by making sure we receive minutes of meetings and inviting us to meetings."
• Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to improve their abilities and lifestyles.
• Each person had an individual support plan which contained details of their preferred activities and a keyworker. A keyworker is a care worker who monitors and oversees the care of an individual and ensures the care plan is adhered to.

Supporting people to express their views and be involved in making decisions about their care.
• We observed people leading the way in how they wanted their care and support delivered. They made choices about what they wanted to eat and when, or how long they wished to spend on a chosen activity.
• People could express their likes or dislikes for foods, conversation and occupation and staff respected these. For example, short sentences were used, or people expressed this through body language. Pictorial images and sign language such as Makaton were also used.

Respecting and promoting people's privacy, dignity and independence.
• People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. Independence was fully encouraged. For example, each person had an individual programme based on their preferences.
• People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. One relative said, "[My relative] is helped to make choices, in what they eat, how they dress, what they want to do, as much as they can. But staff are always on hand to help when needed."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the home met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• Staff understood, and had the skills to meet, people's social and cultural needs. People's support needs were well documented and support plans were based on people's lives, goals, skills, abilities and how they preferred to live their lives.
• We saw that people had their own care records, which included a description of how they preferred to be supported written from their perspective. For example, people had a section in their care records called "My perfect week" which described how they liked to spend their time.
• The support people received was reviewed regularly so where people's support needs changed, the support they received could be amended.
• People and their relatives were involved in the planning of their care and in the decisions around how it should be provided.
• People were able to enjoy in-house activities as well as activities in the community. These included swimming, cycling, community centre, visits to and by parents, and trips out. The home was equipped with internet access and a variety of recreational resources such as arts and crafts materials and games.
• The provider was aware of the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the staff used pictorial images with people to support them to make informed choices, and to help them understand who was on care duty each day.

Improving care quality in response to complaints or concerns.
• Relatives knew how to make complaints, and people were supported to give any indication of discomfort or concern through care staff regularly checking whether people were comfortable. A relative told us, "I would have no trouble being able to raise a complaint. But we meet regularly and can phone anytime if we need to."
• People, and particularly their relatives knew how to provide feedback to the registered manager about their experiences of care and the home provided a range of accessible ways to do this. These included, regular telephone conversations with relatives, complaint procedure and pictorial information.

End of life care and support.
• No one using the home required any end of life support.

Good

Is the service well-led?

Our findings

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

Good: The home was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the home while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
• The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the home or to people while being supported by staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. This was dedicated, friendly, open and transparent. Staff demonstrated the values through the support they gave to people and how they worked as a team. One staff member told us, "This is the best home I have worked in. I've worked with different providers in the past and this one, with the manager we have, is great to work for."
• People and their relatives were involved in discussions about their care. Relatives told us that the communication between the home and family was regular and frequent. However, one relative told us, "Sometimes the phone communication is carried out by staff with quite poor English and the calls are very hurried. This makes it difficult to understand what is being said and gives little time for discussion. I think this could be difficult, particularly for older relatives who are hard of hearing, to benefit from."

Continuous learning and improving care.
• The home was subject to various internal quality audits, including audits of complaints, safeguarding incidents, person centred care and audits which were aligned with the five CQC domains. Quality assurance audits were carried out every six months and the results fed into the service plan for the home. The home also learned from feedback from relatives through regular meetings.

Working in partnership with others.
• Regular handover and staff meetings provided opportunities to discuss current practice and support and any changes that were needed.
• The home worked well with external agencies and families. This was evidenced by the preparations for moving into a new location at the end of June 2019, where relatives were kept up to date and plans were regularly reviewed.