

Silver Birch Care Home Ltd

# Silver Birch Care Home

## Inspection report

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Birmingham  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Silver Birch is a residential care home providing personal care for up to 23 people. At the time of the inspection 13 people were living there.

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

We identified a number of issues in relation to the management of sharps. A sharp is a device that has sharp points or edges such as needles and syringes. We found some people did not receive their medication as prescribed with no recorded reason. We found some people receiving medicines on a when required basis (PRN) did not have a medical review.

We found improvements were required to ensure risk assessments were accurate and up to date following changes to people's health conditions.

The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place.

The provider did not have a registered manager in post. The provider's audits to monitor the quality of the service were not consistently effective in identifying and driving forward improvements. Audits of care records had not identified some risk assessments contained a lack of clear instructions or were not up to date.

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

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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 requires improvement (published 02 December 2019)

### Why we inspected

The inspection was prompted in part due to concerns received about the management of safeguarding incidents. A decision was made for us to inspect and examine those risks.

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.

#### 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.

We have identified breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (good governance) at this inspection. The provider responded to the concerns on the day of the 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Silver Birch Care Home

## Detailed findings

### Background to this 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 Care Act 2014.

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 one inspector and a specialist advisor who was a nurse. An Expert by Experience made calls to relatives on 10 September 2021 to gather feedback on the service 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.

The service did not have a manager registered with the Care Quality Commission. A manager who is registered with the Care Quality Commission 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with four care staff, including seniors, the acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

### Using medicines safely

- We identified a number of issues in relation to the management of sharps. A sharp is a device that has sharp points or edges such as needles and syringes. We found one sharp container was not signed for when brought into use. Sharp containers were also not disposed of when full or within a timely manner. Sharps containers should be disposed of within a timely manner to reduce the risk of contamination within the home. Sharp containers were not located at a suitable height, they were located under a worktop. Sharps must be located in a safe position, at a height that allows for safe disposal and avoids spillage. We brought this issue to the attention of the acting manager, who confirmed the sharps containers would be repositioned at a safe height and collected for disposal.
- We found one person who was prescribed medication for an irregular heartbeat was not having their pulse monitored prior to administration. The medication is prescribed to slow and strengthen the heart rate and should not be administered if the pulse rate is below 60 beats per minute. The issue was raised with the acting manager. Following the inspection the provider confirmed they have now put instructions in place and staff now have a device to measure a people's blood oxygen levels.
- We found two people did not receive their medication as prescribed with no recorded reason. We raised this with the acting manager who stated there was a technical glitch with the online recording system and they would arrange for this to be resolved.
- Information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place, however we found one person was given sleeping medication over a three week period and there was no evidence that this had prompted a medical review. PRN medication issued regularly should have recorded reasons why administered and arrangements made for a medical review to explore if the person is experiencing any other health issues.

### Assessing risk, safety monitoring and management

- We found improvements were required to ensure risk assessments were accurate and up to date following changes to people's health conditions. For example, one person had a care plan for their catheter care dated October 2019 and this did not describe how or what care was required or the frequency of changes. Following a hospital admission, the person's care plan was not updated and reviewed. The issue was raised with the acting manager who acknowledged improvements were required in relation to care plan audits and risk assessments reviews.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

- Staff we spoke with confirmed identified risks and knew how to safely manage people's risks

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can happen in different ways, such as physical, verbal, emotional and financial."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I observed or became aware of any type of abuse, I would inform the manager. If I was unhappy with how the incident was managed, I would contact CQC, the local authority or the police."
- People and their relatives explained how staff maintained people's safety. One person told us, "I feel safe, I'm always wary of falling and there is always someone here which is very reassuring and they have always been lovely." A relative told us, "[name of person] is safe. When [name of person] went into the home and left hospital, they had forgotten how to eat. The staff have got [name of person] eating and walking, the staff are great."

#### Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. The provider ensured people had a consistent staff team. One person told us, "There's plenty of staff around to make sure you are all right and checking on you."
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

#### Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the acting manager to reduce the likelihood of reoccurrence however improvements could be made to the analysis of incidents to identify trends or themes.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

- The provider's audits to monitor the quality of the service were not consistently effective in identifying and driving forward improvements. For example, audits of care records had not identified some risk assessments contained a lack of clear instructions or were not up to date.
- Audits of medication had not identified issues identified during the inspection with the storage, administration and recording of medication.

The provider's failure to ensure that effective systems were in place was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

- Prior to the inspection we received concerns in relation to the management of safeguarding incidents. We found no evidence during this inspection that people were at risk of harm from these concerns.
- The provider did not have a registered manager in post. 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. We discussed this with the provider who confirmed they would submit an application for the current acting manager to become the registered manager.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The atmosphere at the home is good. When I'm there I speak to everybody and they

Speak to me when they are doing all the checks. I have been very happy with the way they have treated [name of person]."

- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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 provider understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires were used for people and relatives to obtain their views of the service and an action plan formulated to address any issues raised. The results of the last survey were overall positive.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "Since [acting manager] has started the team meetings are more productive and regular. It gives us an opportunity to voice our opinions and make suggestions."

Continuous learning and improving care

- We found improvements could be made to identify trends or themes within the home and reduce the likelihood of accident and incidents. We raised this with the acting manager who confirmed they were currently working on a new process to improve quality management.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.

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  The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's governance and auditing systems were not effective and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment.