Holt Green Residential Homes Limited

Silver Birch Lodge

Inspection report

Bold Lane
Aughton
Ormskirk
Lancashire
L39 6SH

Tel: 01695424259

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09 August 2018

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

Summary of findings

Overall summary

Silver Birch Lodge was inspected on the 07 August 2018 and the 09 August 2018, the first day of the inspection was unannounced. Silver Birch Lodge is registered to provide personal care for up to 31 older people who require support with personal care and / or nursing care. At the time of the inspection there were 23 people receiving support.

Silver Birch Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Silver Birch Lodge is situated in a village location, near Ormskirk and Burscough. The home provides accommodation for up to 31 older people, who require help with personal or nursing care needs. Accommodation is all at ground floor level with easy access for those with mobility difficulties. Some bedrooms have en-suite facilities and direct access to the garden areas. There is parking available within the grounds of the home. A wide range of amenities are nearby within the village centre and public transport is easily accessible.

At the time of the inspection there was a manager who was registered with the Care Quality Commission (CQC). 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.

The comprehensive inspection was prompted by information of concern that people did not always receive care and support which met their needs, medicines were not safely managed and that documentation was not always accurate.

Our last inspection of Silver Birch Lodge was carried out in August 2017. This was a focussed inspection and we checked to see if medicines were managed safely and staffing arrangements were sufficient. We found no breaches of regulation in the regulations we looked at.

At this comprehensive inspection in August 2018 we found medicines were not managed safely and records relating to medicines were inaccurate. We also found people were not always supported in a safe way. We noted equipment was not always used safely to support people's skin health and risk assessments were not always carried out to assess risk. In addition, the registered provider had not always worked with others in a timely way when responsibility for the care and treatment of people who lived at the home was shared with others. Staff told us they received training to enable them to carry out their roles. However, the registered provider had not ensured all staff had the skills and competence to support people safely. Infection control practices in the home required improvement to ensure people were protected from the risk and spread of infection. These were breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities)

Regulations 2014.

Care planning had not always been carried out to ensure people's needs and preferences were met. People could not be assured their individual preferences were recorded or that care planning would take place to ensure they received the support they required. We found the care of people at the home was not always person centred. We saw staff did not always encourage people to eat their meals. In addition, we found a person who required oversight when they were eating and drinking were not always observed by staff. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Care records we viewed were not always complete. We found information was not always present in their care records to guide staff on the support people needed. Risk assessments in relation to the building were not always completed. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Audits and checks carried out at Silver Birch Lodge had not identified some of the issues we identified on inspection. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The Care Quality Commission is required to be informed of certain events that occur in care homes. We found a notification had not been submitted as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.
Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We viewed two staff recruitment records and found appropriate recruitment checks were carried out prior to prospective employees starting work at the home. Staff we spoke with confirmed references from previous employers and DBS (Disclosure and Barring Checks) were completed before they started work.

People told us they liked the food at the home. Everyone told us they could request an alternative meal if they did not like the meal offered. We saw people were given the meal of their choice and could choose where they wanted to eat.

Staff spoke fondly of the people they supported and said they enjoyed supporting people at the home. We observed staff supporting people to mobilise and saw people were not rushed and staff offered reassurance.

Two relatives we spoke with told us they were consulted and involved in their family members care, a further relative told us they were not consulted in a specific area of care. We passed this to the registered manager for their consideration. People we spoke with confirmed they were involved in their care planning if they wished to be.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care provided at Silver Birch Lodge.

The registered manager told us they did not hold meetings for relatives and people who lived at the home. They explained they had previously done so and these were poorly attended. They explained they spoke

with people and relatives to obtain feedback and provided annual surveys for people and relatives to complete.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure displayed within the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

There was documentation to record people's end of life wishes. We spoke with one person who confirmed they had been given the opportunity to discuss this, however they had decided they did not wish to do so.

People's privacy and dignity was protected when they received personal care. We observed staff knocking on doors and bathroom doors were closed when people were supported. We found privacy locks were not present on two toilet doors. The registered manager said they would address this.

People told us there were a range of activities provided to take part in if they wished to do so. There was an activities co-ordinator at the home and we viewed an activity programme which showed these were arranged for people to take part in.

Staff and relatives told us they found the registered manager approachable and supportive. We saw minutes of meetings which showed staff were informed of any changes and staff we spoke with confirmed this. We spoke with the registered manager who told us they were committed to improving the service and would be carrying out more management duties as soon as another qualified nurse started to work at the home.

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 consistently safe.

People did not always receive care and support in a safe way and medicines were not managed safely.

Care records did not always reflect peoples needs and risks to the health and safety of people who lived at the home were not always assessed.

Staff were recruited safely and staffing was arranged to enable people's needs to be met promptly.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The registered provider had not always worked with others in a timely way when responsibility for the care and treatment of people who lived at the home was shared with others.

Staff did not always receive training to enable them to deliver care and support which met people's needs.

People told us they liked their meals but person centred care was not always provided at mealtimes and people could not be assured their hydration needs would be met.

Is the service caring?

Requires Improvement

The service was not always caring.

Documentation was not always person centred and did not demonstrate a caring approach.

People and relatives told us staff were caring and we saw people's privacy was respected.

Staff spoke fondly of the people they supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Records were not consistently accurate to allow responsive care to be delivered and care planning was not always carried out to support the delivery of responsive care.

People told us they were supported to take part in activities which were meaningful to them.

There was a complaints procedure at the home to ensure people's complaints could be reported and addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Audits had not identified all the areas of concerns we had noted.

A Notification was not made to the Care Quality Commission as required by regulation.

The registered manager sought feedback from people and relatives to improve the service provided and staff and relatives told us they had confidence in the registered manager and they could approach them at any time.

Silver Birch Lodge

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.

The inspection visit took place on the 07 and 09 August 2018, the first day was unannounced. On the first day the inspection was carried out by two adult social care inspectors and a medicines inspector. The second day was announced and carried out by one adult social care inspector. At the time of the inspection there were 23 people living at the home.

Before our inspection visit we reviewed the information we held on Silver Birch Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local funding authority and asked them their views on the service provided. In addition, we contacted Healthwatch. Healthwatch are the independent national champion for people who use health and social care services. We used all information gained to help plan our inspection.

We spoke with four people who lived at the home, and four relatives. We also spoke with three care staff and the registered manager. In addition, we spoke with the cook, the maintenance person, the care manager and a qualified nurse. During the inspection we also spoke with a visiting health professional. We did this to gain their views on the service.

We looked at care records of eight people who lived at Silver Birch Lodge and a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of two staff. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at Silver Birch Lodge. People told us, "I feel safe here, that's the biggest thing. I know everyone and they're all very good." And, "I feel safe, yes." Relatives we spoke with told us they had no concerns with their family member's safety.

Although people told us they felt safe, at this inspection in August 2018 we found people's safety was not always assured. Two people required specialist mattresses to maintain their skin integrity and reduce the risk of skin damage occurring. We looked at the equipment and saw it was set incorrectly. The mattresses were set at a weight heavier than the last recorded weight of both people. This posed the risk that the person's skin integrity would be compromised.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as equipment was not always used safely and care and treatment was not always provided in a safe way.

On the second day of the inspection we saw the mattresses were set correctly. During the inspection process the registered manager contacted us. We were informed checks had been carried out on all specialist mattresses to ensure they were set correctly.

We found risk assessments were not always carried out to identify risk and ensure people received the care and support they required. In one care record we saw no risk assessments for moving and handling, nutritional risk, bedrails or equipment the person used. Staff we spoke with told us the person required a hoist and wheelchair to help them mobilise and bedrails when they were in bed to keep them safe. Staff also told us the person had a small appetite. We also saw there was no falls risk assessment in the care record we viewed. During the inspection we saw the person using the wheelchair.

In a further care record we saw a person had no risk assessments for falls, nutrition or moving and handling. We were informed by staff the person could not mobilise, but this was not evident from the records we viewed. We spoke with staff who confirmed the records we viewed were the records they looked at to inform them of the care and support people needed.

These were breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as risks to the health and safety of people who lived at the home were not always assessed.

We looked around the home to check it was a clean environment for people to live in. We saw the home was visibly clean but noted concerns with the management of infection control. For example, a bin in a sluice area was not foot operated and needed to be opened by hand and clean clothes, tablecloths and towels were present in a laundry when soiled washing was in the machine. The staff member we spoke with told us soiled washing was placed in the washing machine while clean clothes were present in the laundry. This posed a risk of cross infection. In addition, we noted two yellow waste bins in the car park were unlocked and there were yellow bags of waste within them. The bins could be accessed by members of the public. This placed people at risk of cross infection.

These were breaches of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as practices did not protect people from the risk and spread of infection.

During the inspection process the registered manager contacted us. They told us they had gained expert advice from the infection prevention control team from the local authority and were in the process of making changes to minimise the risk and spread of infection.

We found the home was not always secure. The grounds were not fenced and we saw some ground floor windows were open wide enough for unauthorised people to enter and external doors were sometimes left open. For example, we saw an external door in a laundry was open for over an hour, a door in a conservatory was open throughout the day. This posed the risk that unauthorised people could enter the home unobserved.

We discussed this with the registered manager who told us the doors were not usually open, this was because of the hot weather, windows were locked by staff at night and staff were in the corridors and would see unauthorised people entering. In addition, we saw staff were not always present in the dining room where people were sitting. There was no call bell in place to enable people to summon help. We discussed this with the registered manager who told us the kitchen staff were in the kitchen and would note if people needed help. We asked the registered manager if they had carried out risk assessments to assess the risk and identify what risk controls were needed. The registered manager said they had not, but they would complete this.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as risk assessments were not always documented.

During the inspection process the registered manager contacted us. They told us window restrictors had been fitted to windows to help ensure unauthorised people could not enter. In addition, they had carried out a risk assessment and practices were in place to ensure unauthorised people could not enter the home.

A medicines inspector, looked at medicines and records about medicines for 21 people to make sure that medicines were managed safely and people's health was not put at risk.

We found medicines were not always given to people when they needed them. On the day of the inspection six people were not given their morning medicines until between 2:30 -3:30pm. The manager explained to us that this was because when she had started the medicines round at 8:15am they were not awake. For some people it was important that they were given their medicines at a specific time. For example, two people were prescribed medicines at 12:00 noon. The medicine was not given them on the day of the inspection at the correct time. Other people were prescribed medicines, including antibiotics, to be given before food. We were told they were given these medicines with food. This means the medicines may not be effective. When people were given regular doses of pain killers staff did not record the time each dose was given and this meant that they could not show that a safe time interval had been left between doses.

The home did not have a system of identifying people before they administered medicines. It is best practice for a photograph of the person to be kept with their MARS so that staff giving medicines can easy identify the right person. This posed the risk agency staff would not be able to identify people easily. Four people were prescribed a powder thickener to be added to their drinks to reduce their risk of choking. The information about how thick to make people's drinks was in the kitchen. People were only identified by the room they were in and not by their names. If people moved rooms they were at risk of not being given the correct thickness drinks. During the inspection we found one of these people had recently moved rooms and the list

had not been updated.

We did stock checks on over 40 different medicines. We compared the stock of medicines in the home with the amount we expected to be in the home if the medicines had been given as prescribed and as signed for on the MARS. We found for 37 of the medicines we checked had not been given as prescribed. In most instances there were more tablets in stock than expected. This indicated the medicines had not been given as prescribed by the doctor. We also found instances of less medicines being in stock than expected indicating that medicines could not be accounted for. We noted staff had signed for more medicines than had been supplied. This meant it was not possible that people were given the correct doses of their medicines.

Records about the administration of medicines were not well completed and did not evidence that medicines could be accounted for or were administered as prescribed. For example, records made on the MARS by nurses, showed that one person, over an eight-day period, had been given the wrong dose of their medicine on four days. For another person, over a 21-day period they had been given the wrong dose of their medicine on five days. It was not possible to confirm this by checking the stock because the stock balances were not accurate. For instance, the records showed that one person started the period with 28 tablets and three were given but 121 tablets were in stock for them on the day of the inspection.

We saw numerous missing signatures on the MARS. Sometimes it was not possible to tell if the medicines had been given and not signed for or not given at all. When it was possible to check the stock levels we found the doses had not been given.

When prescribed thickening agents and creams were applied we found that nurses and senior carers were signing the MARS even though they had not carried out the task, this meant the records were not accurate and people may not have had creams applied or fluids thickened as recorded.
We found that controlled drugs, drugs which have very strict regulations about their storage and records to ensure they are not misused, were not recorded in the controlled drug register as is required by law.

Other medicines were not stored safely. For example, we saw people had creams on their window ledges in the bedrooms and we noted tins of thickener in two people's bedrooms which were not locked away. This practice was identified as dangerous by the National Patients Safety Agency in 2015. We also found an epi pen, used in an emergency situation to treat a severe allergic reaction, was stored incorrectly in the fridge. This meant it may not deliver the correct dose when it was needed. The manager told us she was unaware that the device should not be kept in a fridge.

Waste medicines were not locked away securely as recommended by the NICE guidelines. We found two boxes of diamorphine injections left on top of a cupboard in the medicines room and several other boxes of diamorphine stored in the general medicines stock cupboard. Diamorphine is a controlled drug which is subject to strict legal storage conditions to ensure they are not misused. The medicines room was accessible via a key pad rather than a key. This meant that staff who did not have authority to handle medicines could access the room posing a risk of medicines being misused.

There was a lack of information for nurses and senior carers to follow to ensure that medicines which were prescribed "when required" were given safely and consistently. There was no information recorded to help staff select the higher or lower doses when medicines were prescribed with a choice of dose. There was no information recorded to guide staff where and how often to apply creams and other external preparations. We saw one person was being given all their medicines via a special tube but there was no information from a pharmacist to guide the nurses how to give medicines safely via the tube.

Although almost everyone had enough medicines in stock in the home for them, we found that two people had ran out of one or more of their medicines, which placed their health at risk of harm.

Medicines were not managed safely by the service. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection process the registered manager contacted us. They told us they had carried out an audit on the medicines at the home and addressed some of the concerns we identified.

We noted one person needed help to eat by using a percutaneous endoscopic gastrostomy (PEG). This is a procedure used to support people to eat if they have specific needs. The charts we viewed recorded that by midnight 800 mls was given to the person. The care plan instructed 1000 mls was to be given over 10 hours, from 8pm at night. We discussed this with the registered manager. They told us it was likely that staff were recording 800mls at midnight and this was being recorded incorrectly. We saw the care records instructed that the tube used should be flushed at specific times. The chart we viewed did not demonstrate the instructions had been followed. We discussed this with the registered manager who concluded that the record was incorrect.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as records were not always contemporaneous, or an accurate reflection of the care given, or the support people required.

We asked people their views on the staffing arrangements at the home. People told us they were happy with the time they had to wait for help and support. We were told, "I don't have to wait for help, they're there when I need them." Also, "Staff come quickly." People and relatives told us they had no concerns with the staffing and they could talk with staff if they wanted to. Staff we spoke with told us they had enough time to support people but they would like to spend more time with people chatting or doing activities.

On the first day of the inspection we spent time observing the dining room where people sat. We saw staff acknowledged people as they walked through, and held brief conversations. We did not see staff sitting with people or chatting with people.

We discussed this with the registered manager. They told us they had obtained an assessment tool to inform the number of staff required. They explained they felt the tool was incorrect for the needs of the home and they were looking for a more appropriate assessment tool to use. They told us they had received no complaints about the staffing arrangements at the home and they would monitor feedback and respond to this.

The registered manager told us they were currently awaiting a qualified nurse to start work at the home. They explained they were in the process of employing a further qualified staff and this would enable them to focus on the improvements needed at Silver Birch Lodge. They said they preferred not to use agency staff as they did not know the needs of people who lived at the home. This showed the registered manager recognised the importance of a stable workforce to ensure consistency of care.
Staff we spoke with were able to describe people's individual needs and the help and support they required maintain their safety and well-being. For example, staff could explain the support people needed to maintain their skin integrity and safety when mobilising. This meant people were supported by staff who knew their individual needs.

We viewed two staff recruitment records to check recruitment processes assessed the suitability of

prospective employees to work with vulnerable people. We saw references were obtained and DBS (Disclosure and Barring Checks) were carried out prior to prospective employees starting work at the home. Staff we spoke with confirmed this process had been followed. We found qualified nurses were checked to ensure they were registered with the National Midwifery Council (NMC.) The NMC are the nursing and midwifery regulator for qualified nurses and all practising nurses must be registered with them. A qualified nurse told us evidence of their registration was requested annually by the registered manager. This was confirmed by speaking with the registered manager. The registered manager also told us they carried out this check prior to a qualified nurse starting work at the home. We asked to see the registration status of a nurse who was due to start work at Silver Birch Lodge. During the inspection process the registered manager provided us with evidence that this check had been carried out.

We looked at how accidents and incidents were being managed at the home. Staff told us and we saw accident forms were completed. The interim manager told us all falls and accidents were monitored by them for trends and currently none had been identified. They told us if there had been any lessons learned, these would have been passed to staff to support staff understanding and minimise the risk of reoccurrence.

Staff told us they were committed to protecting people from abuse. One staff member said, "I'd report to [registered manager] she would look into it. I could report to safeguarding authorities or CQC if I had to." Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising, neglect or allegations of abuse to ensure people were protected. The home had a safeguarding procedure to guide staff and the contact number was displayed in the reception of the home.

We walked around the home to see if it was suitable for the needs of the people who lived there. The home was warm and clean and we saw protective clothing was provided if this was needed. Staff wore protective clothing such as gloves and aprons if these were required. This helps minimise the risk and spread of infection. We noted the home had been awarded a five-star rating following their last inspection by the Food Standards Agency (FSA.) This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Water temperatures were monitored to ensure people were not at risk from scalds. A fire risk assessment had been completed and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We viewed a training matrix provided to us by the registered manager and saw 15 staff at the home had not had training in Fire Safety. Records of fire drills carried out did not include the staff members who had participated, therefore it was difficult to check who was competent in this area. We passed this information to the Lancashire Fire and Rescue Services so the home could obtain expert advice.

Requires Improvement

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. We asked people who lived at the home if they were involved in decision making and discussions about their care and if they consented to the support they received. They told us they were consulted and consent was gained prior to care being delivered. We asked relatives if they were asked to give consent if specific decisions were made. One relative told us they had not been involved. We passed this to the registered manager who told us they were in the process of contacting relatives about specific areas of care. They also told us they were in the process of introducing new documentation to ensure mental capacity assessments were decision specific.

We found one person who lived at the home had bedrails in use on their beds. These are used to minimise the risk of falls from a bed. Two staff members told us the person did not have the mental capacity to consent to this and the bedrails were used to maintain their safety. We looked at the care records for the person and saw no mental capacity assessment had been carried out and no DoLS application had been submitted to the Lancashire Local Authority for authorisation.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not always worked with others in a timely way when responsibility for the care and treatment of people who lived at the home was shared with others.

During the inspection we checked to see if the catering arrangements were sufficient and people's hydration needs were met. This was as we had received information of concern regarding the quality of food and the recording of people's food intake.

We reviewed documentation which recorded the meals and drinks people had. We were informed by the registered manager that everyone who lived at the home had their food and fluid intake recorded. They said this was so they could identify any concerns and act quickly. We asked if an assessment tool was used to calculate the amount of fluid people needed to remain healthy. The registered manager told us no assessment tool was used. They said they knew people so knew the amount they should be drinking. The registered manager further explained night staff were responsible for totalling up the amount of fluid people drank, and if there were any concerns, this should be handed over to the day staff.

We looked at food and fluid charts relating to two people at the home. On one person's fluid charts we found one day when the total was not calculated. On two further charts we found the totals were incorrect. On one chart we saw recorded the total the person had drunk was 975 mls. We calculated the total found it to be 885 mls. On a further chart we saw recorded the total person had drunk 1004 mls. The entries on the charts indicated the person had drunk 50 mls and two sips of fluid.

We discussed this with the registered manager. They told us if people did not eat or drink enough they would refer them to a doctor for further medical advice and they checked a sample of charts daily to ensure they were accurate. We spoke with a qualified nurse who told us it was important people had enough to drink as this helped them maintain their health and minimised the risk of infections.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the registered provider had not done all that was reasonably practicable to minimise the risk of avoidable harm.

Staff told us they received training to enable them to update and maintain their skills. All the staff we spoke with told us they could attend training and this was discussed with them at supervisions. Staff told us they enjoyed the training and they were reminded when they were required to update their skills. Staff told us they had completed training in areas such as moving and handling, safeguarding, first aid and fire safety. During the inspection we asked to see documentation to corroborate this. On the days of the inspection the training matrix was not available. The registered manager told us they would send the up to date training matrix to us. We viewed the training matrix provided to us by the registered manager. They told us this was up to date. We noted it recorded 15 staff at the home had not had training in Fire Safety and 12 staff had not had training in the Mental Capacity Act and DoLS. The maintenance person told us they had no training in safeguarding and the registered manager confirmed this.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the registered provider had not ensured staff had the skills and competence to support people who lived at the home.

People told us they liked the meals provided. We saw a menu was in place and people told us if they did not like the meal provided, they could request an alternative. During the inspection we saw people were provided with a meal of their choice and hot and cold drinks were available. We found not everyone received person centred care during their meals. We observed one person at breakfast was given cereal but was not prompted to eat it. We saw the person did not eat their meal until a staff member came and supported them to eat. We noted a further person's care plan said they should be observed while they were eating and drinking. During the inspection we saw they were not consistently observed when they ate their breakfast.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as person centred care was not consistently provided.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. During the inspection we saw documentation which evidenced referrals were made to other health professionals if required. For example, we saw a referral had been made to a dietician to establish if the person required additional nutritional support. People told us they felt the care provided met their needs. One person told us, "It's fantastic here." A further person said, "My care is very good." Relatives told us they felt the care was good. Documentation showed

people received professional health advice when this was required. For example, we saw documentation which evidenced people were referred to doctors and dieticians if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told transfer forms were used. These were completed at the time of a person's admission to hospital and sent with the person, as were medicine records. This helped ensure staff who were unfamiliar with people's needs had information to enable decision making.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they obtained information from looking at relevant websites such as Public Health England. This is a website that provides best practice information to the public and health professionals. The registered manager told us that when they were fully staffed in relation to qualified nurses, they were hoping to attend local forums provided by funding authorities. This showed the registered manager sought opportunities to learn new guidance and information.

The registered manager told us they would use technology to support people if the need arose. They explained they had pressure mats and door alarms which could be used if people were at risk of falls. At the time of the inspection we were told that these were not currently required by anyone who lived at the home.

Requires Improvement

Is the service caring?

Our findings

During the inspection we saw entries in care records that were not person centred. For example, we saw bedrails were sometimes referred to as cot sides and we saw an entry in a care record which said, "No problem. Shouting." In addition, we spoke with a care staff member who referred to supporting people to eat as "feeds." This is not person-centred language and does not demonstrate a caring approach or uphold people's dignity.

We recommend the service seeks and implements best practice guidance on the use of person centred language and documentation.

People who lived at the home told us staff were caring. Comments we received included, "Everyone's so kind and helpful." Also, "The staff are very good. I can't fault them." Relatives we spoke with told us they considered staff to be caring. One relative told us they had been struck by the friendliness of staff. A further relative commented, "Excellent carers, they truly care." A third relative said of the staff, "I visit a lot and I think they care. I see the way they talk to residents. It's lovely." In addition, we saw a thank you letter from a relative. The letter thanked staff and management for all their help over the years.

During the inspection we saw staff were caring when they interacted with people. We saw staff sat with a person when they became distressed. The person did not respond to this and we observed staff asking if they would prefer to be left alone. The person said yes and staff left them, but carried out frequent checks to ensure their well-being. On one occasion we observed a staff member holding the person's hand and comforting them.
Staff spoke affectionately of people who lived at Silver Birch Lodge. Staff told us they wanted to spend time with people and liked the people they supported. We were told, "We are told to see people as people and not illnesses or needs." Another staff member said, "I love making a good difference to people." This demonstrated staff were caring.

During the inspection we saw staff checked that people in their rooms were safe and comfortable. We saw numerous occasions of staff knocking on people's doors and asking them if they wanted a drink or something to eat. We heard one person decline but say, "I've been waiting for you. I've missed you." The staff member responded by explaining they had been in another part of the home. The person and the staff member then chatted about things that were important to the person. We heard warm and respectful conversation which indicated staff were interested in the person and their well-being.

Some of the care records we viewed contained some person-centred information about people's social histories and backgrounds. Staff we spoke with could explain what was important to people who lived at the home, for example if they had family members who were important to them. During the inspection we heard people being addressed by their chosen name. This demonstrated people's wishes were respected and their personal identity promoted.

We checked to see people's privacy and dignity was upheld. During the inspection we noted two toilet doors

did not have working privacy locks. The registered manager told us this was as a person had needed help to leave the toilets and they were in the process of having these repaired.

People who lived at the home told us their privacy and dignity was respected and we saw this on inspection. We saw numerous examples of staff knocking on doors and waiting for an answer before entering. While we were having a private conversation with a person in a communal area a staff member knocked on the door. We noted they waited for permission to enter. They apologised to the person for disturbing them and offered to come back and later as we were present. This demonstrated staff recognised the importance of upholding people's rights to privacy.

We discussed privacy at length with one person at the home. They spoke positively of the way staff supported them. They explained that staff were respectful of their right to privacy and always sought consent to open their cupboards or drawers before they collected items from them. A further person told us they thought staff respected their privacy. They told us they received their post at the home and staff always brought it to them for opening. They told us this was important to them and they valued the way staff upheld their right to a private life.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us they would ensure details were made available to people if this was required. We saw information was displayed on a notice board at the home. This ensured people's interests would be represented and they could access appropriate support outside of Silver Birch Lodge.

Staff we spoke with told us they had not yet received training in equality and diversity and the registered manager confirmed this. They told us this was an area they were looking into. Staff we spoke with told us they would report any concerns they had if they believed people's human rights were not being upheld. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager, the local safeguarding body or the CQC so people's rights could be upheld. One staff member said, "Everyone here is an individual and they're all different, we're inclusive, positive and support them.

Requires Improvement

Is the service responsive?

Our findings

During this inspection we found care planning did not support the delivery of responsive care. Records contained conflicting or missing information. We noted a person lived with behaviours which may challenge. We looked at their care records and saw contradictory information was present. In one section of the care record it recorded the person did not have any distress, in a further part of the care record it recorded the person did have some distress and agitation. In addition, we found the person lived with a specific health condition. There was no guidance to instruct staff on the signs and symptoms the person may display if they became unwell. In the same care record, we saw the person required a soft diet and a thickened drink. Staff we spoke with told us this was dependent on the person's daily ability however the care record did not reflect this.

In a second person's care record, we saw no detailed instruction on the emergency procedures to take if a person became unwell. In a third care record we saw no information on the equipment a person needed to maintain their skin integrity. Staff we spoke with confirmed the equipment was used to support the person's skin health.

We viewed a care record and saw this recorded a person should receive support every two hours to change their position. We reviewed the person's positional change chart. This is a record which records the support people have to help them move position if they are unable to do this themselves. From the entries we viewed, it was not clear if the person had received support to change position every two hours or every hour. We showed this to the registered manager who said they thought staff were recording incorrectly and they would consider this.

Staff confirmed the records we had viewed were the records they would use to gain information about people who lived at the home.

Records were not always contemporaneous, or an accurate reflection of the care given, or the support people required. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People could not be assured care planning would be carried out collaboratively. We looked at a care record and saw a care plan instructed a further care plan be developed in relation to wound care. There was no further care plan in the file. The RM acknowledged this and described the care and treatment the person required. The information we were given was not in the care records we viewed. In addition, we were told by staff the person required specific support to maintain their oral health and comfort. There was no information in the care record we viewed to instruct staff in the specific support the person needed.

The registered manager told us everyone who lived at the home had their food intake recorded. We looked at a person's care record and saw there was no nutritional assessment or care plan completed. Staff told us they recorded the food intake of the person. We saw documentation which confirmed the food intake of the person was recorded. This was not person-centred care as the person's needs were not individually

assessed to inform the recording of their food intake.

This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider had not always carried out collaboratively an assessment of the needs and preferences of the person and designed care and treatment to achieve the person's preferences.

During the inspection we saw staff responded to people's changing needs. For example, we saw the registered manager and a senior carer discussing the needs of a person in relation to their medicines. It was agreed a doctor should be contacted to review the person's medicines. We also heard phone calls to doctors taking place if people needed further medical advice. We spoke with a visiting health professional who told us referrals were made appropriately and staff followed their instructions and sought further advice if this was required.

The registered manager told us people were given the opportunity to discuss their end of life care. One person told us they had been asked if they any information they wanted to share, but they had declined. Staff told us they were able to support people with end of life care and would seek guidance and support from external health professionals if this was required.

There was an activity programme in place at the home. The registered manager told us there was an activities co-ordinator employed and they asked people their views on what activities they wanted to take part in. During the inspection we did not see any activities taking place but people who lived at the home and their relatives told us these were available. People told us they could choose to attend or not. We were told, "I like to walk outside, go to the music afternoons and coffee mornings to have some fun." Also, "I want to stay in my room, the activities lady comes and does hand massage with me."

We checked to see if people and their relatives were involved in care planning. People told us they had the opportunity to discuss their care and how it was arranged. All but one relative told us they were involved and updated if this was needed. Records we viewed were not always signed by people who used the service, or their relatives. We passed this to the registered manager for their consideration.

Care records identified any communication needs and the registered manager told us they would support people if they needed to access information in a different way. For example, by using pictures or large print to support understanding. We spoke with one person who told us they were unable to read their private mail due to their visual challenges. They told us staff had asked them if they wanted family or an independent person to support them to read any letters they received. They told us they had agreed staff would read them to them. This demonstrated the registered provider considered people's individual needs.

Silver Birch Lodge had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. People told us they would raise complaints with staff or the registered manager if they felt the need to do so. Relatives we spoke with told us they had not made any complaints to the registered manager. The registered manager informed us they had received no formal complaints since the last inspection.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager to enable any investigations to take place.

Requires Improvement

Is the service well-led?

Our findings

We saw audits completed by the registered manager and found these to be ineffective. For example, the medicines audits had not identified the errors we had seen on inspection. Bed audits did not check that pressure relieving equipment was set to the correct weight for peoples use and care records audits had not identified all the concerns we had identified in the care records we viewed. In addition, the audits carried out had not identified that risk assessments relating to the environment and people who used the service had not been completed. The infection control audit had not identified the risk of cross infection present at the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as audit systems were ineffective.

It is a requirement that the Care Quality Commission is informed of certain events that occur in care homes. During this inspection we identified that the registered manager had not reported to the CQC a serious injury. We discussed this with the registered manager who told us they were aware this should have been submitted, but they had over looked this.

This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations 2009 as notifications were not made as required.

There was a registered manager employed at Silver Birch Lodge. 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.

Relatives we spoke with told us they considered the home was well run and they found the registered manager approachable. We asked staff their views on the management of the home. Staff told us they were confident in the registered managers abilities and that the home was a happy place to work. They explained the registered manager worked with them and asked their views on the way the home was managed. Staff said the registered manager could be approached at any time for guidance and direction and responded to them if they had concerns.

During the inspection we observed a handover. The handover was detailed and people's individual health was discussed as part of the handover. We noted that if people required encouragement to drink, this was handed over to incoming staff, as were the needs for any doctor's appointments to be made. Staff were informed of their responsibilities for the day and allocated to specific areas of the home. Staff told us if they were unclear of any aspect of their responsibilities they could seek further clarity if this was required. The registered manager told us they were currently trialling working without handover sheets. They explained this was in response to staff feedback that written information was being duplicated. The registered manager said after the trial they would consider if handover sheets needed to be reintroduced. This demonstrated staff could influence the way the home was run.

Staff we spoke with were able to explain their roles and responsibilities. Staff told us there was an on call system in place and they could seek advice at any time. Staff also explained that in the event of sickness there was a dedicated phone line which was in place so any arrangements for cover could be carried out without interrupting the qualified staff who worked at the home. We discussed this with the care manager. They explained it was their role to arrange cover for any unplanned leave, arrange transport for hospital appointments and organise deliveries of essential supplies. They confirmed they could contact the registered manager for support and guidance if they needed to do so.

Staff told us staff meetings took place and these were a way of receiving information and learning about changes that occurred at the home. We viewed the minutes of the most recent staff meeting and saw this contained information of the changes taking place at the home. For example, we saw staff had been informed that the sickness level at the home had improved. We also saw staff had been reminded of the importance of completing care records accurately. This showed the registered provider informed staff of changes and of improvements required.

The registered manager sought to gain people's views and relatives and people we spoke with told us they could speak with the registered manager if they wished to do so. During the inspection we saw relatives approaching the registered manager who made time for them to talk about any areas they wanted to discuss. The registered manager told us they provided surveys to the people who lived at the home and the relatives. We viewed a survey from 2017 and noted it recorded new menus were to be trialled. The registered manager told us this had taken place and the menus were under constant review to identify any improvements required. The registered manager told us they were in the process of issuing a staff survey as they wanted to gain staff views and identify if changes were required. This showed the registered manager sought comments and suggestions from people who lived at Silver Birch Lodge, relatives who visited the home and the staff who worked there.

The registered manager told us they were committed to improving the service and they recognised they needed to make improvements in key areas such as record keeping. They explained that in January 2018 there had been a reduction in the number of permanent qualified staff nursing hours available. This had resulted in the registered manager working more hours as a qualified nurse. The registered manager told us they had now recruited a full-time nurse to work at the home and they were in the process of recruiting two-part time nurses also. The registered manager spoke of their frustrations as when advertising these roles, they had not received the number of applicants they had anticipated. The registered manager said they wanted to have the time to concentrate on managerial issues and they felt they would be able to do this when the qualified staff were in situ. This demonstrated the registered manager recognised the importance of leadership and managerial oversight.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications were not always made as required

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not always carried out collaboratively an assessment of the needs and preferences of the person and designed care and treatment to achieve the person's preferences. Regulation 9 (1) (a) (b) (c) (3) (a) (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Equipment was not always used in a safe way. Medicines were not always managed safely. Risk assessments were not always carried out to protect people from avoidable harm and the registered provider had not done all that was reasonably practicable to minimise the risk of avoidable harm. The registered provider had not always worked with others in a timely way when responsibility for the care and treatment of people who lived at the home was shared with others. Regulation 12 (1) (2) (a) (b) (c) (h) (i)

The enforcement action we took:

We served a warning notice for this breach in regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits had not always identified the improvements required. Risk assessments and practices in relation to the management of service were not always documented. Records were not always contemporaneous, or an accurate reflection of the care given, or the support people required. Regulation 17 (1) (2) (a) (b) (c) (d) (ii) (f)

The enforcement action we took:

We served a warning notice for this breach in Regulation