

Holt Green Residential Homes Limited

Silver Birch Lodge

Inspection report

Bold Lane
Aughton
Ormskirk
Lancashire
L39 6SH

Tel: 01695424259

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18 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced focused inspection at Silver Birch Lodge on 18 July 2017. This was due to several anonymous 'whistle blowers' contacting the Care Quality Commission. Concerns were namely with regards to staffing levels being insufficient to meet the assessed needs of people at the home and with regards to medicines management. We did not find evidence to corroborate such claims during this inspection.

Silver Birch Lodge is situated in a quiet 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 ample parking available within the grounds of the home. A range of amenities are nearby within the village centre and public transport is easily accessible. At the time of the inspection there were 25 people living at the home.

At the previous inspection in November 2016 Silver Birch Lodge was rated as 'Good' overall with the safe domain receiving a rating of 'Requires Improvement'. There were no breaches of regulation but recommendations were made with regards to the environment in the laundry room and the used of a recognised staff dependency tool to ensure adequate staffing levels were in place. We found that the issues within the laundry had been remedied immediately following our previous inspection. However there was still no formally recognised staff dependency tool being used. At the time of our inspection there were six vacancies at the home and staffing levels were seen to be adequate.

The service had a registered manager in post at this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was staffed to meet the assessed needs of the people living at the home. We found the home to be calm and relaxed and the people who lived at the home were clean and tidy in their appearance.

Medicines were managed appropriately. Staff who were responsible for administering medicines had received appropriate training and told us they were happy with the processes in place. Medicines were stored appropriately and the electronic recording system used was seen to be accurate.

Issues identified at the previous inspection with regards to the laundry had been resolved.

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 service was Safe.

There were sufficient staff employed to meet the needs of the people living at the home.

Medicines were stored and administered correctly and records were kept accurately.

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.

This focused inspection took place on 18 July 2017 and was unannounced. The inspection was carried out by an adult social care inspector who was the lead inspector for the service.

Before our inspection we reviewed the information we held about the home, this included notifications submitted by the home, intelligence from whistle-blowers who had contacted the Care Quality Commission and discussions with commissioners of the service from the Local Authority and local Clinical Commissioning Group.

During the inspection we spoke with seven members of staff including the registered manager and deputy manager. We took a tour of the building when we arrived at the home and observed staff interaction with people living at the home. We spoke briefly with three people living at the home specifically about staffing levels and medicines management. We reviewed how medicines were managed including how they were stored, administered and how this was recorded.

Is the service safe?

Our findings

We looked at staffing levels within the home in response to 'whistle blowing' concerns received into the Care Quality Commission over a period of several weeks prior to this inspection. When we arrived at the home we toured the building to see if people were receiving the assistance and support they were assessed as needing. We found the home to be calm, clean and tidy. We saw that some people were up and eating breakfast or had just finished their breakfast. Some people were observed to be outside in the garden area as it was a pleasant, sunny day.

We reviewed the staffing rota for the week of our inspection and for the two weeks previous to our visit. We saw that there were three working shifts at the home, i.e. 8am to 3pm, 3pm to 10pm and 10pm to 8am. At times staff worked double shifts in the day time which meant them working a 12 hour shift. Staff we spoke with told us that this was sometimes to suit their own working patterns or to assist with covering the rota. On the day of our inspection the staffing team consisted of one registered nurse, the registered manager who was also a registered nurse, one senior carer and three care assistants. There was also a student nurse on placement at the home. In addition to the care team there was a cook, kitchen assistant, domestic and activities coordinator. Our inspection day coincided with the hairdresser being at the home which was a weekly occurrence.

A carer had rung in sick an hour and a half prior to their shift on the morning of our inspection. This shift was covered by the 'Home manager' who was also responsible for composing and monitoring the rota. The registered manager told us that short term absences were either covered by the existing staff team, usually by asking a member of the afternoon shift to come in early. There was also a small bank staff team which consisted of five bank staff. We were told they were usually deployed at the weekend. Agency staff were occasionally used from the same agency. We were told this was usually the same person who had been coming into the home for several years therefore new people well.

Night time cover consisted of one registered nurse and two care staff, of which at least one was a senior carer. The registered manager told us that staffing, at day and night, was in place based on the needs of the people living at the home. We were given a recent example of three people receiving end of life care and that staffing had been increased as a result of the 1-1 care needed. However there was no staff dependency tool in place to determine staffing levels. This was discussed at our previous inspection and a recommendation was made. However at the time of our inspection the home was running with six vacancies and staffing levels were seen to be adequate to meet the needs of the people living at the home. We discussed again the need to introduce a recognised staff dependency tool to ensure that staffing levels could flex to meet the needs of people as their needs changed or occupancy levels increased.

Rotas were given to staff one month in advance. Changes to the rota were only granted with the permission of the home manager and changes could only be made between staff of the same role. Holidays had to be requested at least one month in advance so adequate time was in place to cover the rota. We were told that rotas for staff usually repeated other than at holiday times and we saw this to be the case when reviewing the rotas. Staff spoken with also confirmed this.

People we spoke with told us they were happy at the home and nobody thought that staffing levels were insufficient. People recognised that staff were busy and one person told us that wished staff could sit with them more often for a chat. Other than this there were no negative comments. We saw that staff responded quickly to people calling, buzzing or asking for assistance during the inspection.

We spoke with staff about staffing levels. We received mainly positive comments from staff however some staff told us they felt additional staff to cover short notice absenteeism was needed. One member of staff we spoke with told us, "We are usually not too bad although it can be a struggle to cover last minute when people ring in sick. The afternoon shift do usually come in a bit earlier to help out." Another member of staff said, "If people do ring in help is offered (by managers). We are a few down at the moment so it's ok."

Some staff raised an issue about staff who were less experienced. There had been three members of staff leave the home in the month prior to our inspection. The registered manager told us that whilst they were full time carers they had not been with the home long. New staff had been recruited but we saw via the rotas that staff who were less experienced were on the rota with more experienced staff.

We did find from speaking to staff that morale was quite low. This was in the main due to a pay issue that had affected some staff. The pay issue surrounded a national insurance rebate that some staff had had to pay. Some staff had approached Her Majesty's Revenue and Customs (HMRC) with this issue but were still not happy about how the issues had occurred and subsequently been dealt with. The registered manager told us that this issue had been discussed at length with staff and that financial assistance had been offered. A team meeting was in place the week following our visit and we were told that the issues would be discussed again and further assistance offered to staff who needed it.

We reviewed how people's medicines were managed. The home used an electronic medicines management system that used hand held scanning devices that reads barcodes. The system had been in place for three years. The system recorded, monitored and assisted with the ordering of medicines for people. Staff we spoke with who had a responsibility for administering people's medicines told us that the system was user friendly and that there had been no recent issues. Each person had their own individual profile and the system highlighted in red when a person's medicine was due. Paper records could also be printed off the system if people needed them for medical appointments.

The system also catered for people who needed controlled drugs (CD's). In line with NICE guidelines the home also completed a CD book. We reviewed the CD book and saw that there were no gaps within it and that all medicines given were double signed. Medication Administration Records (MARS) contained no gaps and medicines counts were correct. We saw that fridge temperatures were recorded daily so that any medication that needed to be kept at a controlled temperature was done so safely.

People we spoke with told us that they received their medicines on time and raised no issues with this aspect of their care.

At our last inspection we had made a recommendation with regards to the storage of clean laundry in the same room as unwashed laundry. The laundry is situated within an old part of the building which does create difficulties in terms of alterations. However an outside cupboard was now used to store clean laundry which meant that clean and unwashed clothes and bedding was now kept separately.