

Lifeways Community Care Limited

Silver Birch

Inspection report

67 Hawthorn Crescent
Burton On Trent
Staffordshire
DE15 9QP

Tel: 01283542534

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Silver Birch is a residential care home providing personal care for up to five people with learning and physical disabilities who require a short break (respite) with specialised facilities. At the time of the inspection there were two people staying there.

The home is on one level with accessibility to secure gardens. The home has been specially equipped to ensure people can access all areas of the home with ease. The bedrooms all have assistive technology, televisions, several have ceiling tracking hoist systems, and all have adaptive mobility ensuite washrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that while people use the service they can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties in the area. However, the size of the service having a negative impact on people was lessened by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

There were sufficient numbers of suitably qualified staff to meet people's needs. Staff training was ongoing

and people had received sufficient training to safely support and care for people. Staff were supported by the manager through regular staff meetings, supervision and appraisals. The provider had policies and procedures to support the safe recruitment of staff. .

We saw the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs. People received support to maintain good nutrition and hydration in line with their personal choice. People's healthcare needs were well understood and met promptly.

Where safeguarding concerns or incidents had occurred, these had been reported by the manager to the appropriate authorities and we could see records of the actions that had been taken by the service to protect people.

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. People's communication needs were thoroughly assessed and understood by staff. This helped to support people's communication needs and the Accessible Information Standard (AIS).

The manager displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care. Hazards to people's safety had been identified and managed. People were supported to access activities that were made available to them and pastimes of their choice. A relative told us, "The service focusses on meeting all of our relative's needs in a safe and homely environment."

People were treated with respect and their dignity and privacy were actively promoted by the staff supporting them. A relative told us, "This is a fantastic service which results in our relative being settled and happy during their visits."

Governance and quality assurance systems allowed the service to demonstrate effectively the safety and quality of the provision. The manager and staff used recognised monitoring tools to analyse trends and highlight areas they could work on to improve support for people. Staff felt valued and respected by their manager and were included in decisions about service development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good published (23 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silver Birch on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Silver Birch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

The inspection was carried out by two inspectors.

Silver Birch is a 'care home' providing short term care for respite. 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.

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered it 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the commissioners 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 one person who used the service and two relatives contacted us about their experience of the care provided. We spoke with three members of staff including the manager.

We reviewed a range of records. This included four 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 manager 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The manager understood their responsibility to report suspected abuse to the local authority and work with them to keep people safe. Relatives and professionals, we contacted told us they thought the service was safe.
- Staff had received safeguarding training. Policies and procedures were available to guide staff on how to identify and report concerns. We saw, where necessary, appropriate referrals had been made to the local safeguarding team.
- The manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service managed risks to people's safety including risks to their health and well being. Care records identified any potential risks and gave guidance for staff about the actions to take to ensure the safety of the people they were supporting.
- We saw there was enough, suitable equipment to assist people who had limited mobility and it had been regularly serviced.
- The manager reviewed all incidents to ensure appropriate actions were taken. Risks were reassessed to prevent reoccurrence where possible and where lessons had been learned these were shared throughout the staff team.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. The manager had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people who vulnerable.
- The manager made sure sufficient numbers of appropriately trained staff were on duty throughout the day and night. Rotas showed there were enough care workers to flexibly cover the needs of people who used the service.

Using medicines safely

- Medicines were managed safely and administered by staff who had received the appropriate training.
- Staff had completed training in safe handling of medicines and competency checks were completed by the manager to check staff were administering the medicines safely.

- The provider had auditing systems to monitor the management of medicines.

Preventing and controlling infection

- The home was clean and well maintained. Staff had received training on infection control and understood their responsibilities. Appropriate protective wear to prevent cross infection was readily available throughout the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed, and documented people's needs and preferences in relation to their care and planned their care based on this.
- Staff had regularly reviewed people's care plans on each admission and where changes had occurred their care plans had been updated.
- People's outcomes were good. For example, one family member told us, "[Relative] has multiple needs and the staff have worked tirelessly to modify the service in order to make them comfortable and relaxed."

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. This included refresher training and updates in specific skills to meet individual's specific needs.
- A relative told us, "The manager is excellent and proactive in arranging all the training and the support needed to make sure our relative's complex needs are met whenever they stay at Silver Birch."
- Staff told us and records confirmed they received regular supervision and annual appraisals. The staff team met regularly to ensure current information about people's needs was shared.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences. We saw people could select what they wanted eat during their stay.
- Staff had completed nutritional assessments to identify people's needs and any risks they may have when eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw from people's records that there was effective working with other health care professionals and support agencies.
- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services.

Adapting service, design, decoration to meet people's needs

- The manager had used evidence-based guidance to achieve effective outcomes for people. For example, when making improvements to the environment or ensuring the best adapted equipment was in place so

people could enjoy their stay.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had made DoLS applications when required. Where necessary best interest meetings were held and recorded to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority to do so.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We looked at the arrangements to ensure equality and diversity was promoted. We saw care and support was provided for people from a variety of cultural and religious backgrounds.
- Relatives told us they felt people were well cared for one person said, "The staff are both professional and caring and we have the utmost confidence in leaving our relative at Silver Birch."
- We saw caring and friendly interactions between staff and people using the service. Staff clearly knew people very well and were able to tell us about people and their lives and families.

Supporting people to express their views and be involved in making decisions about their care

- Care records showed care planning was centred on people's individual needs and preferences.
- The manager reviewed people's needs on every admission including consultation with relatives and any professionals involved in their everyday care.

Respecting and promoting people's privacy, dignity and independence

- People's care records were written in a positive way and included information about the tasks they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. The staff took appropriate actions to maintain people's privacy and dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supporting people had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual.
- Staff communicated with relevant others regularly. Involving them in the care and support plans, to express their views and make choices about the care delivered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used bespoke tools as means of communication with some individuals. For example, a variety of objects were used along with hand gestures and picture cards to ensure people needs and preferences had been understood.
- We saw that pictorial information was also used as an alternative to written and /or verbal information

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a very varied and innovative range of activities while people were on their short breaks. One relative told us, "Silver Birch is continually improving with greater emphasis on trips and excursions."

Improving care quality in response to complaints or concerns

- The home had a complaints procedure and we saw complaints had been managed in accordance with the home's procedures.
- The manager used any learning from incidents and shared it with staff during regular meetings

End of life care and support

- The service usually does not support people at the end of life. A person who died that had used the service was remembered by staff supporting other people who knew them in building a small remembrance garden.

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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture that was person-centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights.
- People told us the service was well-led. One relative said, "I cannot speak too highly of this facility without which our relative and ourselves would be lost."

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; Continuous learning and improving care

- The staff were open to learning from mistakes. For example, medication administration recording being improved by implementing changes to the processes and systems.
- The manager regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored.
- The registered manager was experienced, and staff were knowledgeable with the needs of the people they supported. We found the service was well-organised, with clear lines of responsibility and accountability.

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

- We saw relatives and relevant others were regularly involved in consultation about the provision of the service and its quality.
- The service promoted an inclusive living environment where staff, people and their relatives were involved in how the home could be improved.

Working in partnership with others

- The service consistently worked in partnership with the wider professional team. Care records included detailed involvement of other health and social care professionals.

- We saw regular reviews of people's care needs were held with relevant others for each time they were admitted for respite.
- The service regularly sought the views of people through satisfaction surveys. People and staff were empowered to voice their opinions.