

Bellview Limited

Silverbirch Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. We did not give the home notice that we were going to carry out an inspection and arrived unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Silverbirch is a home for up to nine adults who had a learning disability. The home is an adapted residential property. Special bathing and lifting facilities had been provided for people who were unable to move independently and who needed support from staff to wash and bathe.

Summary of findings

People who lived in the home, their relatives, staff and health care professionals who visit people at Silverbirch told us they felt people were safe. Staff we spoke with were aware of what abuse was and demonstrated in their conversations with us that they would not accept abusive practices in the home. Staff told us what they would do in the event of them witnessing abuse happening. People we asked told us this was a service they would be happy for a relative of theirs to use. However we found that the premises had not been kept clean. When we looked around the home the bathrooms, floors, tables and chairs were all dirty. This was unpleasant for people and could increase the risk of cross infection and bad smells. Broken furniture had not been removed or replaced and people could have hurt themselves on this. You can see what action we told the provider to take at the back of the full version of the report.

We observed staff working with people throughout the time of our inspection and heard how staff spoke with people. All our findings provided evidence that staff were kind and compassionate. Staff spoke about people with enthusiasm and could share with us people's needs and tell us about their family. This showed staff had taken time to get to know about the people they were supporting. However we did hear staff speaking to people in a way that was not respectful of them as adults.

Staff told us they had been trained and supported to meet the needs of the people they worked with. Staff were able to describe people's needs to us, and the ways they worked to meet them. During our inspection we found evidence that people's conditions had improved in the time they had lived at the home. This showed the care and support being offered was meeting their needs and being effective.

People were supported to be as involved in their lives as possible. We saw people were offered choices about what to do, what to wear and what to eat. We saw that

people had been involved in making significant decisions about their lifestyle and treatment for health conditions as far as they were able. We observed staff using a variety of different ways to offer people choice according to the individual needs of the person they were supporting. Staff we spoke with were able to describe how each person expressed themselves, which was particularly important when people didn't use words to communicate. This meant people could be confident staff would understand their needs and wishes.

People lived in an environment that was homely and had been adapted to meet their needs, however we found the home had not been kept as clean as it should have been or that repairs or replacement of broken furniture had not been undertaken as promptly as it should have been. People could choose how they wanted their rooms decorated and people had been involved in choosing colours, furnishings and carpets for communal areas of the home. People had been supported to obtain the specialist equipment they required included walking aids, adapted beds and mattresses and wheelchairs.

The management was strongly focussed on the needs of the people living at Silverbirch. The manager demonstrated a very detailed and active knowledge about each person and had "hands on" involvement every day in people's care and support. However the management systems of the home were not well established and we found that some records had not been updated, and that systems to ensure quality and safety were routinely checked were not robust. The manager was already aware of this prior to our inspection and was able to demonstrate what action he had taken and planned to address this.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. The standard of cleanliness was poor which was unpleasant and could place people at risk of catching infections .

People told us they felt safe. Care practices we observed and systems including recruitment, training and risk assessments were in place to protect people and promote peoples' freedom.

Requires Improvement



Is the service effective?

The service was effective. Staff we observed had the skills and knowledge to support people with their needs and wishes. People were supported to eat tasty food that met their health and cultural needs. People had been supported to access to a wide range of health services specific to their needs.

Good



Is the service caring?

The service was caring however staff did not always demonstrate that they valued people as adults. People told us they liked the staff that supported them and throughout our inspection we observed and heard kind and friendly interactions between people and staff.

Requires Improvement



Is the service responsive?

The service was responsive.

We found that people were receiving a service that had been tailored to meet their own wishes and needs. People, staff and relatives were encouraged to share ideas and concerns to improve and develop the service.

Good



Is the service well-led?

The service was not well led.

We observed the registered manager demonstrating good practice and encouraging people living and working at the home to be as involved in developing the service as possible, however systems to monitor quality and safety were not effective.

Requires Improvement



Silverbirch Home

Detailed findings

Background to this inspection

This inspection was undertaken by one inspector. We visited the home on 23 July 2014 and spoke with four people who live at the home, we observed the care and support provided to eight people, spoke with five care staff and the registered manager. After our inspection we spoke with four relatives of people and three healthcare professionals who supported people living at the home.

People living at this home all had a learning disability. Some people also had additional needs due to their age, physical disability or autistic spectrum disorder and some people used their behaviour to communicate how they felt. The home was also registered to provide a personal care service. This service was not operating at the time of our inspection, and there were no plans to commence the service in the near future.

Before the inspection we reviewed the information we already had about the home. The provider had completed and returned a Provider Information Return (PIR). This

provides us with information about how the service is running from the provider's point of view. The provider is required by law to tell us about certain important events that happen at the home. We call these notifications. The provider had not returned any and we checked that this was because no notifiable events had occurred at the home.

During the inspection we observed how care and support was delivered including how staff helped people eat their breakfast and lunch time meal. We looked around all the shared areas of the home, including the lounges, dining room and bathrooms. Three people agreed to show us their bedrooms. During our inspection one person was out at a day centre.

We looked at records including selected parts of three people's care plans, recruitment records for two staff, meeting minutes, and records that showed how the provider was monitoring the safety and quality of the service.

Is the service safe?

Our findings

People living at Silverbirch told us they felt safe. Their comments included, “I am safe here” and “Staff help me to stay safe.” After the inspection we spoke with people’s relatives and health care professionals who knew the home. A doctor told us “I have not had any concerns or raised any safeguarding matters in the eight months I have been involved with this service” and one person’s relative said “I have never been unhappy with the service or my relative’s safety at this home.”

During our inspection we observed care in the lounge and dining room areas of the home. We observed that food spills had not been effectively cleaned. These observations led us to look at cleanliness in other parts of the home. We looked at the toilets and bathrooms, and with people’s permission we looked in three bedrooms and ensuite bathrooms. We found that people had been supported to clean their bedrooms and ensuite bathrooms but that the communal bathroom had not been kept clean. The bath, shower and toilet would have been unpleasant to use and people would not have been protected from the risk of infections. A recent infection control audit carried out by staff working at the home had failed to pick up on these issues. Staff we spoke with told us there were adequate cleaning materials available but that staff prioritised time supporting people over cleaning which meant that essential jobs had not been routinely undertaken. We asked relatives and health professionals who had visited the home recently about cleanliness. Feedback included “The environment is relatively clean” and “It is so so.” We brought this matter to the attention of the manager who agreed the current standard of cleanliness was unacceptable, and agreed to take prompt action to improve the cleanliness of the home.

When we walked around the home we saw that some areas of the home and some items of furniture had been damaged, this included radiator covers and bedroom furniture. Some of the damaged items presented a risk to people’s safety as there were exposed sharp edges. We asked but were informed that no audit of the safety or quality of furnishings had been undertaken. Staff we met were aware of the damage but they had not removed the damaged items and the provider had not arranged for them to be repaired or replaced. We asked to view records that would demonstrate equipment and services within the

home had been tested as is required. These records and checks were not all up to date or easily available to view at the time of our inspection. Shortly after the inspection we received confirmation that the required checks on equipment and safety systems within the home were all up to date. Hazardous, broken furniture presents a risk to people’s safety and the provider agreed to take action to address these concerns.

Staff we spoke with told us they had received training in adult safeguarding, whistleblowing and the Mental Capacity Act. Records of training supported this. When we spoke with staff they told us they would not tolerate abuse, and were able to describe the different types of abuse people may experience. When asked they confirmed that they had never been concerned for the safety or standards of care of people at Silverbirch. There had been no incidents or allegations of abuse that required reporting to the local authority, but the manager had the knowledge and documentation available in the home to enable them to report if required. We found that staff had previously accessed an Independent Mental Capacity Advisor (IMCA) when someone had required this. The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) including the Deprivation of Liberty Safeguards (DoLS) although to date it had not been necessary to make any referrals. Staff and the manager had the knowledge required to ensure that people’s rights were not being restricted inappropriately.

We found that people were being protected against discrimination. We observed that people were being supported to express their individual style and preferences in the way they dressed and in the activities they participated in. Assessments had been undertaken prior to people being offered a place at the home. The assessment included questions about people’s culture, important relationships and religion to ensure the home was aware of the support people needed in these areas. People were supported to speak up for themselves when they were able, and we saw people had been actively involved and supported to make decisions about their health and treatment. A doctor who gave us feedback about the home told us, “The manager attends almost all clinic appointments and encourages service users to speak for themselves.” The home had contact details for local advocacy organisations and these had been accessed when people needed them.

Is the service safe?

Some of the people we spoke with displayed behaviours that had placed themselves or others at risk of harm. Two people we spoke with were aware of the support staff offered them to stay safe. They told us that staff always spoke to them after the incident and explained the reasons for their actions. Staff had received training in managing behaviours that were challenging. Staff explained that they had never had to use any physical intervention techniques but that other techniques they had been taught such as distraction (offering the person something else to do) and de-escalation (offering activities that helped a person relax and re-focus) had been effective. Staff were following people's individual behaviour guidelines. Discussions with staff and the manager together with records showed that these interventions had been used effectively and that people had not required the use of prescribed medicines to help them calm down.

We asked the manager how he could be certain there were enough staff on duty. In discussion the manager demonstrated an in depth knowledge of each person and was able to describe what their support needs were and the hours that they had been funded for. Although there was no written record or assessment relating to staff numbers we observed that the number of staff and the staggered start time throughout the day meant that people had staff support at the time they needed it. We saw that the number of staff available kept people safe and enabled the staff team to be responsive and to be able to support people to follow the lifestyle they chose.

Is the service effective?

Our findings

During our inspection we observed staff using a variety of skills and knowledge to meet the needs of the people they were supporting. We observed that people had specific needs regarding a range of daily activities including: eating and drinking, the preparation of their meals, help with behaviour that was challenging and with moving around the home including the use of a hoist. We observed the staff team work in a way that was caring, safe and demonstrated skill and experience.

During our inspection we found that people had been supported to have sufficient to eat and drink. We observed that people were offered their breakfast and lunch time meals. Staff we spoke were aware of people's preferences and how each person liked or required their meal to be served. We saw that each person had a slightly different meal to reflect these preferences and dietary needs. People that required the texture of their foods altering to enable them to swallow safely had been seen by the relevant health professionals, and the meals we observed had been prepared following these guidelines. When in the kitchen we saw that there was plenty of food available and this included fresh fruits, salad and vegetables which were served as appropriate with the breakfast and lunchtime meals. Staff helped people to have their meal when they were ready and we saw that both breakfast and lunch was served over several hours to accommodate people's activities, waking times, and preferences. Staff sat with people while they ate and we observed a relaxed and unrushed atmosphere at meal times.

We looked in detail at three people's care. In each case we found evidence that people's physical and psychological health had improved. A service commissioner (a person

who purchases care for people) told us they had always found the standard of care and support to be very good. A relative told us, "My relative is in the best physical health they have been in for 12-15 years thanks to the support and care they receive at Silverbirch." People told us that decisions they needed to make about their health had been explained to them, and we saw specific communication aids and advice had been sought to help present information in ways that people could understand. People told us, and there were records to show that people were supported to meet their day to day health needs such as seeing the dentist, optician, or doctor. Some people needed staff to help them with health related activities including monitoring of their weight, following a specific diet or toileting for example to ensure that the care provided was being effective. We saw that records were fully completed and staff we spoke with were aware of which people required monitoring and why. This all showed people were being supported to maintain good health and had been supported to access the healthcare they required.

A community nurse we spoke with told us, "Staff are very caring and gentle with the person I am involved with. They use an approach towards behaviours that I discussed with them; they took it on board and put it into practice." Four relatives told us they were involved and kept informed of changes in people's healthcare needs. Their comments included, "I go to visit unannounced and I always find my relative smells clean, has their hair cut and their clothes are nice. They phone me if they are at all concerned or to let me know about changes."

Staff training records identified that staff had been trained and supported to develop skills that enabled them to meet people's care needs.

Is the service caring?

Our findings

During our inspection we observed and heard staff working with people in a way that was kind and compassionate. Several times during the day people enjoyed a laugh together and the atmosphere within the home was relaxed and friendly throughout the day. People told us that they liked the staff that supported them.

Some people living in the home expressed themselves using behaviours that could and had caused staff to be injured. Staff we spoke with understood the reasons for this, and we found it had not impacted on their ability to support people in a compassionate and caring way. Staff we spoke with were animated and enthusiastic about the people they were supporting. Staff had found out detailed information about people and their preferences after spending time with them, and giving people the opportunity to try different activities.

During the inspection we observed staff offer people choices about what to do, where to sit and what to eat. People were asked in a way that they could understand, and staff explained that some people who were unable to communicate verbally had indicated their choice using a sound or gesture. We saw that each person's plan of care was individual to them, and recorded the choices people

had made about their care and treatment and the involvement they were able or wished to have in it. Relatives we spoke with confirmed that they were also involved in planning people's care.

Throughout our visit we observed staff work in a way that was respectful of people's privacy. We observed staff be mindful to protect people's dignity, for example when they lifted them using a hoist. Staff we spoke with were able to give examples of how they maintained people's privacy. However during the inspection we did observe and hear staff refer to people as a "Good "boy" or a "Good girl." For much of the afternoon a children's channel was on the main television in the lounge, and staff referred to people's activities as "play" and said they would get someone's "toy box." Staff we spoke with all told us of the ways they respected people as adults however they had not identified these interactions and terms as inappropriate. We brought this to the attention of the manager who agreed with our findings and made a commitment to address this following the inspection.

During the inspection we observed people being encouraged to be independent as far as they were able. People were able to enter the kitchen and observe or participate in food and drink preparation. We saw people being supported to clean their room and undertake their own laundry. These were ways that people were encouraged to be active in their own support.

Is the service responsive?

Our findings

Throughout our inspection we observed people had the opportunity to lead and determine their own care. When we arrived at the home we found that two people had been supported to get up and undertake their personal care early in the morning as was their wish, and as was required by one person who attended a day centre. We saw other people were supported to get up, and to choose how to complete their personal care, to choose when and what they wished to eat for breakfast and we heard people talking about what they would like to wear. People told us there were no rules and that they could get up and go to bed whenever they wished. Throughout the day we saw that people were supported with their personal care to stay clean and fresh. Some people were able to verbally tell staff what they needed and what they wished to do. Other people communicated their needs and wishes with sounds, gestures and behaviour. Staff were able to describe what they believed this communication meant and we witnessed staff responding quickly to provide what the person had requested. We observed staff respond very quickly to a person's non-verbal request to go out in to the community. We saw that the person was enabled to get out within minutes of their request, and staff explained they worked in this way to ensure the person's safety and also to ensure that they got the service they wished for at the time they wanted it.

Following our inspection we spoke with four family members. They told us they were pleased with the opportunities they had to stay in touch with their relative and their comments included, "The relationship I have with my relative has improved no end since they moved to Silverbirch" and "We (my relative and I) stay in regular

touch with visits and by the phone. Staff let me know if anything changes or when they need anything." This meant people had chance to maintain relationships with people that were important to them.

Staff had spent time with people finding out what was important to them. Some staff explained that they had worked with people for several years and had got to know people's likes and dislikes over that time by offering people new experiences and the chance to try different things. We saw that people who knew the person well, such as their family, friends and health care professionals were involved in a pre-admission assessment prior to the person being offered a place in the home. We looked at one person's care record in detail and it showed these assessed needs were being met.

People had the chance to undertake activities that were interesting to them every day. We found people had opportunity to attend further education as well as a wide range of leisure opportunities. There were also facilities and resources within the home for people to access.

None of the people we spoke with had felt it necessary to raise a formal complaint about the service, however should people have concerns there was a formal complaints process available. We found that people were informally asked by staff during care reviews and when visiting the home if they were happy with the service being provided. One professional told us they had never made a complaint but that suggestions were acted upon "swiftly." People living at Silverbirch told us they were regularly asked if they were happy and we observed this was undertaken in a way that people were able to understand, such as "thumbs up or thumbs down", or by using pictures. There was also opportunity to raise concerns or to make suggestions in a questionnaire that the provider had sent out asking for feedback about the service.

Is the service well-led?

Our findings

The manager was able to describe and show us records of the quality checks they had undertaken to ensure the service was meeting the needs of the people and was safe. An external company had recently undertaken a review of the home at the provider's request. The review had resulted in a written report that showed the areas of the home that were operating well and where improvement could be made. However the findings of our inspection identified these checks had not been effective as they had not identified issues with cleanliness, the way staff were speaking with people who lived at the home or broken furniture. This meant the audit systems in place were failing to identify problems, this meant the required action would not always be taken. People were not always benefitting from a service that was safe, effective or continuously improving. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed that people were supported to be as independent and involved in the development of the service as they were able. People told us they felt that they were treated fairly and felt able to raise any concerns they had with the manager or any member of staff. Staff we

spoke with told us they felt able to ask questions and told us that the manager worked in a transparent way- always explaining the reasons to them for their decisions and actions.

The home manager demonstrated strong leadership throughout the time of our inspection. We observed them demonstrating good practice and providing direction and guidance for staff. One of the doctors who gave us feedback about the home said, "I think the service is well led and managed by staff that are empowered to engage with the service users." A community nurse told us, "This is a really well run home. The manager works alongside staff well. He is very hands on and involved...he has a genuine concern for people."

We were informed that there were systems to report and analyse accidents and incidents. Staff were able to describe the forms in use and their responsibility to record and report a range of household matters as well as incident forms relevant to individuals. We looked at records and found that these had been completed following each event, but there was no written evidence of the action taken to investigate the matter or to ensure the risk of the incident being repeated was reduced. However the manager was able to describe the action they had taken, and staff confirmed discussions were held at handover and within the team to ensure any required changes were made.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
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	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers
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	People did not benefit from a service that was continually improving or where issues of safety and quality were always identified and acted upon.
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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.