

Lifeways Community Care Limited

Silver Birch

Inspection report

Silver Birch
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Tel: 01283542534

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 14 November 2015 and was unannounced. The inspection was carried out by one inspector.

Silver Birch is registered to provide accommodation for up to five people with a learning and physical disability for respite care. At the time of our inspection, four people were using the service. This was the first inspection of this service.

The service had a registered manager. 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.

People chose how to spend their time and staff sought people's consent before they provided care and support. Some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people should make the decision for themselves. We saw some people may have restrictions placed upon them as they were not able to go out alone and may not have the capacity to make a decision about their safety. Applications to ensure these restrictions were lawful had not been made. You can see what action we told the provider to take at the back of the full version of the report

People told us they felt safe at the home and when out. People were supported by staff who knew how to reduce avoidable risk to prevent harm and understood how to recognise and report any abuse.

Staffing levels were sufficient and flexible to support people when they received respite care and to provide them with opportunities to pursue their interests. People had opportunities to develop their living skills in the home as well as engage in activities of their choosing. People could help to prepare their meals and received support where necessary and could choose to eat out.

People were supported with their medicines safely and systems were in place to make sure that at the beginning of each stay, correct information about people's support and the medicines they needed was available.

Staff knew people well and were trained and competent to meet people's needs. Staff were supported and supervised in their roles by the manager and senior staff. When new staff started working in the service, they were able to get to know people and supported by the staff team.

People had developed good relationships with staff. The staff were kind and caring in their approach and people's privacy and dignity were respected. People were supported to be as independent as possible during their respite stay.

People were involved in the planning and review of their care and support and family members continued to play an important role. Where people had any concerns they were able to make a complaint and this was responded to.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service to review how improvements could be made. The manager promoted an open culture which put people at the heart of the service.

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.

People were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. There were sufficient staff to support people to do what they wanted to do and receive support.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff knew how to support people and promote their independence and well-being. People were supported to make decisions although where people did not have capacity to make decisions, assessments had not been carried out to demonstrate decisions should be made by others. Where restrictions were in place to keep people safe, necessary authorisations had not been made to ensure these restrictions were lawful.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere and people had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to develop and maintain their independence. There were a variety of activities which people could take part in within the home or when out. People could try new activities when receiving respite care. People could raise concerns or make a complaint and these were responded to.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to monitor the quality of care and support in the home. People were able to comment on the quality of the service and where improvements could be made. There was a registered manager in post who was supportive to people and staff.

Silver Birch

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 was the first inspection for this service.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with two people who used the service, two relatives and friends, four members of care staff and one social care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People told us that staff acted in the right way to ensure they were protected from harm. One person told us, "The staff know what to do and I can look after myself too." A relative told us, "I know that if the staff are concerned they act on it. They always make sure people are protected." Staff were able to describe the process for identifying and reporting concerns and gave examples of types of abuse that may occur. Where concerns had been identified the provider had reported this and supported any investigation to prevent further harm.

Prior to each respite stay, the staff contacted people to determine whether any support had changed. A member of staff told us, "Some people come in regularly and other people just now and then but we need to know if anything has changed." We saw people and relatives completed information sheets and shared any changes about their support. One member of staff told us, "Where anything is different we always speak with people and their family so there's no misunderstanding." We looked at one care record with one person who used the service. They told us they agreed with the information about how they wanted staff to support them and keep them safe. They told us, "That's me. That's what I like to do here." We saw care records included assessments and identified risks and staff spoke about how to support people. This matched how we saw staff support people who were receiving respite care.

People told us they were supported to take responsible risks and staff helped them with living skills and when going out. One person told us, "When I go out, I go out with staff and they help me. I don't go on my own." We saw people were supported to prepare their evening meal in the kitchen. One member of staff told us, "People can make their own food and drinks. We have the gate here for safety reasons, but we only use it when we need to keep people safe." There were risk management plans in place with guidance for staff on how to manage complex situations to ensure the safety of people who used the service. Staff told us how risks were managed, which reflected what we saw and the information within the care records.

People told us they felt safe and were confident that there were sufficient trained staff on duty. One relative told us, "Each time [person who used the service] comes to stay, I see different numbers of staff on duty. The more people who are staying, the more staff that work there." The staff confirmed that the staffing provided was flexible. One member of staff told us, "It depends who is staying and the level of support people need. We use the staff flexibly so they are here when people are here. It makes sense this way." There were three staff on duty over the weekend providing support to four people. One member of staff told us, "This is what it's usually like and it means we get to go out if that's what people want us to do."

We spoke with one member of staff who had recently started working in the service. They told us they had attended an interview and confirmed that all recruitment checks had been carried out prior to starting working with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Medicines were managed safely. Prior to each respite stay, up to date information was obtained about what medicines people needed. People came into respite with a printed sheet from the dispensing pharmacy

which recorded medication to be administered. One member of staff told us, "Where anything is different we always check this out before we administer anything." We saw that effective systems were in place that ensured medicines were stored, administered and recorded to protect people from the risks associated with them.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that some people may lack the capacity to make certain decisions. We saw that best interest decisions had been made for how people wanted to be supported and to take medicines. There was no evidence people needed support to make those decisions as capacity assessments had not been completed. We saw some people had restrictions placed on them as they could not leave the home without support. The staff told us that these people needed support and may not have the capacity to make a decision about how safe they were. The staff told us that where people wanted to go out or approached the front door to be opened, they would speak to the person and explain they would go out later with a member of staff, but the people didn't go out unsupported. People who were receiving respite care did not have an authorisation to lawfully restrict their liberty. One member of staff told us, "We know this is an area we have to improve on."

The above evidence shows that there was a breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the food was good and we saw how staff supported people. One person made their own meal with the support from staff, another person chose the ingredients. One member of staff told us, "Different people need different support. When they can, people make their own meals with our support. Some people do this at home too, but other people don't and we give people the opportunity here." We saw one person chose not to eat their meal with other people and this decision was respected and they ate at a time to suit them. One member of staff told us, "We have to be flexible. People come here for a short stay from home so have different routines. We try and make things as good as we can here and can be flexible with how people want support."

People continued to access health care services such as GPs, and community nursing whilst receiving respite care. One member of staff told us, "We continue people's usual pattern of care, so if they have an appointment whilst having respite then we may support them or family will meet them and provide support." Another member of staff told us, "If someone is ill, a lot of people live near here so can still use their own GP. If not then they see a local doctor. As people are receiving respite care it's important we talk to family to make sure we have all the information we need and give people a choice of who they want to see."

We spoke with one new member of staff who told us they had been completing an induction into the service and would be working towards the completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "The induction so far has been brilliant. I've already completed all the knowledge modules and we covered things like discrimination, dignity and privacy and supporting people who have dementia. I've really enjoyed it and it's definitely been useful."

We saw where people had complex needs, the staff supported them in a consistent way. The staff confirmed they had regular opportunities for training and skill development and one member of staff told us, "We've recently had training for managing behaviour. We know we have to work together and do the same thing. For [person who used the service] we do and say the same thing and this makes them less anxious." Another member of staff told us, "I worked alongside experienced staff when I came here and they provided support so I knew what I should be doing. This helped with me getting to know people and what they wanted."

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, "It's brilliant. I love it here." Relatives we spoke with told us, "We're always made to feel welcome whenever we visit and [person who used the service] is always happy to return there. That says a lot to us." We saw people smiled and there was laughter between people as they talked with one another and staff.

We saw staff discussing choices with people and giving them time to consider the options before making a decision. The staff supported and encouraged people to do things for themselves and encouraged people to express their views and listened to their responses. For example, we heard people choosing where to go the following day and what activities to be involved in. We saw one person spending a long time to choose what activity to be involved with. The staff patiently explained what each item was so the person had all the information they needed to make a decision.

People were treated with respect and staff maintained their privacy and dignity. Where people needed personal care we saw staff were respectful and spoke quietly with people. People were able to retain their independence. For example, one person wanted to have a bath in the early evening, this was respected and the person was supported to prepare the bath but given privacy to bathe in private. The staff only entered to support with specific tasks, such as rinsing their hair. The person told us, "I can do everything else myself."

People were supported to keep in touch with family and friends during their respite stay. One member of staff told us, "It's up to the person really. Some people like to phone home and many families call to check if everything is ok. It often depends how long the person is staying here."

We saw the service had a compliments folder which contained emails and cards from relatives and professionals thanking the staff for the support they had given. For example, correspondence included: 'All the staff are great', 'All the staff made me feel happy and we have had a laugh together' and 'my stay was very good'.

Is the service responsive?

Our findings

People who used the service and relatives told us they were involved in the assessment and review of their care and support and when they chose to have respite care. One relative said, "We get to talk about how they can support [person who used the service] and what the service can offer, including how many nights stay people can have." Another relative told us, "Everything is planned in advance so we all know what is happening. Sometimes [person who used the service] comes together with a friend which is nice. Other times, respite care is planned because of a holiday. I don't worry when I'm away, because I know they are well looked after."

When receiving respite care people told us they could do the things they wanted to do. We saw people were involved with playing computer games with staff and looking through books together. Plans were being made for the following day. One person told us, "We're going to the cinema tomorrow. I love going to the cinema and it's up to me what we see." One relative told us, "[Person who used the service] continues to go to day services when they are in respite care and enjoys getting involved with arts and crafts. The staff are very good at doing games too." The staff told us people could continue with their hobbies and interests. One member of staff told us, "We have a photo album here, so if people can't decide what they would like to do, we show them the album and it gives them ideas. We do anything and everything. We've supported people to go and watch Burton Albion, go to the cinema, eat out. It's about what people want to do and we're here to arrange it."

People who used the service and their relatives told us they knew how to complain about the care. After each respite stay people were asked to comment on their stay and any improvements that could be made. One person told us, "I'd just tell the staff if I wasn't happy." A relative told us, "If you have a problem, then you can just talk to them. I don't have a problem but I would always speak out. Another relative told us, "They always ask if everything is alright and I'd just tell them. I know everything is okay though because [person who used the service] is always pleased to go back."

The provider had a concerns and complaints policy which gave clear guidance and timescales to staff on how to deal with complaints. We saw there was an easy-read format which was sent home after each stay. We saw where concerns had been raised the registered manager had investigated the concern and recorded any actions. People were sent a letter informing them of the investigation and any improvements that were to be made.

Is the service well-led?

Our findings

There was a registered manager in the home and people felt they were approachable. One relative told us, "You can always speak to the manager or any of the staff. They always have time to listen. There's a nice atmosphere there. It's always very friendly." Another relative told us, "We are always asked about each stay and I'd tell them if anything wasn't right." We saw feedback forms that were completed by people using the service or their relative after each stay. These were designed with pictorial symbols to help people to understand and comment. We saw where people had identified concerns these had been addressed on an individual basis and compliments were recorded and shared with the staff team. People told us they were happy with how they received this information and confident that any improvements would be made.

People and staff told us that there was a homely atmosphere. One person told us, "The staff are nice to me and I enjoy coming here. I come here a lot and always like it." Relatives we spoke with told us their family member enjoyed using this service and meeting with other friends. They told us it was a valuable service and one relative said, "I can definitely recommend the service. We certainly need this service and we'd be lost without it. It's a lovely homely place."

The provider carried out quality checks on how the service was managed. These included checks on accidents and incidents, personal finances and health and safety. One person told us, "I like the staff to look after my money but it's for me to spend." We saw financial records were maintained and audited to ensure people's personal money was safe. We saw where concerns with quality were identified, action was taken to make improvements and these were monitored and reviewed.

The staff told us that the provider and management team were supportive and cared about their development and how they supported people. One member of staff told us, "We all work together here. One thing I know is that we are good at supporting people and that's because we work together so well as a team." Another member of staff told us, "I have every confidence in the manager. I know she does the right thing."

The registered manager understood their legal responsibility. They ensured that the local authority's safeguarding team and we were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The registered manager demonstrated a good understanding of their responsibilities as a registered person.

The provider assessed and monitored the staffs learning and development needs through meetings with the staff and competency checks. The staff told us they were assessed in their work to ensure standards were maintained. One member of staff told us, "When we have training, the manager checks this out. For medication, we have annual checks to make sure we are all doing things the right way."

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
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Decisions were made for people without necessary assessments to demonstrate that people lacked capacity to make these decisions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People who used the service had their liberty of movement restricted.