

Lifeways Community Care Limited

Silver Birch

Inspection report

Silver Birch
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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

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 was 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 inspection took place on 15 December 2016 and was unannounced. Our inspection team consisted of one inspector.

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 did not ask 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 relevant with us.

Some people who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with two relatives and three members of care staff. 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 three 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. We reviewed information from commissioners of the service and quality reports.

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 ●

This service was safe.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs. Recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People's consent was sought when providing support and decisions were being made in people's best interests where they lacked capacity. People were supported to be safe in the least restrictive way. Staff received training to meet the changing needs of people and they were supported to eat and drink the foods they liked.

Is the service caring?

Good ●

This service was caring.

People were treated with kindness and compassion and with dignity and respect. People could decide how they wanted to receive their support and encouraged to be independent.

Is the service responsive?

Good ●

This service was responsive.

People decided how they wanted to be supported and were asked about the care they received after each stay.. People were involved with activities that interested them. There were arrangements in place for dealing with concerns and complaints and relatives were confident that they would be listened to and their concerns would be dealt with.

Is the service well-led?

Good ●

This service was well led.

People were happy with the support they received and were asked about the care they received. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

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Detailed findings

Background to this inspection

We inspected this service on 15 December 2016. The inspection was unannounced. At our previous inspection in November 2015 we rated the service as Good although the service required improvements within our question 'Is this service effective'. This was because where people lacked capacity, it was not clear how decisions were made. The provider sent us an action plan on 23 December 2015 which stated how and when they would make improvements to meet the legal requirements. On this inspection we saw improvements had been made.

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. 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 service provides accommodation and personal care for up to five people who may have a learning and physical disability. The home provides periods of short term (respite) care and people's stay could be flexible according to what was needed. There were four people staying in the home on the day of our inspection.

Staff sought people's consent before they provided care and support. Some people did not have capacity to make certain decisions, and they received support to ensure decisions were made in their best interests. Where any restriction had been identified, for example because they were not able to go out alone; applications to ensure these restrictions were lawful had been made and authorised.

Arrangements were in place to ensure that people were cared for during their respite stay. People had their needs assessed before they stayed at the home and personalised care plans had been developed. Risks to people were identified and plans were in place to make sure they were kept safe during their stay. There were positive caring relationships between staff and the people were treated with respect.

There was enough staff available and checks had been completed before new staff were appointed to ensure they were suitable to work with people. Staffing was flexible to allow people to do the activities they enjoyed. People were able to take part in hobbies and interests of their choice and maintained their usual

links with planned events, such as attending local clubs and their day care provision. This meant there was continuity for people during their stay. People were able to continue to have relationships with friends and family, who were invited to social events in their home. People were supported to eat and drink the food they liked.

People were supported to take their medicines and systems were in place to ensure that people received their medicines as prescribed. Staff received training which had been designed to support people's specific needs and staff were supported by the manager.

Quality systems were in place to monitor and check the care and support people received and to make sure a safe environment was provided. People were asked about the quality of the service and able to raise a complaint if they needed to.

Is the service safe?

Our findings

People were supported to stay safe when moving around the home. Some people needed moving and handling equipment to help them to move and the staff knew how to use this equipment. One member of staff told us, "We've all had specific training to use the equipment we have here. The bedrooms have a range of equipment and beds so when we organise any respite, we make sure they can stay in the room that is most suitable." One bedroom contained a Cosifit bed. This is a large secure area where people can sleep with their mattress on the floor. One member of staff told us, "There are a few people that use this bed. Where this is needed, they are assessed by health professionals so we know it is the most suitable equipment for them and similar to beds they may use at home." Where people needed support to be repositioned, this was recorded and bed rails were available where they had been assessed as needing these to keep safe.

People were safeguarded from harm as staff recognised potential signs of abuse or harm. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. There was a poster displayed in the home reminding staff of who they could speak with if they had wanted to report anything anonymously. This is known as whistleblowing and systems were in place to protect staff who wanted to raise concerns about poor practices. One member of staff told us, "We are reminded about our responsibilities to make sure people are safe. We wouldn't hesitate raising anything."

There was enough staff on duty and if extra staff was needed they could be provided based on people's dependency needs. We saw that staff were available to respond to requests from people and support people with their interest. Relatives we spoke with told us they felt that there was sufficient staff numbers to provide people's care and support.

When people arrived for their respite stay all medicines were checked and recorded. If there were any discrepancies or medication was not sent in with people, the staff checked with their GP to ensure the information they had was accurate; medication was not administered until these checks had been completed. Where people were prescribed rescue medicines when they had a seizure, an epilepsy management plan was in place. One member of staff told us, "We have had the training necessary to administer these medicines and when people go out, we take these with us in case they have a seizure." Where people needed medicines as required (PRN), there were protocols in place to guide staff when to administer these. Some people were unable to tell the staff when they were in pain and there was information in the care plan about how they may show signs of distress. One member of staff told us, "Having this information is a useful guide and we work closely with families so we get to know and understand what people are telling us." At the end of each stay a copy of the medication administration record was sent home to ensure family members knew what medicines people received.

Some people had epilepsy and staff demonstrated they had a good knowledge of how to support people to stay safe. One member of staff told us, "[Person who used the service] will just fall down when they have a

seizure so we are always conscious of where they are sitting. We make sure their chair is large and stable as the last thing we want is them to fall in their chair and hurt themselves or get trapped." The care records included information about how to support people during a seizure and when to seek medical support to keep people safe and well.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. One member of staff told us, "I had to provide details for two referees and I had a police check. I had to wait for all of this to come back before I even started my induction. I already had a police check for my last job but they wanted another one doing so it was up to date. I agree it's always better to be safe."

Is the service effective?

Our findings

On our last inspection visit, we identified concerns with how people were able to make decisions where they lacked capacity. We also identified that people may be subject to restrictions and applications to ensure any restriction was lawful had not been made. These issues constituted a breach of Regulations 11 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the required improvements had been made.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 made their own decisions about their care and support and staff respected this. We saw staff asked people how they wanted to be supported before they provided care. Where people lacked the capacity to make certain decisions, for example, whether to take medicines, or to use specialist sleeping equipment; capacity assessments had been completed and a best interest decision had been made involving those people who were important to them. Staff understood the requirements of the MCA and one member of staff told us, "It's about helping people who struggle to make decisions and make sure they get a choice."

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 saw where people had restrictions placed on them, which meant they were unable to leave the home unaccompanied to keep them safe, an application to lawfully restrict their liberty had been made. DoLS authorisations had been completed for the number of nights people stayed in respite during a 12 month period, as when they were not receiving respite care they were not subject to any restriction in their own home. We saw people were still able to have as much choice and control as they were able to in all other areas of their daily life and staff knew where any restriction was in place and understood the reasons why. One member of staff told us, "We know when any DoLS has been applied for and granted so we can follow what it says to be sure people are safeguarded. We don't impose any restrictions on people outside of this and they can still enjoy their respite stay and have fun here."

The staff knew people's needs well and they told us that they received the support and training they needed to carry out their role. Where people had complex needs, staff received training before people commenced any respite care. One member of staff told us, "People don't receive any respite care until we know we can meet their needs. When new people are referred here, specific training is arranged for all the staff so they can be safe here."

New staff completed an induction and shadowed experienced staff. Staff explained that during their

induction they reviewed policies and care practices and how to provide individual support for people. One member of staff told us, "The training was really informative and it's good that we all work together and do the same thing."

As people were receiving respite care, relatives and carers were responsible for their relative's health care needs and appointments. Relatives confirmed that if people became unwell during their stay, that staff dealt with this promptly and they would agree between them how to manage the situation. Care records had the information about people's health care needs and any assessment that had been completed to support the staff to provide the care people needed.

People were offered choices of drinks and snacks and able to help with the preparation under the supervision of staff to keep safe. People shared a Christmas lunch and the table was set with Christmas crackers. One member of staff told us, "Because we have different people stay here each week, we've had a Christmas lunch for the past five weeks, that way more people can celebrate with us and it's been lovely." There was a range of adapted equipment and utensils so people could be supported to be independent. When people needed support, we saw staff sat with them and gave them time to eat, talking with them about their meal and what was happening in the home.

Is the service caring?

Our findings

The staff were friendly and relaxed and spoke with people in a polite and respectful manner and we saw people smiled back in response to staff talking with them. One relative told us, "The staff are wonderful and so caring. We'd know if anything was wrong but they are always happy to come back here." Another relative told us, "The staff are brilliant and I couldn't fault any of them. When [Person who used the service] is in respite, I can sleep at night without a worry." Another relative told us, "The staff don't just look after [Person who used the service]; they look after the whole family and care about us all and how we are."

People brought their own clothes with them when they were receiving respite care and could continue to dress in their individual style. We saw people had been supported with personal care needs and staff recognised the importance of people's personal appearance and respected people's dignity. One relative told us, "The staff always make sure [Person who used the service] looks nice. They always come home clean and their clothes are freshly laundered."

People were supported to make choices and decisions about how they spent their time. For example, we saw and heard people being offered choices based around their hobbies and interests, choice of food and drink and where to spend their time. We saw staff sit and spend time talking with people and helping them to do activities that they wanted to do. One person wanted some help to play their music and a member of staff took time supporting them to do this. The care records included information about important decisions people may want to make but may have difficulty communicating. This included what people liked to be involved with, what they liked to eat and drink and how to spend personal monies. One member of staff told us, "Having this information helps us to support people to make any decision and how we can support them."

People could have privacy and spend time alone in their bedroom. The bedroom doors had assisted technology which used a wristband to unlock and lock their door. Where people wanted to lock their room they could have a wristband which could be programmed to their bedroom. One member of staff told us, "Some people aren't used to having friends around them all the time and want their own space. Each person has their own large bedroom and can spend time in there, if that's what they want to do."

There was equipment and facilities available to support people with complex physical disabilities. This included specialist beds and equipment to help people to transfer safely and promote people's independence. Staff told us how they supported people to be as independent as possible and were encouraged to help around the home. We saw one person being supported to lay the table at dinner time and another person preparing a snack. One member of staff told us, "Some people see this as a holiday and a stay with friends, we want people to enjoy themselves but people can also use this time to have different experiences and develop different living skills." Another member of staff told us, "We don't take people's independence away and work closely with families so we know what they like to do and how we can support them."

There were no restrictions on visiting times during the respite stay and family members could visit people.

One relative told us, "We can visit whenever we like. I try not to as this is their time away from us to be with their friends, but I know I can and that's good." The staff informed relatives of significant events that occurred during each stay. One relative told us, "If it's important then they would let us know. They wouldn't just leave it till the end, they know I want to know if something is wrong or they are not well."

Is the service responsive?

Our findings

People's stay at the service was carefully planned to ensure when they stayed they had access to the right facilities and equipment to meet their needs. Prior to each respite stay staff spoke with family members and carers to determine if there had been any changes to the support plan and any medication. One member of staff told us, "We always check if anything has changed. Sometimes family members come with people so we can chat and ask them in person but we always need to know in advance so we can plan their visit." We saw this was recorded and care records updated.

People were able to continue to attend day care provision and local community activities so they could maintain their usual routines, interests and relationships with their friends. People were asked how they wanted to spend their time and there was a range of activities for people to participate in during their stay. We saw people were involved with indoor archery, constructing with building bricks and completing a word search. People could bring in interests from home and one person had their own sensory equipment. One staff member told us, "If people have special equipment or interests, then they are welcome to bring them in. People like to bring their own DVDs and music too. Each bedroom has a television with a built in DVD player so they can listen or watch their own thing in their bedroom if that's what they want to do."

There was a complaints procedure which was also available in easy read format to assist people to understand how to make a complaint. There had been two complaints which had been investigated and established an outcome. One member of staff told us, "We don't try and hide anything. If people have something to say then we want to listen and make things better." Relatives were confident that where concerns were raised, these would be responded to. One relative told us, "I've never had to complain about anything but I know they'd deal with it if I had." People and their relatives were encouraged to provide feedback after each respite stay. This demonstrated that the provider was willing to listen and learn from people's experience and make improvements if they needed to.

The staff knew people well and communicated in an effective and sensitive manner. Some people were not able to speak verbally and staff demonstrated a good understanding of how people expressed themselves. One member of staff told us, "We work closely with family and health professionals so we can support people in the best way. Some people have communication passports which describes how they show what they may be feeling." We saw one person had a 'Sensory Integration Passport' which described the difficulties the person had with interpreting information and events and how they expressed frustration and anxiety. One member of staff told us, "This has been really useful and helps us get to know them better." The care records also included information about what people liked or disliked, what made a good day, dreams for the future and what made a bad day. One member of staff told us, It's useful to know this information and if we ever find out new things then we add to this so we can all have a good relationship with people."

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and the management team and felt the service was well-led. One relative told us, "This manager is excellent and standards have really been raised. We have nothing but praise for them." Staff felt supported and could approach the registered manager with any concerns or questions. They told us; "The manager is really supportive. I can't say enough about them. If you say anything to the manager then it's done." "The manager gives us praise when we do something and recognises what we do which is reassuring."

Staff were happy working in the home and were proud of the standards they maintained. One member of staff told us, "We are all about the individual and being person centred. This job is so rewarding and I love working here." Another member of staff told us, "It's very homely. We are like one big family and sit and eat together and do not have separate breaks."

The provider carried out quality checks on how the service was managed. At the beginning of each respite stay the hoist and any moving and handling equipment was assessed to check this was safe to use. Visual checks were completed on people's wheelchairs when they arrived to ensure they were safe. One member of staff told us, "We always do these checks so we know the equipment is safe for us to use and safe for people. Our equipment isn't used every week as some is specific to people's individual needs, so we always do these checks."

Feedback was requested after each stay and this information was reviewed and individual action taken to resolve specific concerns. We saw that there had been no recent concerns but positive compliments from relatives. These included; 'It's such a comfort knowing [person who used the service] is cared for in a safe and happy environment with really dedicated staff.' '[Person who used the service] came home so well and happy. It was nice to hear about the interaction as they love to be involved, playing games and singing.' 'We have the highest regard for the staff and are confident that the care they receive is excellent in every way.'

Staff told us that they were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. One member of staff told us, "The last meeting we had, the area manager attended and we looked at any developments since the last meeting and anything that needed fixing or replacing. They do listen as we told them when some people receive respite, the sleep-in staff doesn't get any sleep, so they changed the rotas so we no longer work the morning after a sleep-in. This is so much better and nice that they listened to us."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff received a yearly appraisal so they received feedback on their work and performance. One member of staff told us, "The manager always asks how we feel we are getting on, whether we have any concerns about the safety of people and how we are. It's nice to know they value us and the work we do."

The service had a registered manager who understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.