

# New Outlook Housing Association Limited

## Silver Birch

### Inspection report

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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

Silver Birch is a 'care home'. 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.

Silver Birch accommodates seven people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was inspected in October 2015 and the service was rated Good. The service was further inspected in February 2017. That was an inspection that focussed on how safe the service was. We rated the service as Requires Improvement for Safe.

At this inspection we found the service remained Good overall and that the Safe rating had improved to Good.

People looked comfortable and at ease around care staff. Relatives we spoke with told us they felt assured their family member was being cared for in a safe way by care staff who understood how to keep them safe. People were supported by staff that understood people's health needs and the risks to people's health that people lived with. Staff had access to information on how best to support people and understood the risks to their health that they lived with. People received help to take their medicines and people medicines were safely administered and stored. The registered manager made regular checks to ensure people received the correct support.

People were supported by staff that had access to regular supervision and training. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain a healthy lifestyle and could access additional medical support when

they needed it.

People and their relatives told us, staff were kind and compassionate. Staff worked as a team to ensure people were supported with respect and their dignity maintained. People benefitted from the staff using different approaches and communication equipment to support them to make choices and be involved in their care decisions as much as possible.

People said their needs were met by staff, that were knowledgeable about their rights and preferences. People were supported to raise concerns and where this was done, people's concerns were investigated and action taken.

People liked and knew the registered manager and staff reported they enjoyed working at the home and felt part of a team. Staff felt empowered to share their ideas to help improve people's care and worked with other stakeholders to improve people's experience of care.

Further information is in the detailed findings below.

## 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 remains Good

### **Is the service effective?**

**Good** ●

The service remains Good

### **Is the service caring?**

**Good** ●

The service remains Good

### **Is the service responsive?**

**Good** ●

The service remains Good

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Silver Birch

## Detailed findings

### Background to this inspection

This was a comprehensive inspection that took place on 1 and 6 November 2017 and was unannounced. The inspection team consisted of one Inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We used information the provider sent us in the Provider Information Return. This is information we ask providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority if they had any information to share with us about the service provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We spoke with three people who lived at the home, and one relative. We looked at how staff supported people throughout the day. We used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us."

We spoke with the registered manager and three staff. We sampled four records about people's care which included care and medication records. We also looked at complaints and accident and incident reports involving people who lived at the home. We looked at quality checks on aspects of the service which the management team had completed. We saw staff meeting minutes and minutes from meetings with people living at the home. We also looked at external audits completed by other professionals.



## Our findings

At the last inspection, we rated this section as Requires Improvement. At this inspection we found the service had improved.

People told us they felt safe with staff and they liked the staff supporting them. People appeared relaxed and comfortable in the presence of staff supporting them. One relative we spoke when asked whether their family member was safe at the home replied "Totally."

Staff we spoke with understood what it meant to keep people safe from harm and how any information of concern to them should be reported. Staff we spoke with were confident action would be taken as a result of any concerns they raised. The registered manager showed us how they recorded concerns and took action if this was appropriate.

We saw that people were able to access support from staff when needed in a timely way and staff were able to spend time with people without feeling rushed. Staff we spoke with told us they felt staffing was adequate to support people appropriately. A relative we spoke with also told us they were always able to speak to a staff member or access their attention when needed.

People told us they were able to receive support with their medicines if they needed it. We observed staff support people and saw this was done in a patient and considered manner. The Registered Manager explained how people's medicines were checked regularly and any anomalies were followed up with staff. For example, if further training was needed, this was arranged. The registered manager ensured regular checks were also carried out so that staff knowledge about supporting people's medicines was up to date.

Staff we spoke with understood the health conditions people lived with and the risks to their health. Staff could explain how each person needed support and what they needed to be mindful of. Staff explained that some people living at the home were not able to see visual hazards and staff explained how they kept the floors free of trip hazards to support people to be able to move around without harm. Another person required additional support with shopping and staff understood how the person needed staff support with handling money.

We reviewed four people's care plans to review how care plans included risk assessments for people and how these were updated based on people's needs. We saw that care plans were being completely overhauled in line the registered provider's system of care planning. The registered manager explained how

all care plans were being monitored by the regional manager and this was part of an action plan the registered manager was working to.

Staff were encouraged to use protective clothing such as gloves and aprons where this was appropriate and had access to them. The registered manager also explained they had a system in place for making regular checks so that the spread of infection was kept to a minimum.

Accidents and incidents were recorded in incident forms for the registered manager to refer to. We saw that accidents and incidents had been reviewed by the registered manager and where action was taken this was recorded. Information was then shared with staff about how the person's care needed to be amended. We saw one person had had an increasing number of incidents and staff were encouraged to help monitor the person's behaviour in order to understand any potential triggers that caused the changes in their behaviour. The registered manager also explained how incidents were reviewed at management team meetings to ensure people received the most appropriate care.



## Our findings

People living at the home benefitted from having their needs reviewed so that individual goals could be identified for each person for staff to refer to. The registered manager explained that each person's care plan had been reviewed and updated based on the person's individual needs and were now person centred. We saw where this had been completed with the person; people had goals that were individual to them to work towards. One relative told us they helped contribute towards their family member's plan and how this was important to them.

Staff we spoke with told us they had access to supervision and training and that they could access further training if they needed it. One member of staff told us about training they received to help support people with their communication skills. Another staff member told us they had recently joined the service and they had found the training helpful. In addition they had the opportunity to shadow experienced staff in order to understand how best to support people.

People living at the home had differing needs and staff understood how to support people in accordance with their abilities. Some people enjoyed shopping for food to help prepare their own meals and staff supported them to do this and prepare drinks. We saw staff offer people choices in the food that was prepared to help support people to remain healthy and well.

Staff working at the home told us the communication within the home was good and that this helped staff understand what each person needed. They told us they read the communication book at the start of each shift as well as talk to other staff. Staff told us because they were a small team that had all worked in the home for a number of years, it allowed them to feel they were part of a team that worked together for the benefit of people living at the home. Staff told us that the team worked well together and felt able to speak to another if needed or a more senior member of the management team.

People living at the home accessed a number of services with the support of staff. One person told us they saw the GP if they were not feeling well and they were well looked after. A relative we spoke with also told us help was sought in a timely way and they felt assured further help was accessed when needed. People were supported to attend a number of appointments including the dentist, optician and chiropodist to help maintain their health and wellbeing.

People told us about the changes that had been made to the home and garden. They told us how they had contributed to the process and felt involved in making decisions about their home. One person told us



about how they had helped when the garden had been landscaped. Staff told us the garden had recently been redeveloped and that people had responded positively to this and now spent more quality time in the garden. One person told us about how they enjoyed collecting eggs from the hens people living at the home looked after.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood how to protect people's rights and about people's individual requirements. Staff could explain which people had a DoL and what was included in the DoL that was individual to the person's needs. Staff told us they had received training and how they supported to registered manager to make decisions in people's Best Interests.

## Our findings

People we spoke with told us they liked the staff and they felt cared for. We saw staff demonstrate an instinctive understanding of how people preferred to be cared for. For example we saw when one person become upset and staff reassured and distracted the person to reduce their anxiety. Many of the staff had worked at the home for a number of years and had developed a friendship and understanding of the person. One relative told us, the staff at the home were "Wonderful" and the staff "They really know" their relative.

Staff we spoke with told us, they had got to know the people they were supporting well and had developed that understanding through spending time with them and chatting with them. We saw staff support people in a gentle and caring way in a calm and relaxing atmosphere.

People were supported to express their opinions in a variety of ways and which reflected their ability to do so. Staff we spoke with explained how each person communicated with them and how they used these methods to better understand people. Some people were supported to use methods of communication such as Makaton [a special sign language used to aid communication] and staff understood and knew gestures that other people used so that additional support could be given. For example, we saw one person give a staff member a thumbs up gesture to indicate they were happy with their support.

We saw that care plans were being updated to reflect a more person centred approach. The registered manager showed us how care plans demonstrated how each person was being supported. Each person was supported by their Key Worker to demonstrate what was important to them and how they wanted their care delivered. A relative also told us that they were in regular contact with the staff at the home, who kept them up to date and involved in making decisions about their family member's care.

One relative told us they had no doubts their family member was supported to maintain their dignity and independence. They told us all the staff knew their family member and understood their ability and the level of support needed to maintain their independence. We saw people were able to achieve tasks independently were supported to do this, such as making hot drinks. Staff recognised what people could do for themselves and stepped in to protect the person from accidentally harming themselves.

We saw staff include people in their conversations throughout the day and all staff we spoke with told us working at the service was like being a part of a family. One staff member told us they wanted the same for people using the service as they would for their own family member.



## Our findings

We saw that people were supported to express their feeling and thoughts about their care. People we spoke with told us about the things they liked doing such as a gardening club they attended, trampolining and shopping. We saw people being supported to go shopping for things of their choice. Staff we spoke with knew the staff well and told us where people were not able to express their feelings, they worked with them by trying different things and seeing what they responded to positively.

Staff we spoke with told us about how they received handover information before they commenced each shift so that they knew people's most up- to- date care needs. One staff member told us because they were a small team they had worked together for some time so they found this easier to handover information.

The registered manager told us about how care plans were in the process of being updated to better reflect the people being supported at the home. We saw care plans were being reviewed with the person and their representatives to include more information about the person themselves and how the care they needed reflected their background and needs. The plans were in the process of becoming more centred around the person and their aspirations and the registered manager was working to a plan to improve everybody's plans.

People with cultural preferences were supported by staff. One person required support with their skincare and purchasing food that reflected their background and that they had grown up eating. All staff we spoke with knew what the person liked and how to support them to achieve this.

A relative told us they hadn't needed to make a complaint because their communication with the home was good. They told us about how the staff at the home encouraged and supported the person's family member to maintain a strong link with their family. They told us they helped the person visit their family and member and that regular feedback about them helped to reassure them about the care they were receiving.

The registered manager showed us how complaints were recorded and how people living at the home were supported to share any concerns they had. The registered manager explained all concerns were recorded and investigated and a response provided.

## Our findings

The registered manager had been at the service for a number of years and people told us they liked the 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.

Staff spoke positively about the registered manager and explained they felt a valued part of the team. Staff we spoke with felt able to speak with the registered manager about anything they needed to. The registered manager explained that the regional manager also visited to home regularly to review peoples' care and how the home was run. We saw an action plan the registered manager and staff were working to achieve in response to the last quality monitoring visit. The registered manager explained this helped to check the progress staff were making in ensuring actions were completed.

The registered manager explained how they worked closely together with the deputy manager. The registered manager told us about the regular senior management team meetings that took place and how the meetings were useful in checking the quality of care people were receiving. The registered manager reviewed checks that were completed to assure the registered manager people's care was correct for their needs. Checks were completed on medicines care records, equipment as well as people's personal belongings to ensure they had what they needed. Any actions that came out of Senior management meetings were shared with staff for staff to follow up.

Staff also told us they the registered manager was approachable and felt they had an open relationship with the registered manager and if they needed to improve or change the way people's care was delivered, they could do so. The registered manager also told us how each person had a key worker and how this empowered staff to take the lead on people's care. For example, one staff member had suggested working with a person and their family so they were able to have more contact with their family. The registered manager reported this had been really positive for the person.

The registered manager showed us systems in place to monitor accidents and incidents. We saw how learning from accident and incidents were monitored to identify trends and where appropriate take action to amend a person's care. For example, one person's care was reviewed and changed as appropriate when trends showed they were having an increasing number of incidents. Minutes of team meetings we reviewed showed learning from reviewing the incidents was also shared with staff at team meetings so staff

understood how people's care had been improved. The management team at the home also worked closely and met regularly to review and update people's care.

A relative we spoke with told us about how their family member accessed a number of local services and they enjoyed and benefitted from this contact. They told us, they "loved it." The registered manager explained how they had explored a number of different services for different people. They told us about people living at the home attended a gardening centre as well a day service where people are supported to care for small animals take part in arts and crafts.