

Birmingham Multi-Care Support Services Ltd

Silver Birch Road

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

About the service

Silver Birch Road is a residential care home providing personal care on a short-term, respite care basis for four people who have physical and or learning disabilities, including autistic spectrum disorder. The accommodation is provided in an adapted home, with lift, specialist bathroom and shower room, shared dining room, lounge and rear garden. At the time of our inspection, one person was staying at the service.

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

People received personalised care from staff who knew them well. The provider ensured there were enough, suitably recruited and trained staff to meet people's needs and promote their wellbeing.

Staff knew how to protect people from the risk of abuse. Risks associated with people's care were identified and managed safely, including receiving their prescribed medicines. People were supported to maintain a varied and healthy diet and to access other professionals to maintain good health.

Staff were kind and caring, treated people with respect and promoted their privacy and dignity at all times. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People benefitted from a service that had an open and inclusive culture. The provider monitored the quality and safety of the service to ensure it remained safe for people. Staff enjoyed working at the service and felt supported and valued by the registered manager.

People and their relatives felt confident any concerns and complaints they raised would be acted on. The provider listened and acted on people's views to drive improvements at the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was Good (published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Silver Birch Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Silver Birch Road 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, which included information from local authority commissioners. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were unable to speak with the person who was using the service because they were out. However, we

were able to speak with a member of their family and the relatives of two other people who use the service. We also spoke with three members of staff including the registered manager, the deputy manager and a support worker. We reviewed the care records of the person using the service, and two other people who regularly used the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with had no concerns about their family members. One said, "I like it because it's an ordinary house and [name of person] is settled there."
- Staff were aware of the signs to look for that might mean a person was at risk of abuse and were confident the registered manager would act if they raised any concerns.
- Staff told us they would not hesitate to use the whistleblowing procedures if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risk assessments were person centred and reviewed each time a person came to the service. A relative told us, "The manager goes over everything with us". Environmental risks were also considered and mitigated.
- Staff knew people well, understood their needs and explained how they minimised restrictions on people whilst ensuring they were safe. For example, one member of staff told us how people were supported to use the kitchen to make drinks and snacks safely.
- When people presented with behaviour that may challenge, staff described how they supported people to manage their behaviour. We saw this matched the information in people's care plans, which showed us people received consistent care.

Staffing and recruitment

- People were supported by a consistent staff group, most of whom had worked at the service for many years, who knew them well.
- Relatives and staff had no concerns about staffing levels and the provider deployed staff from their domiciliary care service to cover any short-term, sickness absences.
- Staffing levels were varied to ensure people's needs were met, for example some people required one to one support. One member of staff told us, "We always have two staff on duty; one stays with the person and the other does the cooking".
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- The service had effective systems and staff managed medicines consistently and safely.
- Staff were trained and observed to ensure people received their medicines as prescribed.
- Staff kept accurate records which were monitored to ensure errors were promptly identified and rectified.

Preventing and controlling infection

- The home environment inside and out was clean and safe for people. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- We saw any incidents were investigated to identify any learning which may help to prevent a reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed and expected outcomes identified. Care and support were kept under review to ensure it remained relevant each time a person visited the service.
- The registered manager and staff worked closely with other professionals to ensure people's care and support was person-centred and based on best practice. For example, the service had accessed support and guidance from nurse specialists to make sure staff maintained effective practice.

Staff support: induction, training, skills and experience

- Relatives were confident staff had the skills and knowledge to provide effective care. One said, "From my observations, staff understand people's needs. They [staff] have annual training and the manager keeps up to date".
- Staff were supported to fulfil their role through training, observations of their practice and regular supervision meetings.
- New staff received an induction, shadowed experienced staff and did not work unsupervised until they and their manager were confident they were able to do so.

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

- People were supported to enjoy their meals and maintain a healthy diet. People's dietary needs and were assessed and care plans contained clear guidance on how to protect people from any identified risks. For example, staff told us about people who were at risk of choking and required a pureed diet or thickened drinks. We saw this matched the guidance in people's care plans.
- People's preferences, cultural and ethical needs were considered when planning meals and drinks. The registered manager told us, "We don't bulk buy, we shop each week depending on who is staying at the service".

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

- Relatives praised the home environment and were happy that the exterior and interior were very much like a 'normal' house, which helped people to settle in more easily.
- The home was adapted to meet people's needs and promote their independence. There was a lift to access the bedrooms. Each bedroom and bathroom had a ceiling hoist to ensure people could be supported safely, in line with their assessed needs.
- People had access to outside space that had been assessed for risks, for example there was a ramp and handrails to support people to access the enclosed, rear garden.

Supporting people to live healthier lives, access healthcare services and support

- Relatives were confident that staff would contact them if their family member became unwell. One said, "They would always contact me if they have any concerns and although we've not had a situation where [name of person] needed to go to hospital or see a GP and if they couldn't contact me, I know they would make sure they get them there in an emergency".
- People were supported to attend any scheduled health appointments that occurred during their stay at the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Due to the short-term nature of the service, staff did not have a role in supporting people to make important decisions. However, they had received training in the MCA and discussions showed they involved people in making day to day decisions about their care.
- Relatives were confident that staff gained people's consent. One relative told us the staff always discussed things with their family member to get their agreement, "[Name of person] makes their views known and will say if they are unhappy".
- The registered manager understood when people were potentially being deprived of their liberty. For example, they had submitted a DoLS application for a person who lacked capacity and was under constant supervision to keep them safe at the service. This assured us that the person's rights were being upheld.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives were consistently positive about the caring attitude of the registered manager and staff. One told us, "Staff are kind and caring and very mindful about how they interact with people. They take care to engage people, if they are challenging, they don't take it in a negative way".
- Relatives were happy with the care their family members received. One said, "I was a bit worried about letting [name of person] go into respite care initially and I looked at a few different places. The home was recommended by other families. I'm very happy about things now".
- Some staff had worked at the service for many years and told us how much they enjoyed their job. One said, "I love my job, the best thing about it is knowing I'm helping another person who can't do much for themselves". Another said, "It's good getting positive feedback after people have stayed; it makes you want to do more".

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

- Relatives were confident their family members were supported to make day to day decisions about how they were supported. One told us, "I know they decide what time they go to bed and if they want to stay in a specific room, they are accommodated, depending on capacity".
- Advocates were available to support people if needed. An advocate is a person who supports people to express their wishes.
- Staff told us how they supported people who were unable to communicate verbally. One told us, "We know people well and recognise gestures and body language. We also have flash cards or pictures and people can point to indicate their choice".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted.
- People were able to have a key for their bedroom door to maintain their privacy and staff told us they always knocked and waited to be invited in.
- Staff were committed to promoting people's privacy and dignity and ensured people had privacy whilst maintaining their safety. A relative told us, "[Name of person] needs supervision to ensure they are safe whilst using the bathroom. Staff check they are safe but ensure they have privacy".
- People were encouraged to maintain their independence. A member of staff told us, "I make sure people do things for themselves whenever they are able to".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care and we saw this matched the information recorded in their care plan. For example, we saw that a bedroom was being made up in a specific way for a person who was due to come in the following day. A member of staff told us, "This is how they like it, otherwise they just remove the covers".
- Relatives were consistently positive about the staff. One relative commented that the diverse make-up of the team meant they had a good understanding of how people's values and beliefs may influence how they want to receive care. They told us, "I like it that the staff group is mixed in terms of ethnicity, with staff who are from [name of person's] background, who they identify with and I'm comfortable with that".
- Care plans included information about people's likes and dislikes and explored people's relationship needs to ensure any needs on the grounds of protected characteristics were accurately recorded and their preferences met.

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

- The provider was meeting the AIS by identifying and meeting the needs of people with a disability or sensory loss. When needed, information was made available to people in a variety of formats, including easy read, large print or braille.

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

- Staff supported people to continue their day to day activities, such as going to day services, whilst they were staying at the service.
- Relatives told us people were supported to follow their interests and could choose how they spent their time at the service. Activities such as arts and crafts, board games and DVD's were available for people to choose from.
- Relatives told us how staff kept them informed and maintained continuity between home and the service. One said, "They always send home a report of all the sessions, what [name of person] ate, did, how they slept. It's an overview of how they've been through the weekend and it's really helpful to know anything to look out for when they come home".

Improving care quality in response to complaints or concerns

- Relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative told us, "You can talk to all of the staff".
- There was a complaints procedure in place which was available in alternative formats, including an easy read version. Any complaints were logged and responded to in accordance with the provider's policy.

End of life care and support

- Whilst the service was not supporting anyone at the end of their life, there were systems in place to enable people to discuss and record their wishes and preferences, involving relevant professionals.
- Staff demonstrated an understanding of how people's religious beliefs and culture may impact on their preferences for end of life care. This assured us that people would be supported to have a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement because improvements were needed to ensure quality assurance systems were always effective and any improvements clearly communicated to staff. At this inspection, the required improvements had been made and this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear management structure at the service. Staff understood their role and responsibilities and had confidence in the way the service was managed. One said, "The manager writes the care plans, but we have input as we are giving the day to day care; we work as a team".
- The registered manager carried out a range of audits and checks which were effective in identifying and correcting any shortfalls.

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

- Relatives were enthusiastic about how well staff communicated with them, which created an open, inclusive culture at the service. One told us, "You can talk to any of the staff, they are always on hand. The manager or deputy is usually around when I drop [name of person] off. I've got to know them, and they consult me and get in touch if something is wrong. Likewise, I feel able to contact them if anything is array".
- Staff felt supported by the registered manager and felt able to raise make suggestions on how things could be improved. One said, "I can always say what I think".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under Duty of Candour and discussions with relatives confirmed they were open and transparent with people and their families when incidents occurred, or complaints were raised. The registered manager told us, "We are not perfect and put our hands up if something goes wrong".

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

- People and relatives were involved in the running of the service. They told us they were asked for their views after every visit and at an annual review. The registered manager told us, "It's an opportunity to get people's views so we can follow this up at the next visit and make any changes needed.
- The registered manager had also started to hold coffee mornings for relatives to meet and share their

views, which also extended to the provider's other services. We saw one outcome had been to produce information on local services.

- A newsletter was also sent regularly to keep people informed of any changes in the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous improvement. They were aware of the priorities around oral healthcare and had undertaken training, which was being shared with staff to ensure good practice was acted on.
- The registered manager and staff worked closely with other professionals involved in people's care, for example day services, which supported people to receive joined up care.