

# Pine View Care Homes Ltd

## Silver Birches

### Inspection report

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Date of inspection visit:  
22 August 2023  
23 August 2023

Date of publication:  
05 October 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Silver Birches is a residential care home providing a regulated activity for up to 19 people. The service provides support to people with dementia, physical disability and mental health. At the time of our inspection there were 12 people using the service. The care home accommodates people in one adapted building.

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

Shortfalls remained with infection control processes and procedures with some equipment and bedding found to be unclean. Systems and processes were not robust enough to ensure these checks were consistent enough.

People and their relatives were not always involved when their care needs were reviewed. We have made a recommendation about reviews of care.

There was limited activity at the service for people to occupy their time. We have made a recommendation about activities.

The provider and registered manager had addressed a significant number of the concerns we previously identified. They had implemented systems and processes to improve the oversight at the service. More time was required to provide assurance that recent changes to systems were effective and fully embedded.

Medicines and risks to people's health and welfare were safely managed. Recordings in care plans and risk assessments were detailed and guided staff how to meet people's needs. Staffing levels were sufficient to meet people's needs.

Safely recruited staff provided kind and compassionate care. Staff knew people well and how best to support them in line with their individual preferences.

People were safe and protected from the risk of harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 18 May 2023)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of one regulation.

This service has been in Special Measures since 18 May 2023. During this inspection the provider demonstrated that a number of improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silver Birches on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Silver Birches

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Silver Birches is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silver Birches is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 August 2023 and ended on 25 August 2023. We visited the service on 22 and 23 August 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people, 9 relatives, the registered manager and nominated individual, deputy manager, cook, cleaner, and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 2 healthcare professionals who visited the service during the inspection.

We reviewed a variety of documents including 2 peoples care plans, and 4 peoples medicines records. We also reviewed various documentation relating to the management of the service.

During off site inspection activity we received additional documentation from the registered manager.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. Not all concerns previously identified had been addressed.

Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had addressed many of the infection prevention and control (IPC) concerns we identified at our last inspection. People were at less risk of acquiring preventable infections. However, some shortfalls remained.
- There were some stains to mattresses, pressure relieving cushions and bedding, and some equipment had not been cleaned effectively. This meant we were not yet fully assured IPC arrangements were fully embedded.
- Damage throughout the home to skirting boards, door frames, chipped paintwork and handrails and ripped furnishings had been repaired.
- The IPC policy reflected current government guidance and on the whole staff followed this guidance. Personal Protective Equipment (PPE) was now stored and disposed of correctly.
- The medicines policy had been updated to guide staff on the safe disposal of medicines should they be refused or discarded. Discussions we held with staff who administered medicines assured us the policy was being followed.
- Protocols were in place for people who were prescribed 'as required' medicines. However, when these medicines were administered the reason, effect or timing was not recorded. With some medicines what action should be taken if the medicines did not have the required effect, was not stated. The registered manager told us they were introducing new records which would include these areas at the next medicines cycle.
- Whilst safe practices for administration of insulin were observed we noted the sharps disposal box was not taken with the staff member to the point of administration in line with best practice. This is to prevent the risk of needlestick injury to people. The registered manager undertook supervision and medicines competencies with all administrative staff during the inspection. On the second day of the inspection our observations confirmed best practice was being followed.
- People were supported to take their medicines safely by trained staff. We saw people given time to take their medicine and this was done in their preferred way.

- Processes were in place for the timely ordering, recording and supply of medicines.

#### Visiting in care homes

Visiting aligned to government guidance and people were able to have visitors when they wanted.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We identified concerns at our previous inspection with the safe management of people's skin integrity and diabetes. At this inspection we found improvements had been made.
- Pressure relieving mattresses were set correctly and mattress pumps had been serviced. Diabetes management was safe, and records reviewed confirmed people's blood sugars were recorded consistently and insulin guidance and dosage were up to date.
- Information within care plans and risk assessments were now consistent, and guided staff to support people safely in line with their identified needs and risks.
- Referrals were made to external health professionals as needed to manage people's assessed risk. For example, a district nurse and dietitian had been contacted appropriately for advice on treatment and assessment.
- Environmental safety improvements had been made. Previous risks from unsecured furniture, and fixtures and fittings had been addressed.
- Fire exits were now clear of any obstruction and people's personal emergency evacuation plans (PEEPs) fully reflected the support people required in the event of an emergency such as a fire.

#### Staffing and recruitment

At our last inspection the provider failed to deploy enough staff to meet people's needs to ensure their safety at all times. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our previous inspection there were not enough staff to support people in a safe and timely way. At this inspection we found there were now sufficient numbers of staff. We reviewed the registered manager's dependency tool and staff rota which assured us the number of staff on duty was sufficient.
- We observed staff throughout the inspection having the time to support people when they needed it. When call bells were activated or people requested assistance they were attended to promptly.
- Staff told us there they were satisfied with the number of them on duty at any one time. Some staff did say it may be beneficial to have another member of staff on duty in the mornings but said this did not affect people receiving care when they needed it.
- People we spoke with told us staff were attentive and raised no concerns with staffing levels. However, relatives provided mixed views on staffing levels. One relative said, "I think they have a good balance of



staff." Another relative said, "Staff always look busy, they may need more."

- Staff were recruited safely. Disclosure and Barring Service (DBS) checks had been completed for all staff. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Lessons had been learnt following the concerns we identified at our previous inspection. For example, in relation to risk management, care records, staff deployment and environmental safety.
- The provider and registered manager had developed good working relationships with the CQC and the local authority since our last inspection. This provided opportunity for them to sustain improvements made and drive further improvement.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of neglect and abuse and were supported by staff who understood how to safeguard them from harm.
- People and relatives told us the service provided safe care. One relative told us, '[Name] is safe and the care is 'top notch'.' A person told us, "I am safe here."
- Systems and processes in place for reporting accidents and incidents were robust.

# Is the service effective?

## Our findings

Our findings - Is the service effective? = Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the principles of the Mental Capacity Act 2005 (MCA) were not always followed in relation to DoLS conditions and people's best interests. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection DoLS conditions were met, relevant people were involved in best interest meetings and, best interest decision making was recorded in line with MCA principles.
- The improvements in recordings we identified meant staff were provided with guidance and information needed to enable them to fully support people in their best interests.
- Staff had received MCA training.

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

- The provider had invested in the service following our previous inspection. People were living in a much

improved and safer environment.

- The design and décor had been upgraded including new flooring and carpeting, the exterior and interior painted, and other cosmetic improvements made to communal areas.
- Following the inspection, the provider sent us their whole service refurbishment programme. This included planned improvements to people's bedrooms and furniture.
- Relatives we spoke with also commented on the improvements made. One told us, "The home seems well decorated." Another said, "It has just been renovated which is nice."
- People and their relatives were able to access communal areas. A secure enclosed garden area with seating was available for people to use.

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

- A holistic assessment of people's needs was completed prior to them moving into the service. People or their representatives were involved in the assessment process.
- Nationally recognised tools were used to monitor people's health and well-being. This included tools to assess people's nutritional needs and people's pressure sore risk.
- Staff were aware of changes to people's care and support needs. All staff participated in a handover meeting at the beginning of their shift for these to be shared.

Staff support: induction, training, skills and experience

- At our previous inspection not all staff had received up to date training. At this inspection we found all training was in date. Records we reviewed and conversations with staff confirmed this.
- New staff completed an induction programme. They worked with experienced staff to understand and gain knowledge about their roles and responsibilities.
- Staff received frequent supervision with a senior staff member where their performance was monitored.

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

- People's nutrition and hydration needs were met.
- People who were assessed at risk from malnutrition and dehydration were monitored closely. Records were in place to record food and fluid intake, and where identified appropriate referrals to health professionals, such as dieticians, made.
- The cook told us they knew each person's dietary needs. Up to date records were in place which included people's specialist dietary requirements and their preferences. They added, "When someone's diet changes staff inform me straight away."
- One person said, "I like the food and there are choices." A relative told us, "Staff always make sure [Name] has soft food cut into small pieces, which is how it should be prepared for them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records were in place to monitor people's health and well-being.
- The service had good working relationships with healthcare professionals. Two visiting nurses on the day of the inspection told us, "We can't praise the staff highly enough. They listen and respond to our advice and recommendations."
- People were registered with a local General Practitioner (GP) and had access to support from their surgery as needed. One relative told us, "Staff contact the GP when needed and always let me know if they have visited."

# 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 our inspection published on the 27 October 2018 we rated this key question good. This key question was not inspected at our 3 previous inspections published in September 2021, August 2022, and June 2023. The rating for this key question has remained good at this inspection. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Not all people and relatives said they were involved in care plan reviews. A relative told us, "I have never been invited to a care review." Another said, "I have had a copy of the recent care review."

We recommend the provider consistently invite all people and those important to them to future care reviews.

- The registered manager told us they did have good communication and relationships with people and relatives regarding care needs informally. Feedback we received confirmed this.

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

- People were supported by staff who were kind and caring who respected people's individual needs and preferences. One person told us, "I like the staff. They look after me." A relative told us, "I can't fault the carers. They are always respectful."
- Staff knew people well. When we asked them to tell us about people's needs and preferences their responses matched information contained in care records.
- We observed warm and jovial interactions between people and staff. People were responded to promptly when they requested assistance. One person who became frequently distressed was comforted and reassured by staff to reduce their anxieties.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. We observed staff talking to people discreetly when they required assistance with personal care.
- Relatives said staff preserved people's privacy and dignity. Examples included closing doors and curtains when care was provided in people's bedrooms. One relative said, "I have no concerns with privacy, staff are conscious of that."
- People were supported to be as independent as possible. We saw staff encouraging people to undertake tasks themselves where safe to do so. For example, at mealtimes staff prompted people to do eat independently where they were able to. This meant people retained their independence as far as possible.

# Is the service responsive?

## Our findings

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

At our inspection published on the 27 October 2018 we rated this key question good. This key question was not inspected at our 3 previous inspections published in September 2021, August 2022, and June 2023. The rating for this key question has remained good at this inspection. This meant people's needs were met through good organisation and delivery.

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

- Feedback we received on the range and frequency of activities was mixed. Comments included, 'there is little in the way of activities going on', 'they have started to do some activities', and 'initially there wasn't much going on with activities, but it has improved recently; they had a singer visit last week.'

We recommend the provider consults with people and their relatives to improve the number and frequency of activities on offer at the service.

- We did observe staff engaging people in conversation and discussing their individual interests. One relative said, "Carers know [family member] well and how to interact with them and what they like."
- People were encouraged to maintain relationships. We saw people were supported to see and engage with their visitors throughout the day and they were welcomed into the service.

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

- People were supported by staff who knew them well and information in their care plans reflected the support we observed.
- People's care plans were reviewed and updated when people's needs changed.
- An electronic system was used to devise people's care plans. Whilst these were holistic and individualised to people's support needs, risks, interests, and preferences the system did not allow this information to be recorded in a person-centred way.
- The registered manager acknowledged the systems shortfalls and demonstrated to us the difficulties they faced to evidence person-centred recordings and were looking at new ways to evidence this. We concluded the registered manager and staff did have a person-centred approach but were limited by the system in place to demonstrate this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard. Information was available in an accessible format to aid people's understanding. For example, for one person whose first language was not English an electronic translator was used to ensure the person was able to communicate in their preferred language. Communication and visual boards, braille and large print were available to people with visual needs.
- People's method of communication had been assessed and was documented in their care records. Staff understood how to effectively communicate with people.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. Care records included people's end of life wishes where they had chosen to discuss them.
- Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms were in place which denote a summary of a person's clinical care in a future emergency.
- Staff received training on how to support people at the end of their lives.

#### Improving care quality in response to complaints or concerns

- A complaints policy was in place. However, this was not on display in any communal area of the service. For the 12 months prior to the inspection no complaints had been recorded.
- All of the people and relatives we spoke with told us they had not had cause to raise a complaint.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant whilst the service management and leadership had improved since our last inspection, though inconsistencies remained. Improvements in the leadership and culture at the service needed embedding.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems to assess, monitor and improve the quality of the service. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Not all the improvements needed to the quality assurance systems and oversight of the service had been made to ensure these were fully reliable, robust, and embedded. For example, shortfalls in IPC practices and cleanliness of equipment. Whilst these shortfalls were addressed at the inspection the systems and processes in place had failed to identify them.
- The provider and registered manager told us these shortfalls were due the absence of the care manager. This meant the provider and registered manager had not put in place the necessary arrangements to ensure full oversight of the service continued in the absence of the care manager. This led to the shortfalls we identified at the inspection.
- The registered manager had a number of audits in place to monitor the service. However, not all were detailed enough. For example, the medicines audit did not include checks of 'as and when required medicines,' MAR's, and controlled drugs. This meant opportunities could be missed to identify any discrepancies in these areas and prevent prompt action being taken.
- External to the property we found a sign displaying the current rating of the service to be inaccurate. The sign should have displayed the rating of inadequate instead of good.
- We informed the provider this was misleading to the public. Following the inspection they provided evidence that they had removed the sign.

Systems, processes, and oversight of the service were still not fully effective or embedded. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notable improvements in other areas such as management of pressure care and diabetes, and the overall

safety and management of the environment had been made.

- Improvements were made in record keeping. Blood sugar checks and repositioning charts were completed in line with health professionals' recommendations. Health professionals we spoke with during the inspection confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Opportunities were missed for people and relatives to be fully involved in their care as they were not consistently invited to care reviews to share their views and wishes.
- People were not always supported to occupy their time in a meaningful way. Five out of the 9 relatives we spoke with said the service needed to offer more activities.
- Feedback from people and relatives about the quality of care provided was positive.
- Staff supported people in a person-centred way to achieve the best outcomes for people.
- Staff were complimentary about working at Silver Birches. One staff member told us, "We work well as a team, and I enjoy working here. The team support each other here."
- Staff told us they the management team were supportive, and they received regular supervision.

Working in partnership with others; 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 provider and registered manager worked in partnership with the local authority and health and social care professionals to achieve good outcomes for people. Meetings and discussions we held with these agencies confirmed this.
- Relevant organisations such as CQC and the local authority were informed when incidents occurred as is their legal obligation to do so.