

Silver Birch Care Home Ltd

# Silver Birch Care Home

## Inspection report

31-33 Silver Birch Road  
Erdington  
Birmingham  
West Midlands  
B24 0AR

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10 October 2019  
11 October 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The last rating for this service was Inadequate (published 29 October 2018 ). Since this rating was awarded the registered provider of the service has changed the service to Silver Birch Care Home Ltd. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Silver Birch is a residential care home providing personal care for up to 23 people. At the time of the inspection 13 people were living there.

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

People were kept safe by staff who knew them well. Staff had a good understanding of keeping people safe and this included reporting concerns to other healthcare professionals and the local authority if they suspected abuse. People were supported by enough staff who were trained and recruited safely.

People care needs were assessed regularly and reviews considered the protect characteristics under the Equality Act. This ensured staff had updated information to support people safely.

People were supported to have food that met their current dietary and cultural needs.

People were supported by staff that were caring, kind and maintained people's privacy, dignity and encouraged people to remain as independent as possible ensuring their health care needs were met

People were supported to undertake activities of their choice.

People and relative knew how to raise concerns and the provider used the information to improve the service for people.

People received their medication as prescribed and to maintain their health.

Staff sought peoples consent before providing care and support. People were to have maximum choice and control of their lives and staff supported them in the least restive way possible.

Staff had a good understanding of the Mental Capacity Act 2015 and deprivation of liberty safeguards.

### Why we inspected

The inspection was a comprehensive 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.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details at are in our safe finding below

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective finding below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

# Silver Birch Care Home

## 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 team consisted of two inspectors.

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.

#### Service and service type

Sliver Birch is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provide and both were looked at during this inspection.

#### Notice of inspection

The Inspection was unannounced

#### What we did before the inspection

We did not ask the provider to complete the required Provider Information Return because the service is a new registered service as had only been the provider since April 2019. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We sought feedback from the Local Authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service, four relatives to seek their views about their experiences of the care provided. We spoke with seven care staff, including seniors, the registered manager and the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures to support the delivery of the service.

#### After the inspection

We continued with telephone calls to relative and other healthcare professionals

# 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 inadequate. This is the first inspection for this newly re-registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One person told us, "I am very comfortable, and I do feel very safe here."
- Staff told us they had completed training in safeguarding and told us how they would report concerns including informing the registered manager, the local authority, and CQC.
- Relatives told us they felt their family members were safe particularly since the change of ownership.

Assessing risk, safety monitoring and management

- Risks associated with people's health had been identified and assessed which gave staff information and guidance they needed to minimise the risks when supporting people. Staff had a clear understanding of people's risks and how to support them for example when supporting them to eat and drink.
- The manager told us and we saw that people's risks assessments were reviewed regularly, depending on the level of identified risks.
- We saw that all potential risks were recorded and used to inform changes to people's care plans.

Staffing and recruitment

- We saw the provider had a process in place to cover all staff absences which meant staffing levels was consistent.
- Staff spoken with this told us staffing levels were generally okay.
- The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff were the right character and experience for the role. This included checks in relation to previous employment, disclosure and barring service (DBS) which is an organisation that checks to ensure people are of good character and have no criminal convictions.

Using medicines safely

- Staff had completed training on how to administer medicines. Where staff supported people with their medicines, records showed there were no areas of concern. One person told us, "I have my medication when I need it."
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medication.

Preventing and controlling infection

- Staff told us they had received infection control training, and demonstrated they understood the need to wear protective equipment and to wash their hands when needed.
- Throughout the inspection we saw staff wearing protective equipment such as gloves and aprons.
- We saw the location was clean and tidy.

#### Learning lessons when things go wrong

- There were systems in place to analyse and evaluate all accidents, incidents.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt. The registered manager told us, this "If something happens then we assess to see what we could do to prevent re-occurrence."



# 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 requires improvement. This is the first inspection for this newly re-registered service. This key question has been rated require improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We saw that the new provider had a lot of work to do to bring the environment up to the required expected standard. Work had commenced in renovating parts of the building, decoration had commenced, and new furniture purchased. This was being completed in a sensitive manner to minimise disruption and distress to the people living in the home.
- All repairs had been completed since the new provider took over however, so the building was safe. There was an ongoing development plan in progress.
- The provider told us, "The building needs to be to a standard what we would like people to live in." Both the provider and the registered manager aspired to ensure people lived in a safe secure well-presented environment. Both realised this will take some time.

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

- Staff had a good understanding of people's needs and spoke knowledgeably about their preferences.
- Care record showed that people's needs, and choices had been assessed and ongoing assessments were completed as people's needs changed.
- The registered manager told us all care plans and assessments were in the process of being updated to the new provider's system. We saw this process had commenced which involved the person were possible and other relevant health and social care professionals to ensure care records reflected people's needs. The assessments considered the characteristics of the equality act.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet people's needs.
- We saw the provider had training plans in place which were reviewed and updated on a regular basis. A staff member told us there was enough training provided to meet the needs of the people they supported, and they could ask for training if they felt or the management felt training was required in another area. Another staff member told us, "Since the new provider has taken over things are changing quickly and we feel more supported."
- Staff told us they had regular supervision where they can discuss training concerns they may have and the opportunity to develop further.

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

- We saw that people's nutritional needs were catered for and staff ensured people could make choices

about the meals they had. We saw one person having a full breakfast this was part of their daily routine. One person told us, "It's good grub here."

- During our lunchtime observations, we saw people who remained in the lounge area to eat their meals were not offered salt-and-pepper. Staff checked on people regularly to ensure they were okay or if they needed anything. One person was offered protective clothing, the staff member told us, " They like to wear this as they do not like their clothes getting food on them." Drinks were made available to people throughout the inspection.
- We saw that there were choices given to people, and cultural meals provided.
- Where people were at risk of not eating enough or drinking enough information was contained in the person's individual care record. A staff member told us, "We monitor what people are eating and drinking and if we have any concerns we call the doctor."

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

- People had access to healthcare services they required, and staff were knowledgeable about people's health care needs. Staff knew how to recognise when a person was unwell even, when the person had difficulty communicating this.
- Staff requested healthcare support when this was needed and followed the advice given.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 ensure care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for these in care homes and hospitals are called the deprivation of liberty safeguards (DoLS)

We checked whether the service was working within the principles of the MCA.

- Most of the people living at Silver Birch lacked capacity in making informed decisions about their care and support, however we saw staff encouraged people to make decisions.
- We saw staff explain and we observed how they gained consent from people when supporting them. Staff understood the importance of acting in the persons best interest when they lack capacity.
- Staff spoken with told us they had received training in the MCA and DoLS. A staff member told us, "People can make decisions about their care at a given time, although there may forget it is the case of continual communication." This was confirmed through our observations during the inspection.

# 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 requires improvement. This is the first inspection for this newly re-registered service. This key question has been rated Good. 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 spoken with were positive and reported a caring and friendly staff team.
- We observed affectionate interactions between staff and the people living in the home. A staff member told us, "As far as I am concerned, and I can say this for all staff because we have the same views we are here to look after people and we will do a good job."
- All interaction observed between staff and the people living in the home reflected a good rapport this had with people.
- Staff were patient, they listened to what people said and demonstrated kindness and compassion.
- A relative told us, "Oh god they know my relative really well – this is why they comes back all the time they love it here."

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

- A relative told us they were involved in the care planning process. They said, "I was involved to support my relative and tell staff their likes and dislikes and how they likes things done."
- We observed staff talking to people enabling them to be part of the care that was provided. Staff spoke to people calmly and politely giving them choices.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed staff promote people's dignity. We saw that staff knelt by people when speaking with them. We saw that staff addressed people by their preferred name. Personal care was carried out in private and when staff spoke with people this was discreet. A relative told us, "The atmosphere is so relaxed it's unreal I cannot explain it." One person living in the home told us, "I like it here staff are very kind."
- People's information was kept securely to ensure their confidentiality was maintained.
- People's dignity and privacy was respected. People were supported to maintain relationships with those close to them. Relatives told us they were free to visit any time and always made to feel welcome.

# 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 requires improvement. This is the first inspection for this newly re-registered service. This key question has been rated Good. 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 were supported by staff who were knowledgeable about people's care and support needs.
- Staff knew people well and used their knowledge when supporting people with their care.
- People's spiritual and cultural needs were respected in their care records and we saw that staff support people. For example. People who chose to go to church would be supported. People's choice of meals was provided in relation to their cultural needs.
- We saw people take part in which included reading books. One person enjoyed looking at old pictures and said, "I love doing these." We saw on the day of inspection that one person was reminiscing using cards and these included celebrities, prime minister the queen, actresses the person was then able was identified to have a discussion with staff. Staff told us whatever the service user wants to do then we arrange it. The staff knew people's likes in relation to activities and accommodated these where possible. Staff told us they asked people what activities they enjoyed and tried to provide these. We saw people take part in activities and this included looking at picture books and word games. A person enjoyed a reminiscing game with a staff member, they were encouraged to name familiar and famous people and really enjoyed the session.

Meeting people's communication needs

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 understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and felt any complaints would be addressed. One person said, "I would tell staff if I had any complaints I know that would deal with it because they have in the past." There was a procedure in place for investigating complaints which included an outcome of the investigation and the measures put in place to prevent recurrences.
- We saw there was an effective process in place to monitor complaints and record action taken to identify trends and improve the service for people.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, there was a process in place if the service needed to do so. Included in people's care records was details about preferences and wishes.

# 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 Inadequate. This is the first inspection for this newly re-registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- New systems had been implemented but were not fully embedded to assess their effectiveness. The new provider felt that the previous systems did not monitor the service provided to people to be able to identify areas for improvement.
- The registered manager told us, "It will take time to implement the new systems because we are starting from the beginning, but we intend to use them from now on."
- All staff spoken with told us the way they were working now was better because they were involved and had a sense of direction. The registered provider and the registered manager were clear in the direction they wanted to go to ensure people received good care.
- The registered manager had notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- We saw the registered manager and provider completed spot checks with the administration of medication to ensure people received their medication safely, staff had regular supervision and audits were completed in relation to care records. The registered manager and provider were open about the improvements needed and an action plan was in place.
- The registered manager operated an open-door policy within the home, this was for relatives, staff people who lived there, and external healthcare professionals.

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

- We saw the provider regularly engaged with people, relatives and staff members, for their views on the service. Feedback was collated from meetings, suggestions, and discussions. These were used to develop the service further. A relative told us, "I have filled out questionnaires." They also told us the home had significantly improved since the new provider took over. People were well presented, we saw staff throughout the inspection giving people choices and involving them in their care.

Continuous learning and improving care

- Staff received ongoing training to ensure their learning, skills and knowledge was current to be able to support people. The registered manager used concerns, complaints incidents and accident to improve the service and make changes were needed. The registered manager monitored the service for trends to prevent reoccurrence. The registered manager and the provider listened to people's views and used the information to improve.

#### Working in partnership with others

- Staff worked in partnership with other health and social care professionals to ensure people had the care and support they needed.