

North Yorkshire County Council

Silver Birches

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 Birches is a residential care home providing personal care for up to 31 older people aged 65 and over. At the time of this inspection 18 people were living at this service.

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

People told us they felt safe in their home environment and that staff supported them well. Risks had been identified, assessed and measures put in place, so staff knew how to reduce them. Staffing levels were regularly reviewed to ensure people's needs could be met. Recruitment procedures were safe and robust. We identified some issues in relation to the management of 'as and when required' medicines to manage pain relief. We have made a recommendation about this.

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. Staff received regular training, supervision and appraisals. Staff supported people to access health professionals' advice and support. Staff respected people's privacy and dignity and encouraged them to be as independent as they could be.

People told us staff showed them kindness and were patient with them. People were involved in making suggestions for future activities and were happy with the level of social engagement available to them. Complaints were managed in line with the provider's policies and procedures. People's end of life wishes were considered and recorded in their care plans.

Quality assurance systems identified where improvements were needed. Action plans were in place to monitor these until completed. Links with the local community had been well established. The management team were transparent and open in their approach. Staff felt supported by the registered manager and felt involved in decisions about the running of the home.

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

Rating at last inspection

The last rating for this service was Good (published 16 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 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

Silver Birches 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 on both dates.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at the home. We spoke with four members of staff including the cook, a domestic, two care workers, the deputy and registered manager. We also spoke with two visiting health

professionals and a relative.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at three staff files as well as records relating to the management of the home, such as quality assurance checks completed by the provider.

After the inspection we spoke with one health professional.

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.

Using medicines safely

- On the whole medicines were managed effectively, with a few minor issues which the provider advised they would address. These included; Staff to record the reasons why 'as and when required' medicines for pain relief had been administered and to monitor their effectiveness.

We recommend the provider refers to current best practice guidance in relation to the administration and monitoring of medicines administered on an as and when required basis.

- Medicines were stored and disposed of in line with best practice guidance.
- Staff responsible for medicines administration received regular training and had their competencies checked.
- Regular audits of medicines had been completed to highlight errors and address them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "Staff help me when I need support, they [staff] are very good to me."
- Staff were knowledgeable about how to identify and report any concerns of harm or abuse. Safeguarding incidents had been recorded, monitored and referred to the appropriate agencies for investigation and action as appropriate.
- Staff told us they felt confident that any concerns they raised would be dealt with appropriately. Policies and procedures were in place for staff to raise concerns using the whistleblowing process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were well managed. Risk assessments included detailed information about known risks to people and guidance for staff to minimise future risks.
- Health and safety checks had been completed regularly to maintain safety within the premises. The last completed electrical installation inspection showed that further works were required. The registered manager advised the inspector that all the work had been carried out, but due to system changes they were unable to provide evidence of this. Since our inspection further assurances have been received from the provider to confirm that the required remedial work has been carried out, and the provider has arranged for another electrical installation safety inspection to be undertaken to ensure proof of all checks and paperwork is in place.
- Incidents were recorded and analysed to ensure lessons learnt were shared with staff to improve the service for people. Staff sought guidance and advice from health professionals about people's care and support when needed.

Staffing and recruitment

- Recruitment processes were robust to ensure people employed, were suitable to work in a care environment.
- There were enough staff to meet people's needs. One person told us, "Yes, staff are always available to speak with if I need them."
- Staff rotas had been developed to ensure people's needs were met. Contingency plans were in place to cover staff holidays and absences.

Preventing and controlling infection

- Infection prevention and control policies were in place. Staff followed procedures and wore personal protective equipment such as gloves when necessary to reduce the potential spread of infection.
- The environment was clean, tidy and free of any malodours.

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.

Staff support: induction, training, skills and experience

- Staff were skilled to meet people's needs. New staff completed an induction into the service, this included fire safety training and introductions to people living at the service and other staff.
- Staff advised they received regular refresher training, supervisions and appraisals. Records were in place which evidenced this. One member of staff advised, "The supervisions support me professionally and in my personal life."

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

- Health professionals had good working relationships with staff at the home. One health professional advised, "Staff liaise with each other and email me with any concerns about anyone. They phone the GP or we work together to get input from other professionals if needed."
- People were supported to access healthcare services. Where people required support of a chiropodist or dental care, appointments were arranged, or health professionals visited the home to provide treatment. Care plans were in place for oral care which were regularly reviewed.

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

- People enjoyed their meals and had plenty of nutritious choices on offer. One person told us, "The food is very good. We get a good choice of food. They try to cook our suggestions as well."
- The cook had good knowledge of people's dietary requirements, likes and dislikes.
- Staff had good knowledge of when they may need to refer people for further support such as to dieticians and/or speech and language therapists.

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

- People's needs were assessed to ensure the service could support them appropriately.
- The decoration and layout of the premises met the needs of people living at the service. Clear signage helped people to navigate through the building.

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.

- The provider had completed mental capacity assessments when necessary to determine whether people were able to make decisions about their care. The provider had completed best interest decisions involving health professionals and people's families.
- The provider had made suitable applications for DoLS when people were deprived of their liberty.

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

- People were treated with kindness and respect. One person advised, "It's alright here, they look after us. I know all the staff and there is nothing I can do better."
- People's religious and cultural beliefs were considered and supported. Some people were supported to attend regular holy communion and church services of their choice.
- Staff took time to interact with people to support their emotional, physical and spiritual needs.

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

- The service actively sought people's views about the service. Regular residents' meetings took place which showed people had raised suggestions and the provider had taken action to accommodate these. For example, introducing more food choices to the daily menus.
- People were involved in their care planning and were asked for feedback about the service through satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and our observations supported this. One person said, " They [staff] always knock on my door and respect my privacy and dignity." People looked well-presented and were happy in the presence of staff.
- Staff supported people to be as independent as they could be. For example, staff encouraged people to walk independently to the dining area, with additional support if needed.

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. Care plans detailed information that was personal to each individual, considering their likes and preferences. People had personal profiles which summarised their needs and could be shared with other agencies if required to assist in providing consistent support to them.
- Records showed that people's care plans and risk assessments were regularly reviewed and updated as their needs changed.
- People's life histories had been recorded. Staff told us they used this information to understand people and create meaningful conversations with them.

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.

- Staff adapted the way they worked to meet people's communication needs. Picture cards were available and other resources if needed to support people's communication preferences. Alternative formats were available such as large print.

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

- People were supported to be socially included if they wished to be. People's family and friends were encouraged to visit. There were no restrictions on visiting times.
- People told us there were regular activities and social events on offer for them to attend. One person told us, "We go on trips to the local area. We are going tomorrow to see a show." Activities were varied and included trips outside the service to theatres, local pub lunches and walks into Filey or to a chalet in the summer months.
- The cook told us how they supported people's preferences for food and to access facilities in the local area. The cook advised, "We get suggestions from residents from meetings. They sometimes have a Chinese takeaway or pizza night with a film."
- The hairdresser attended regularly, and staff supported people to pamper themselves, such as painting nails.

Improving care quality in response to complaints or concerns

- Complaints were appropriately managed and dealt with in line with the provider's policy. People were

aware of the complaints process and felt confident their concerns would be addressed. One relative advised, "I have raised concerns which have been dealt with very professionally."

- People and their relatives were encouraged to raise any concerns or suggestions to improve the service. A suggestions box was visible in the reception area for people to use.

End of life care and support

- People's end of life wishes and preferences had been recorded in their care plans.

- Staff were compassionate about ensuring people received care and support in line with their wishes. They understood the importance of emotional support for people and their families at difficult times such as end of life.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received good outcomes from a leadership team that promoted an open and empowering culture. People told us they knew the registered manager and were involved in decisions about how the home was run. One member of staff told us, "We are involved in decisions made about the home and work well as a team together."
- Staff were positive about the support they received from the current management team. The registered manager had been scheduling regular team meetings and staff could approach them informally to discuss any issues.

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 understood the principles of duty of candour and worked closely with people, their relatives and health professionals to ensure they adopted a transparent culture.
- Staff told us how they worked openly and were honest about any mistakes so that lessons could be learnt, and practices improved.

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

- The registered manager understood their registration requirements and had submitted notifications to the appropriate agencies including the Commission.
- Quality checks and audits identified areas requiring improvement and actions plans were in place to monitor that appropriate actions to drive improvement were taken in a timely manner.

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

- Regular engagement with people and staff ensured they were involved in the running of the service. Records showed regular communications with people and staff through meetings, handovers between shifts, satisfaction surveys and informal discussions. The registered manager told us they operated an 'open door' policy so people could speak to them as and when they needed to.
- People and their relatives were asked for their feedback about the service. The last survey results recorded positive feedback about the service provided.

Continuous learning and improving care; Working in partnership with others

- The management and staff team worked in partnership with other health professionals and agencies to ensure people's needs were met and re-assessed when their needs changed.
- Links with the local community had been developed over a period of years. Families visited the service regularly and continued to visit and interact with people even when their relatives had left the service. This demonstrated the family orientated culture within the service.
- The registered manager had been in post since July 2019 and made several changes to improve the service. A health professional advised, "[Registered manager's name] has been really good. I've noticed a big difference since they have come here. Practices are better, and staff are respectful towards them."