

Alysia Caring (Silver Birch) Ltd

Silver Birch Care Home

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Silver Birch Care Home is a purpose-built care home, providing personal and nursing care to up to 75 older people, some living with dementia. The service is arranged over three floors. At the time of the inspection there were 20 people using the service.

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

Systems to monitor the quality and safety of the service were not robust and had not independently identified inconsistencies we found with confidentiality, fire safety evacuation records and medicine auditing. We were assured by the swift action taken by the provider to mitigate further risk. However, these improvements need to be fully embedded to support continual development of the home.

Overall, risks to individuals were appropriately assessed and managed and safe management of medicines was in place.

Staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

We were assured by the Infection prevention and control systems in the home. These were in line with recommended best practice and current legislation to minimise the risk of spread of infection within the home.

Recruitment was managed safely and there were enough staff with the relevant training and qualifications on duty to meet people's needs safely.

People who used the service, relatives and staff provided good feedback about their experience. People said they felt safe and the staff were caring and kind. The provider worked in partnership with people, relatives and other professionals to achieve good outcomes for people.

People's care plans were detailed and person-centred, they promoted choice and guided staff on how to support people safely and encourage their independence. They included information on people's family, history, skills, hobbies and interests.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection

The service was registered with us on 1 October 2020 and this is their first comprehensive ratings inspection.

Why we inspected

This was a planned comprehensive inspection.

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

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.	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was Caring.	Good ●
Is the service responsive? The service was Responsive.	Good ●
Is the service well-led? The service was not always Well-Led.	Requires Improvement ●

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.

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 others.

Inspection team

This inspection was carried out by two 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. The Expert by Experience made telephone calls on the 9 December 2021, off site, to obtain feedback from people who used the service and their relatives.

Service and service type

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

The service had a manager in post who at the time of the inspection had applied to be registered with CQC. By publication of this report the manager had become registered with CQC. Registered managers 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 our systems and information we held about the service. 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 spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with the manager, provider's nominated individual, two nurses, two care staff, a housekeeper, an administrator and the head of maintenance. We reviewed a range of records which included risk assessments and care records for five people, medication records for six people and three staff files. We also viewed complaints, accident and incident records and management monitoring and oversight records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received electronic feedback via email from three members of staff and the local commissioning team who work closely with the service.

Is the service safe?

Our findings

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

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

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

- Overall, risks to individuals were appropriately assessed and managed. Risk assessments were carried out to identify any risks to people and where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- However, not everyone in the home had a fire evacuation plan. We found that some recent admissions who were on a short stay at the home did not have a personal emergency evacuation plan (PEEP). In response to our findings the provider took immediate action to address this and to mitigate further risk.
- People were involved in discussions about reducing risks and were asked to contribute to and sign off their care plans.
- Staff were aware of the risks to people regarding their care needs and how to mitigate these without restricting people's independence.
- Accidents and incidents were recorded. Analysis of these records enabled management to identify trends and patterns and to take action to reduce the likelihood of them happening again.

Using medicines safely

- Records showed people had received their medicines as prescribed and audits took place. However, we found discrepancies with the stock levels for some people's medicines which the monthly management audits had not identified. In response to our findings we were assured by the immediate actions the provider took to address this and to mitigate further risk.
- People were safely supported with their medicines where required. One person told us, "The staff do my medication, they tell me what they are, and I am given them at the right times." Another person confirmed that they got their medicines routinely including a pain patch and said, "Of course on time."
- Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe and comfortable with staff. One person commented, "I feel very safe am being well looked after." Another person said, "I have no problems with the staff." A relative told us their family member was, "Definitely safe, at home they were having falls, losing weight, having chest infections, in and out of hospital. They were against having help at home and decided on a residential setting. On admission [family member] was frail and confused. They are positively thriving in Silver Birch." Another relative shared with us, "I have no concerns. I visit three or four times a week, interact with staff [see that family member is] comfortable and well looked after."
- Staff had received safeguarding training and knew how to keep people safe from the risk of harm or abuse. One member of staff said, "I've had my safeguarding training. I know I must report and record any signs of

neglect or abuse. I know I can call a safeguarding helpline and I can report any neglect to my senior member of staff or to my line manager."

Staffing and recruitment

- The home was staffed sufficiently. People told us there were always enough staff on duty, but they were very busy. Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe. We observed staff were readily available and responded to people promptly during the inspection.
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "Staff know what they are doing."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Nurses had access to relevant clinical skills training. This included pressure care and catheter care. They supported each other with revalidation, and this was monitored by the management team. Revalidation is the process that all nurses, midwives and nursing associates need to go through to renew their registration with the Nursing and Midwifery Council.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available. One member of staff told us, "Working at Silver Birch Care Home is such a great opportunity to learn more skills and at the same time, apply what I've experienced and learnt all throughout my career."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs including their preferences were assessed by the management team before admission to the home with family members and significant others involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.
- Staff provided care to people in line with standards, recommended best practice and law. This included current government guidance for managing the risks associated with COVID-19 and Health Safety Executive guidance on moving and handling.
- People were supported to maintain their health. Staff supported people to access other health care professionals such as GPs, when required. One person told us, "They [staff] are in contact with the doctor every week." A relative told us they were confident that staff, "Would contact health care professionals if needed."
- People's care records documented the engagement people had with health care professionals. Guidance from health care professionals was incorporated into people's care plans.

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

- People told us they enjoyed the food and had plenty of choice. One person said, "Food is good. If I don't

particularly like something, they [staff] will do something else. Drinks, whenever you want one, just use the call button. Always biscuits and cake the chef makes them; its lovely." Another person told us, " Food is good, get a menu, choices, can always have a drink, just buzz [use call button] them [staff] if I want a coffee." A relative commented, " Food is lovely, [family member] looks healthier as better nutrition."

- Referrals were made to relevant healthcare professionals where there were concerns about people's nutritional intake. People's care plans reflected their dietary requirements and were served food prepared according to their individual needs. For example, some people were on a fortified diet to minimise the risk of weight loss.

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.

- People told us the staff sought consent before providing them with any care or support. One person told us, "They [staff] always ask my permission first."
- People's mental capacity was assessed where appropriate. Where people did not have the capacity to make decisions about their care and treatment, best interest decisions were documented and were decision specific. Records showed people's relatives, professionals, family and relevant parties had been consulted.
- The appropriate authorisations had been made to the Local Authority where it was necessary to deprive people of their liberty. These detailed what restrictions were being placed on people and why these restrictions were needed to keep people safe.
- Staff received regular MCA training and sought consent from people prior to providing support.

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

- There were appropriate facilities to meet people's needs such as accessible bathing and communal areas, including lounges, dining rooms and other spaces throughout the home and garden. There was a pub and cinema room as well as themed quiet areas at the end of the corridors where people could sit. One was designed as a railway station.
- There was signage in the home to assist people to navigate round independently. Corridors were wide enough for wheelchair users to freely move around. Consideration had been given to the decoration, for example the carpets were a different colour from the walls and were a plain colour. This helps people living with dementia to move around the home.

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.

This is the first inspection for this newly 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

- People we spoke with told us they were supported and treated well by staff. One person told us the staff were, "All very kind and helpful, no problems, they look after me very well." Another person commented that the staff were, "Very kind and understanding and we get on well." A third person shared, "Staff are very cheerful, kind and thoughtful. I know a couple very well, they listen to me."
- People's relatives were complimentary about the care provided, one relative told us the staff are, "Very helpful, very very good, put residents first, treat [family member] like a friend." Another relative commented, that the staff were, "Approachable, can ask questions and they always answer, if they don't know the answer they will find out."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person said, "I do what I can for myself, get about in my wheelchair, go wherever I want including outside [out in the community] if I want."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. Another person commented that the staff, "Always listen to me and act on what I say."
- People's care records were person-centred and reflected their individual needs and their history, background and preferences. They were written in the first person and often used people's own words in the care records to reflect their choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we saw inconsistencies with confidentiality. Some people's personal information was left unsecure on the first-floor nurse station. We fed this back to the management team and actions were taken to address this.
- People told us the staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "They [staff] listen to me and respect my privacy." Another person commented, "I like my [bedroom] door open, the staff look in and have a word or wave when passing."
- People's care records included guidance for staff on respecting people's dignity and privacy. Their care records included the areas of their care people could attend to independently and where they required support and how staff could best encourage this. One person said, "Staff let me do as much as I can and ask what I want them to do." A relative told us their family member, "Manages personal care themselves but needs supervision, just help with the tasks they can't manage; takes pride in their appearance."

Is the service responsive?

Our findings

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

This is the first inspection for this newly 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; 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's care plans were developed with the person and/or their relatives. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes. One person commented, "I don't want the [male members of staff] to do my personal care and they don't." Another person said, "They [staff] assist as far as possible, at the times I like, I don't feel rushed."
- People told us that staff were considerate of meeting their preferences. One person said about the staff, "Get to know you well and quickly, [family member] and I choose to get up at different times."
- People told us they participated in a variety of activities available and were encouraged to take pursue individual interests. One person shared with us how they had enjoyed Remembrance Day activities and liked to read and watch television.
- On the day of the inspection we saw people enjoying singing Christmas songs in the first- floor lounge with one person playing the keyboard to accompany the carolling. One person said, "I love a sing song. I don't know the words mind, but I get by."
- People were supported to maintain their social relationships. One person said, "I've got a wheelchair so [family member] takes me out, went to a restaurant for my birthday and going to [family member's] for Christmas."
- Visiting arrangements in the home had been adapted due to the COVID-19 pandemic. This involved a booking system to ensure risk of transmission was minimised through screening and testing of visitors and increased cleaning by staff between scheduled visits could be facilitated. One person said their family, "Make an appointment and can visit, my six children all visit weekly." Another person shared their, "Family visit quite regularly." A relative told us, "I visit weekly."

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 was meeting the AIS. People had information provided that was accessible to them and their communication needs. For example, newsletters, resident meeting minutes and menus were available in large print. The manager told us that any information could be provided in other languages and or in alternative formats such as audio recordings, braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or make a formal complaint. One person said, "If I asked ,they [staff] would get the manager to speak to me, but don't have any complaints." Another person told us, "I would speak to [receptionist] as I have a cup of tea with them." A relative shared, "Not made any complaints but feel [management] would listen and deal with it."
- A complaints policy and procedure was in place. Records showed all complaints received had been responded to in a timely manner.

End of life care and support

- People and where appropriate their relatives were involved in making advanced decisions and developing their end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
- Staff provided people with person-centred, end of life care and worked closely with relevant professionals. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff and management team had done to support and help them through sensitive times.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service not 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; 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

- Quality monitoring systems were in place but they were not wholly effective for all aspects of the service provided. The inconsistencies we found with fire safety evacuation records and medicine auditing where people living in the service were with the 'bridging beds' placements. This was where people were admitted on a short-term admissions contract to support safe hospital discharges. People on these placements could sometimes be living in the home for less than 48 hours.
- We were assured by the actions the provider took to address the issues we identified. In addition, the provider made adaptations to their existing systems and processes to incorporate all aspects of service provision. Whilst this has mitigated the risk, these system improvements need to be fully embedded to support continual improvement in the home.
- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks.
- Staff told us they felt valued and supported at work. One member of staff said, "The management team are very approachable." Another member of staff shared, "It is a good place to work, we (staff) are treated with respect."
- Notifiable events had been reported to CQC as required and the management team were aware of their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

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

- Feedback from people who used the service was complimentary about Silver Birch Care Home. They told us they were satisfied with the care they received. One person said, "I have no problems. It's very caring am enjoying being here very much, am enjoying life." Another person said, "I have met the manager and am happy with the service." A relative commented about the home being welcoming and transparent, "It is open, I feel comfortable talking to any staff."
- People told us the staff knew them well, which enabled rapport, trust and positive relationships to

develop, which contributed towards good outcomes for people. One person said, "The staff make it really good. My [Family member] brought me a Christmas tree and the staff are going to decorate it. The maintenance man is doing the lights. Am happy."

- Planned assessments checked that the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Systems were in place to engage with people and others acting on their behalf and staff in an inclusive way. The manager used face to face meetings to gain feedback about the service. We saw various topics about the home were discussed in meetings where people were able to influence decision making about the premises, food provision and activities. We saw that the management team were following up on a request by people to have a hairdresser in the home.
- Staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people. One member of staff said, "It is a good place to work. We work hard to look after the residents, they come first."

Continuous learning and improving care; Working in partnership with others

- The management team worked closely with partner agencies and shared with us the challenges of the 'bridging beds' contract and how through lessons learnt they had adapted the service accordingly.
- Feedback from the local authority commissioning team involved in the contract was positive about the working relationship with the home. They stated, "The manager has been proactive and responsive in managing high expectations and throughput of our customers. This project has not been without its challenges, but the manager never seems to be flustered and manages complex and difficult admissions, sometimes with health/medical challenges effectively, calmly and always keeps me informed."