

## Accord Housing Association Limited

# 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 provides residential care for up to 50 people, at the time of the inspection there were 49 people living at the service.

People's experience of using this service:

- People and their relatives told us they were happy with the care provided.
- All staff demonstrated a commitment to providing person-centred care.
- People had developed positive relationships with staff who had a good understanding of their individual needs.
- People were supported to maintain contact with their family and were encouraged to be involved with the running of the service.
- Care and support was tailored to each person's needs and preferences.
- Systems were in place to support and monitor people's safety.
- People were protected from possible harm.
- Staff had a good understanding of how to safeguard people and were confident to raise any concerns they identified.
- People were stimulated by meaningful activities and care and support was personalised to each individual.
- There was a registered manager at the service who demonstrated a commitment to providing person centred care for people.
- Staff felt the management team were supportive and approachable.
- Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: This service was last inspected in October 2015 and was rated Good overall.

Why we inspected: This was a planned inspection based our inspection schedule. Prior to our inspection we received information of concern from a whistle blower which we used to inform our inspection planning.

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

For more details, please see the full report which is on the Care Quality Commission (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?

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by information received from a whistle blower. This incident was subject to a criminal investigation at the time of our site visit and as a result this inspection did not examine the circumstances of the incident. Following the inspection we were informed by the police that the allegations were not substantiated and there would be no further action taken.

However, the information shared with CQC about the incident indicated potential concerns about staff and the culture of the service. This inspection examined those risks.

Inspection team: Two inspectors, an assistant inspector and an Expert by Experience completed this inspection. 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 or personal care. 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 CQC This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as deaths or serious injuries. We sought feedback

from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually 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 five people who lived at the service, five relatives, the registered manager, and nine members of staff. We reviewed a range of records. This included six people's care records and medication records. We also looked at records relating to the recruitment of staff and the management of the service.

# Is the service safe?

## Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes.

- People and their relatives told us the service was safe. Comments included, "People are around me to keep me safe, compared to living in my own home where I had no support", "My relative has an emergency string available in her room and its located near to their bed where they can easily access it when they need it", and "My relative is in safe hands here."
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management.

- Records relating to managing risks were present and completed within care plans. There was information available for staff, where people had specific health conditions and how to manage risk associated with them.
- Staff had clear understandings of risks to people and provided support in a pro-active way to reduce these risks.
- The environment and equipment were safe and well maintained.

Staffing levels.

- There were enough staff available to meet people's needs. The registered manager regularly assessed people's needs and if people's needs increased staffing levels were adjusted to meet these needs.
- Safe recruitment procedures ensured people were supported by staff that were of a suitable character.
- People were involved in the recruitment process for potential staff which helped to match staff with homes values and the needs of people.

Using medicines safely.

- Medicines was managed and stored safely
- Records confirmed people had received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection.

- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Learning lessons when things go wrong.

- Incidents were monitored and used as learning opportunities.

# Is the service effective?

## Our findings

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans and risk assessments provided staff with information to meet people's basic care needs.
- Best practice guidance was used to ensure people's diverse needs were assessed and recorded.

Staff skills, knowledge and experience.

- Staff completed a comprehensive induction and received regular training to support them to fulfil their role.
- Staff received training about understanding behaviour presented by people living with dementia. This training helped staff to understand the underlying need of the person and why they may present in specific ways.
- Staff told us they were supported by the registered manager and the deputy manager who completed regular supervision meetings and competency checks.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were involved in meal choices and supported to maintain a balanced diet. One person told us "It's nicely served, you have a choice. At tea time you also have some snacks." A relative told us "my relative enjoys their food and they have put some weight on and looks healthier"
- Care plans detailed people's likes, dislikes and the equipment required to support them to consume food and fluids.
- Staff were aware of any specialist diets that people had and information was provided to the chef to ensure they were updated of any changes.

Staff providing consistent, effective, timely care within and across organisations. Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Records of professional visits were recorded and outcomes of these visits were reflected in people's care plans.
- Staff understood people's health needs and knew how to access additional support if this was needed.
- People's changing needs were communicated with their relatives.

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

- The home was being redecorated at the time of our site visit. One area had been painted to look like a park with plants and bird song playing. Other areas were designed to look like shops or the seaside. People's had

been involved in choosing the themes and told us they liked the new decor. One person told us that they used to get lost looking for their room but now knew they lived by a specific painting and this helped them to feel more confident when moving around the home.

- The provider had won awards for how the decoration and adaptation of the home enhanced the experience of people living with dementia.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed us people's capacity had been fully assessed. Where people had been assessed as lacking capacity, DoLS applications had been made to review any restrictions within their care
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Staff had received training in MCA and DoLS. Discussions with them demonstrated they understood the principles of MCA. We observed staff asking people for consent and people we spoke with confirmed this.



# 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

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People and their relatives were consistently positive about the caring attitude of the staff. A person who lived in the home told us "Care workers are very kind and friendly" and a relative told us "Care workers are not only helpful to the residents, they are very generous and kind towards the relatives"
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff knew people well and were able to quickly identify changes of mood and acted accordingly to support the person and prevented the person from becoming distressed.
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- People were involved in planning and reviewing their care.
- Contact with people's relatives was maintained to keep them informed of their relative's wellbeing.
- All staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- Staff positively welcomed the use of advocates and we saw that when people did not have relatives or friends involved in their care an advocate was arranged for them. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.
- Each person had a key worker who they were able to choose. A keyworker is a named member of staff who knows a person well and has a central role in their care. People were given profiles of members of staff which contained information about the staff members interests and preferences. This helped the person to choose a key worker who had similar interests to them and who they would feel comfortable with.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to be as independent as possible. The home was an accredited member of the Eden Alternative which is a philosophy to support people living with dementia to continue to do things they are able to do and which give them a sense of purpose. In one corridor there was a cleaning station where people could take cleaning supplies, such as dusters and use them in their rooms or as they walked around the home. The registered manager told us this had been put in place after they learnt a person who spent a lot of time walking around the service used to work as a cleaner. Providing the cleaning supplies allowed the person to complete a task which gave them a sense of purpose in the service.
- People were treated with dignity and respect. Staff spoke in a polite and caring way and showed patience when supporting people.
- People's families and friends could visit without restriction and people were supported to visit their family or to take them out of the service.

- Effective communications between the management team and staff supported people to be confident to speak about their feelings.

# Is the service responsive?

## Our findings

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

Good - People's needs were met through good organisation and delivery.

Personalised care.

- Care plans were person-centred and were reviewed on a regular basis. Care plans contained detailed, personalised information about what was important to people. They held useful information that assisted staff to provide care and treatment that people preferred.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- People were supported to maintain relationships with their family and friends.
- The service provided a range of individual and group activities throughout the day which were based on people's hobbies and interests. One person enjoyed crocheting and had spent time teaching other people how to do this whilst another person told us they enjoyed drawing. We saw that they were provided with pens to draw with.
- The service had created a cinema and advertised what films were showing each day. We saw people enjoyed accessing the cinema and watching the films.
- Regular meetings supported people and their relatives to be involved in the running of the service in line with their preferences. However not all relatives we spoke to were able to attend the meetings. We raised this with the manager who told us they also held monthly "open door sessions" and they would contact all relatives and ask for suggestions of more convenient times for meetings.
- The registered manager arranged for different catering companies to provide meals that people preferred, for example Caribbean meals were arranged for people who wanted these.
- Staff were passionate about providing individualised care and support. They knew people and their needs well and spent time with people and their relatives to find out what was important to them.
- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place in the main entrance for people and visitors to access. This was displayed in an accessible format to meet people's diverse needs. A suggestions box was also located in reception.
- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the staff if they had any issues.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support.

- Where appropriate, people's end of life care preferences were recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.
- The registered manager told us that when relatives were unable to visit or stay with the person who was at

the end of their life members of staff would sit and support the person.

# 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and their relatives spoke positively about the management of the service. A relative told us they could approach the registered manager about any concerns they had.
- The registered manager had a visible presence in the home. They knew people, their needs and their relatives well. Staff told us, "The manager is really good. The manager is very hands on."
- The registered manager promoted a high standard of person-centred care and positive culture within the home.
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The registered manager completed quality assurance checks. This enabled them to collate information on a daily basis to show how the service was performing.
- Effective communication between the registered managers and staff team supported people to receive their preferred care and support.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People, relatives and visiting professionals had completed surveys of their views and their feedback had been used to continuously improve the service.
- The registered manager was innovative in finding ways to include people to drive improvement within the home. They had created a role for people to gather feedback each month from other people who lived in the service and from their own experiences. The registered manager held a monthly meeting where any areas to improve could be addressed.
- The registered manager had good relationships with the local authority and had received funding to make improvements within the home. These included an interactive, sensory table and hospital style beds which allowed people to be discharged from hospital in a timely manner.
- The registered manager also had made strong connections with local colleges. Through these they were able to offer work experience to two students who were interested in social care and allowed them to

develop their skills. The registered manager plans to expand this project in the future for different roles.

- The registered manager had arranged for children from a local nursery to visit the home regularly. They told us how residents enjoyed this and that people who did not usually take part in activities would read stories and nursery rhymes with the children.

Continuous learning and improving care.

- The service had gained accreditation with local and national schemes including React to Red which aims to prevent tissue damage and used the Red Bag Scheme which improves continuity of care when a person is transferred from a care home to a hospital.
- Regular meetings were held at the service to ensure staff, people and their relatives were involved in developing and improving the service.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained. The registered had identified that there had been a number of medicine errors and had improved training and records which had reduced the number of errors.