

Mrs E I Barker

Silvermead Residential Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on the 9 and 15 of December 2015 and was unannounced.

Silvermead Residential Home provides care and accommodation for up to 13 people. On the day of the inspection 11 people were living at the service. Silvermead provides care and accommodation for adults with a learning disability and associated conditions.

There was a registered provider for the service who was also the owner of the home. A registered provider is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law. The registered provider/owner had appointed two managers to oversee the day- to- day running of the service and was also frequently in the home to provide support and undertake other management tasks.

At the previous inspection on the 14 July 2014 we found concerns in relation to the care and welfare of people. These concerns particularly related to the planning of care and opportunities for activities inside and outside the home. The provider wrote to us and told us how they would address these concerns. At this inspection we found some support plans had been developed to ensure people received appropriate and consistent care and the development of the support plans was ongoing. People were partaking in a wider range of activities.

At the time of this inspection Plymouth City Council had been undertaking a safeguarding investigation due to concerns raised about the management of people's personal finances and some aspects of their care. Following the inspection Plymouth City Council concluded their investigation and informed us that people's personal finances were safe and protected by the service. However, the investigation concluded that people's support plans in relation to their finances were not personalised and did not demonstrate if their choice and views had been taken into account. Plymouth City Council had provided the service with an action plan to address these issues. Records and discussion with the managers during the inspection confirmed the provider was working closely with Plymouth City Council and other agencies to address these recommendations.

We saw people were supported to make choices about some aspects of their care and lifestyle, such as when they got up, what they had to eat and how they occupied their time. However, some of the support arrangements such as management of people's finances and some decisions about people's health needs were not personalised and did not take into account people's rights, mental capacity and best interests. The managers said they recognised the culture in the service had historically been one of "making decisions and doing for people", but said they knew this needed to change to ensure support was personalised and reflected people's rights and choices.

We saw improvements were being made in the way people's support arrangements were planned and documented. Some plans did not reflect the level of care needed and did not include information about the way people chose and preferred to be supported. However, the managers were in the process of working

through each file to improve and update the information and had prioritised the files of people with the most complex needs first. We were able to see examples of where these improvements had been made.

People said they liked living at Silvermead and staff were kind to them. Relatives said there had been positive changes in the service since the two new managers had taken up post and comments included, "They seem to be really on top of things and people are getting out and about so much more".

People were supported by caring staff who promoted their privacy and dignity. A number of very positive comments had been received from the service by visiting professionals and relatives, and included, "Staff have done a fantastic job caring for [...] I have seen so much compassion here, staff should feel so proud of the care they have provided" and "I am always made to feel welcome, every time I come away I feel better, knowing [...] is being looked after by special people", and "As a visiting professional I have found Silvermead to be an inviting place to visit. All the staff are welcoming and receptive to advice and clearly care a lot about the residents". Other agencies had been particularly complimentary about the care for people at the end of life, for example, one visiting professional had left a comment in the visitor's book, which included "We are very grateful for the compassionate care that has been delivered. [...] is currently peaceful and enjoying the care and comfort your team have delivered in a very professional manner".

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe and meet their needs. People were protected by staff who knew how to recognise signs of possible abuse. Staff were able to talk confidently about the action they would take if they suspected or witnessed abuse in the home, and were confident their concerns would be taken seriously.

People had their medicines managed safely. People received their medicines on time and in a way they chose and preferred. People's health and well-being were considered important and systems were in place so staff could recognise changes in people's health and take prompt action when required.

Staff said they felt well supported by management and their colleagues and had good opportunities for training relevant to their role and the needs of people they supported.

It was apparent from talking to the new managers that they cared, and were passionate about the people who lived at Silvermead. Records confirmed they had worked hard within the first three months in post to improve systems and address areas of care, which had been highlighted as a concern. A professional we spoke with who had recently visited the home said, "The new managers are very keen to learn and have been very responsive to any advice given".

A range of regular audits and checks were undertaken to ensure the quality and on-going improvement of the service.

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.

People were protected by safe systems for handling and administering medicines.

People were protected by staff who understood how to recognise and report possible signs of abuse and/or unsafe practice.

There were sufficient numbers of staff to meet people's need and keep them safe.

People were protected by safe recruitment practices.

Is the service effective?

Requires Improvement 

Some aspects of the service were not effective.

People's best interests and rights had not in all cases been considered when planning care and support but the managers were taking action to ensure people's rights were protected.

Guidelines about supporting and managing people's behaviors were not in all cases sufficient to ensure their rights and safety were fully protected. However, the managers were working on improving these guidelines.

People were supported by staff who knew them well, and who received appropriate support and training to meet their needs.

People were supported to have their health and dietary needs met.

Is the service caring?

Good 

The service was caring. People were treated with kindness and respect.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them in their lives.

People were provided with compassionate and dignified end of life care.

Is the service responsive?

Some aspects of the service were not responsive.

Although improvements were being made support plans were not in all cases sufficient in detail to reflect the level of care provided. Although some aspects of care were personalised, some of the support provided did not take into account people's individual needs, preferences, and wishes. However, the managers were addressing this and improving the support plans.

People had the opportunity to access a wide and varied range of leisure and social activities.

Systems were in place to ensure any concerns or complaints about the service were taken seriously and addressed promptly.

Requires Improvement ●

Is the service well-led?

The service was well-led.

People were benefitting from improvements in the management of the service, which was promoting a more positive and open culture.

People's full range of care needs were being considered by improved links with the local community and external agencies.

Quality assurance systems helped drive improvement and raise standards of care.□

Good ●

Silvermead Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 9 and 15 of December 2015 and was unannounced. Two Inspectors undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required by law to send us.

Throughout the two day inspection we spent time talking to people and observing the care and support being provided. Some people were able to tell us about living at Silvermead and for others we relied on our observations and discussions with others involved in their care.

During the inspection we met and spoke with all of the people who lived at the home. We spoke with six members of staff, one relative and a professional who was visiting the service. We looked at the care records for seven people, which included support plans, risk assessments and health records. We looked at four staff files, which included the file of one staff member who had recently started working in the home. We also looked at other records relating to the running of the service, which included quality audits and incident records.

Following the inspection we spoke with a healthcare professional, a member of the Plymouth City Council quality review team and a representative from the local authority safeguarding team.

Is the service safe?

Our findings

People who were able to, said they felt safe living at Silvermead. Comments included, "Everything is ok, I feel safe, the staff look after the things I need help with like my money and medicine". Relatives said, "I do feel [...] is safe and well looked after, I visit regularly and would be able to tell if they were unhappy".

We saw people were relaxed and comfortable when being supported by staff. One person required one to one support for all their daily care needs. We saw staff spoke to this person gently and clearly when providing support and the person looked at them in a trusting and relaxed way, which indicated they felt comfortable and safe with the care being provided.

People were protected by staff who knew how to recognise possible signs of abuse or poor practice. Staff had completed training in safeguarding adults and this training was regularly updated. Staff were confident in the reporting procedures, should they witness or suspect abuse had occurred in the home; and a quick reference flow chart was available of the process to follow which include important contact numbers. Staff said they felt confident any reported signs of abuse would be taken seriously and acted on.

At the time of the inspection an investigation was being undertaken by Plymouth City Council in relation to concerns raised regarding the management of people's money and some aspects of people's care and welfare. We spoke to a representative from the safeguarding team who told us staff had been cooperative and professional throughout this process. Following the inspection Plymouth City Council sent us a report stating that they had undertaken an investigation into the concerns raised and had found that people's money was being managed safely by the service.

We saw regular audits had been undertaken of people's personal finances and a clear record of all expenditure. A facility was available to ensure any money held in the home was stored safely and people we spoke with said they felt their money was safe and well looked after.

There were sufficient numbers of staff available to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. One person required one to one support for all aspects of their care and a team of staff was available to provide support specifically to this person. Another person who had more recently moved into the home needed additional support in relation to their particular needs and to help them settle. Staffing levels had been adjusted to support this person and had been reviewed to ensure they continued to meet their needs. Staff said sufficient staff were available to keep people safe, comments included, "It is quite a small home and there are always enough staff around".

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and those supporting them. This included environmental risks as well as risks associated with their support needs and lifestyle choices. One person chose to go out on their own nearly every day. They spent most of the day away from the home and travelled across the city using various forms of public transport. The staff provided guidance and support to help ensure they remained safe, whilst respecting and promoting the person's wish to remain as independent as possible.

We looked at the medicine administration records for three people (MARS). Two of these had been completed accurately with all the information required. However, one chart showed discrepancies between the medicines administered and those held in the home. This was raised with the manager at the time of the inspection and was found to be a documentation error. The manager said they would address this issue as a matter of priority to prevent similar mistakes being made in the future. We saw a clear record was made of when people required medicines to be administered in the form of creams. Body charts had been completed to help ensure staff knew how and where the cream needed to be applied. Creams were also entered on the MAR system to ensure they had been administered. The managers carried out monthly audits of medicines held in the home and this was backed up by external audits. A recent external audit had highlighted the need for the service to review their storage arrangements. This advice had been acted on and appropriate changes made.

People's needs had been considered in the event of an emergency such as a fire. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other service in the event of an emergency. A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. We saw regular checks were undertaken of fire and electrical equipment. Contracts were in place for maintenance checks of equipment used by people as part of their care to help ensure they remained safe and fit for purpose.

Robust recruitment and selection processes were in place. Staff files included evidence that pre-employment checks had been made including, requests for written references, Disclosure and Barring Service clearance, health screening and evidence of identity. These checks helped ensure staff employed by the service were fit and appropriate to work with vulnerable people within the care home setting.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff received training before they were able to administer medicines. We observed how one staff member who had completed recent training to administer medicines double checked with staff if they had any queries or doubts in relation to medicines being given. Where possible, people were supported to manage their medicines independently. One person told us, "I take my own medicines and have my own storage for them". This person was very aware of their health needs and also said they could ask staff for support at any time. Medicines were stored safely and a separate fridge was available for medicines such as antibiotics and eye drops, which required low temperature storage.

Information was available for staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and when and how they should be given. We saw one person being offered a PRN medicine as part of their morning routine. We were told this person always declined the medicines but was offered it again throughout the morning to help relieve any pain they could be experiencing.

Is the service effective?

Our findings

We saw some support plans had information about how to support people when they became agitated or distressed. One plan said, "Sometimes you will need to escort me to my room". Another plan stated, "Remove [...] from the environment. The plan did not include information about how these arrangements had been agreed or guidelines for staff to ensure any action taken was appropriate, legal and safe. We spoke to staff and the managers about these guidelines. They all said the guidelines were intended to support the person to move to a safer, quieter place in the event of an incident or episode of difficult behaviour. Staff said physical restraint was not used and the person would not be forced to move if they chose not to. The managers told us they would as a matter of priority ensure information in support plans about the management of people's behaviour was clear and reflected legal requirements.

Records confirmed best interest discussions had been requested for some people when it had been assessed they lacked the capacity to make decisions. For example, a referral had been made by the service to the Local Authority to request a best interest meeting for one person in relation to a health screening procedure. However, we found some aspects of care did not always take into account people's rights and capacity to make decisions. For example, some of the arrangements to manage people's money had been decided by staff in the service and did not show evidence of best interest decisions or people's choice. Records also stated a decision had been made to provide people with vitamins during the winter months to combat the flu and other winter ailments. It was not evident if people had been involved in this process or if best interest discussions had taken place. We spoke to the managers at the time of the inspection about these issues. We were told that following recent recommendations from Plymouth City Council Safeguarding team people were now being offered advocacy support in relation to their finances. The managers said they would prioritise reviews of all people in relation to their finances to ensure support arrangements took into account their choice and best interests. We were also told the use of vitamin tablets had only been considered as a precaution but not as yet been used by people. The managers said discussions would take place to ensure people's rights and best interests were taken into account.

People received care and support from staff who knew them well and understood their needs. Most of the staff team had worked in the home for many years and had known people since they had moved in. A professional from the learning disability service in Plymouth said they had been very impressed by the way a person they visited was being supported, comments included, " [...] was being cared for beautifully, the staff supporting [...] know them really well".

Staff said they had opportunities for training relevant to their role and people they supported. One staff member had recently attended Autism, end of life and first aid training. They spoke enthusiastically about these courses and said, " I really enjoy the training and learning new skills". Records confirmed training was regularly updated and discussed within staff meetings and one to one supervision sessions. Support was sought from outside agencies in relation to people's specific support needs when required. We saw a comprehensive training matrix, which demonstrated a plan was in place to ensure training was kept up to date.

We spoke to new members of the staff team who said they had been well supported when they first started working in the home. New staff had completed a thorough induction programme, which had allowed them time to shadow experienced staff and familiarise themselves with records about the service and people they would be supporting. All staff said they felt well supported by the managers and their colleagues, comments included, "We have regular supervision, every 12 weeks, it's useful, we have time to talk about how we are doing, any issues and they give us feedback as well".

People were free to move around the home independently, and some were able to go out without support from staff. When people had been unable to consent to these staffing arrangements the correct procedures had been followed within the legal framework of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). DoLS provide the legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make a certain decision, at a certain time. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. At the time of the inspection some people had been assessed by the service as not having the capacity to make the decision about leaving the home unsupported. Applications had been made to the Local Authority in relation to these restrictions and the service was waiting for the outcome of these applications.

We spoke to the management and staff about people's rights and capacity in relation to different areas of their lifestyle. All of the staff said they encouraged people to make their own choices and decisions whenever possible. We saw people being supported to make daily choices about what they wanted to eat and drink, what they wanted to wear and activities they wanted to do during the day.

People's consent was sought before care and support was provided. We saw staff speaking to people as they provided support and checking they were happy with the care being provided. One person was being supported with their breakfast routine. When they refused staff support, staff respected their wishes but checked again if they could assist them throughout the morning.

Staff were able to tell us about people's behaviours and how they communicated. We saw how staff used their skills and knowledge to prevent behaviours from escalating. One person spoke very repetitively and looked frequently to staff for reassurance and information. We saw staff answered the person each time in a calm and reassuring manner, which clearly made the person feel happier and less anxious. Staff were being supported by the specialist learning disability services in relation to the behaviours of one person. The staff said this specialist support would help them further understand the person's behaviour in the context of their learning disability and would support the team to adopt a consistent approach when supporting them. Staff said, "We have started to learn it is really important that we all use the same words to answer their questions, this helps reduce their stress and anxiety". We saw staff were using this consistent approach when supporting the person concerned, which resulted in them remaining calm and happy.

People were involved in decisions about what they would like to eat and drink. We saw people's requests for drinks and snacks were responded to promptly and this was based on individual choice with no restrictions on choice or quantity. One person had a known behaviour of asking for drinks repetitively throughout the day. We saw how the staff responded sensitively to their requests, reminding them about how much drink had been agreed. We saw staff managed this behaviour in a consistent and appropriate manner, which helped ensure the person remained happy and content. People were able to choose when and where they had their meals. Some people had made the choice to have a lie in and had a late breakfast, another person chose to eat their lunch standing up in the kitchen rather than sitting with others at the dining room table.

Staff said, "We allow people to make choices, they can do what they are happy with".

Records included information about people's likes and dislikes and any special dietary needs. A number of people had guidelines in place due to identified risks of choking. These guidelines were known by the staff team and were available in the kitchen area for easy reference. The guidelines we looked at included information about the environment, positioning, utensils required, consistency of food and staffing levels. Information was also available for staff about how they could prepare certain food types in a way that reduced the risk to people of choking.

Staffing levels had been organised to ensure people had the support they needed to eat their meals safely and in a way they wanted. We saw one person being supported with their lunchtime meal. The staff member sat with them and prepared the food as required. We saw how they supported them in an unrushed way, talking to them and allowing them time to enjoy what they were eating. When required, records were completed to monitor people's food and fluid intake. For example, one person who had complex healthcare needs had their food and fluid intake monitored daily. Staff said this ensured any changes or issues such as sudden weight loss would be recognised and acted on promptly.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Comments from health professionals who had visited and supported people in the home included, "Staff are well organised, have good knowledge of people and their health needs", and "I completed a health assessment and all information was available and care was excellent".

Support plans included information about people's current and past healthcare needs and staff were familiar with this information. Information had been documented as part of a 'hospital passport', which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be best practice to help ensure people's needs are understood should they require treatment in hospital or other healthcare facility. One person had had a recent admission to hospital and the provider had ensured additional staff were available to support them during this time. People were supported to attend routine health checks and any changes in people's health were acted on promptly. For example, one person had a sudden increase in seizures. This had been identified through daily monitoring and records and, as a result an appointment had been made for a health check-up and medicines review.

Is the service caring?

Our findings

People who were able to tell us, said they liked living at Silvermead and the staff were kind and cared for them well. Comments included, " I like living here, I can do what I want and the staff help me when I need them". A number of very positive comments had been received from the service by visiting professionals and relatives. A relative commented, " Staff have done a fantastic job caring for [...] I have seen so much compassion here, staff should feel so proud of the care they have provided" and " I am always made to feel welcome, every time I come away I feel better, knowing [...] is being looked after by special people". A visiting professional commented, " As a visiting professional I have found Silvermead to be an inviting place to visit. All the staff are welcoming and receptive to advice and clearly care a lot about the residents".

The atmosphere in the home was warm and welcoming. We heard lots of friendly conversation and laughter between people and staff. People talked about their day and plans for the Christmas celebrations. During the lunchtime people worked together to prepare the table and make drinks. This appeared to be a familiar routine for people and a time when people came together and talked about their day. During the afternoon we saw people relaxing together in the sitting room watching a Christmas film. Staff made people a hot drink and made sure they were comfortable and warm. One person was recovering from a recent hip operation. They looked very comfortable and relaxed in a reclining chair and said they were enjoying being looked after by staff until they were well enough to go out and do things for themselves again.

We saw staff providing support in a compassionate and caring manner. One person required support for all their daily care needs. We spoke to the staff member supporting this person. They spoke with compassion about their work and the care being provided. They said, " I make sure they are comfortable and have everything they need, I like to make sure they have their nails done, so they look nice and don't scratch themselves. I settle them down with their favourite television programme". One person asked staff if they liked what they were wearing and about what they had bought on a shopping trip. The staff responded positively telling the person they looked 'lovely' and showing a genuine interest in their shopping trip. It was clear by the person's smiles that the staff's response made them feel happy and important.

Staff spoke in a way that demonstrated they really knew the people they supported. Staff who had worked in the home for several years were able to tell us about people's likes and dislikes as well as important information about their past, interests and relationships. Relatives said they were always made to feel welcome and their views and opinions were listened to and valued. Consideration was being given to one person moving to a bedroom where their changing needs could be more appropriately met. Staff said this would be discussed with relatives and, as they visited often and were important to the person concerned, they would be supported to see the room and share their views on the changes. Following advice from the Local Authority Safeguarding team the provider had made referrals for some people to have support from local advocacy services. The two managers overseeing the service said they recognised people had not had sufficient access to advocacy services in the past but they would now ensure people had the necessary information when required.

Staff considered people's privacy and dignity when providing care and support. One person who managed

most of their care needs independently said, " The staff always knock before they come into my room, they let me do what I want to do but check I am ok".

Staff had been highly praised for the support provided to people at the end of life. The two managers overseeing the service were passionate about providing dignified and compassionate end of life care. They described how they had supported one person the previous year and had received praise from their family and other agencies. The comments received from a local hospice had been documented as part of a feedback form and included, " We are very grateful for the compassionate care that has been delivered. [...] is currently peaceful and enjoying the care and comfort your team have delivered in a very professional manner". We saw support plans were being developed to include information about people's end of life care and personal wishes. The managers had sought advice from specialist agencies about these plans and had started to document the information under the heading, 'What if' and 'Celebrating my Life'.

Is the service responsive?

Our findings

At the previous inspection on the 14 July 2014 we found concerns in relation to the care and welfare of people. These concerns particularly related to the planning of care and opportunities for activities inside and outside the home. During this inspection we found improvements had been made. We saw support plans were in the process of being reviewed and updated and people were being provided with a greater variety of activities and these improvements were on going.

Staff we spoke to had a good understanding of people's health and social care needs. Information about people's needs had been documented within two separate files. One of the files had information specifically about people's healthcare needs. The other file contained a range of information including a support plan and assessments undertaken by other agencies and healthcare professionals such as dieticians and speech and language therapists. We saw the quality of this information varied. For example, the information about one person with complex healthcare needs and high levels of staff support had been documented well and described their care needs and daily routines in detail. However, some of the information in people's files did not reflect the level of care needed and did not in all cases provide staff with clear and up to date information. For example one support plan stated the person required support with all aspects of daily personal care, but did not describe how this person needed or preferred the care to be delivered. Another file had a number of loose pages with pictures of how the person needed to be positioned and information about their wheelchair and other equipment used. This information was not in all cases dated and was not referred to within their main support plan. It was not therefore possible to see if the information was up to date and part of their current plan of care. Although support plans were used to provide detail of people's daily support needs they did not include information about people's future needs or personal goals and aspirations. This information is important to ensure people's independence, choices and lifestyle wishes are taken into account and considered when planning their care.

We spoke to the managers at the time of the inspection about how the quality of people's records varied. They told us they were in the process of updating all records and showed examples of support plans, which had been updated and improved. They said they would be updating all the care records and would prioritise those for people with the most complex needs so staff supporting them had clear and accurate information.

Some of the arrangements in place to support people were not personalised and did not in all cases demonstrate if people's skills, and personal wishes had been taken into account. For example, although we were told some people were able to manage their finances independently others required support from staff. Information about people's skills had not been documented as part of their support plans and the support provided by staff was the same for each person. For example, each person had their money looked after and given to them in the same way. This was not personalised and did not give consideration to how people could maintain and develop their skills and independence in relation to their finances. We spoke to the managers about these issues at the time of the inspection. We were told that following advice from Plymouth City Council arrangements had been made for some people to access advocacy support in relation to their finances. The managers said they would review the support arrangements for all people in relation to their finances as part of their plan to update and develop people's records.

The two managers overseeing the day to day running of the service said they regularly reviewed people's support arrangements. They said they did this by speaking to staff and looking at daily records to identify any changes. However, these reviews were not always documented and it was not evident how and if people were involved in this process. We saw reviews had been undertaken for people with on-going and complex healthcare needs. These reviews had been organised and led by specialist healthcare staff from local agencies who commissioned the service. Representatives from these agencies said staff and management at Silvermead supported these reviews, provided good information and followed advice and guidance given.

Other agencies told us staff had worked hard to support people when they first moved into the service. They said staffing levels had been organised to ensure people's needs could be met as well as giving people extra time and attention to settle in. Comments also included, "They have worked hard to support the needs of someone who had to move suddenly".

We saw some good examples of care being personalised and responsive to people's needs. For example one person required very specific support with all areas of care. A team of staff was in place to support this person throughout the day and night. The staff we spoke to were very familiar with this person's daily routines and used their knowledge and skills to provide appropriate and personalised care. For example, staff were aware of when this person was alert and happy and used this time to support them to enjoy sensory activities and things they enjoyed, staff said "I position the television so they can watch their favourite programmes. They are very wakeful in the evening so I set up their sensory equipment and music they enjoy". Consideration had also been given to the changing needs of one person and how they would be best supported by the service. The management and staff were in the process of working with other agencies to consider this person's needs and changes to the environment they might require.

Throughout the inspection we saw people coming and going from the home and enjoying social and leisure activities such as reading books and watching television. Staff said they felt people's opportunities and how people occupied their time had improved since the new managers had been employed in the home. We spoke to one person who was able to go out independently. They said they went out every day and travelled across the city using public transport. They told us the staff didn't make a fuss about what they did but offered them help if they needed it. Another person had been provided with their own shed so they could pursue their particular hobby painting model cars. Some people went to regular weekly activities such as a pottery group and swimming sessions. People said they also enjoyed going to a disco each week at a local social club. One person said, "I am going out Christmas shopping next week and I will have lunch out as well". Staff showed us an activity plan displayed on the wall in the dining room. The plan detailed activities available for people to do each day such as board games and cooking.

People were supported to raise concerns or complaints about the service. A written complaints procedure was available and this had been translated into an easy read version for people who used the service. The managers said they regularly checked people were happy and reminded them of what they needed to do if they wanted to make a complaint. The managers overseeing the day to day running of the service said they had not received any complaints since the last inspection. had not received any complaints since the last inspection.

Is the service well-led?

Our findings

Since the last inspection there had been a number of management changes in the service. Two previous managers had left and the provider had appointed two senior members of staff to manage the service on a day to day basis. At the time of the inspection the two new managers had been in post for three months. One of the new managers had worked in the home as part of the care team for seven years and knew people very well.

The two new managers said they worked together to cover all managerial responsibilities as well as working alongside the staff team to provide support when needed. They said the Registered Provider and owner of the service was also in the home on a weekly basis providing them with support and supervision.

Relatives we spoke to said there had been positive changes since the new managers started in post, comments included, " There has been a lot of improvement, people are definitely doing more and getting out more", and " The new managers are definitely on top of things, I feel I am more valued, they are very supportive". Staff said they felt the culture of the service had improved and staff were more positive about their work and the people they supported.

Following some concerns about the service, a number of reviews had been undertaken by the Local Authority and local health services to ensure people were safe and having their needs adequately met. All of the agencies we spoke with said the management and staff had been supportive and professional throughout this process. The managers said following these reviews they had liaised closely with other agencies to ensure people's range of care needs were being met.

It was apparent from talking to the new managers that they cared, and were passionate about the people who lived at Silvermead. Records confirmed they had worked hard within the first three months in post to improve systems and address areas of care which had been highlighted as a concern. For example, they had worked closely with other agencies to develop and improve support plans. Although this work was on-going we were able to see examples of where improvement to records had been made. We saw advice had been taken following a recent safeguarding investigation and systems had been improved for recording the expenditure of people's personal finances.

The managers said they recognised the need to improve their skills and knowledge in relation to best practice and new legislation. They had made a number of contacts with local services for updated training, including, End of Life Care and Autism Awareness. Other agencies we spoke with said, " The new managers are very keen to learn and have been very responsive to any advice given".

Throughout the inspection staff spoke fondly and positively about people they supported. Staff and management said they cared about looking after people and keeping them safe. However, the practice and arrangements for supporting people were not in all cases personalised and did not take into account their rights and choices. For example, some activities, were not planned around people's individual needs and plans to support people with their finances did not always take into account their skills and personal

preferences. When we spoke with the staff and management about these issues they recognised the need for a change in the culture of the service. One of the managers said, "I can see we need to think about not always doing for people and protecting them, but doing with people and making them more independent".

We saw improvements were being made in the organisation of records relating to people's care. The managers showed us a recent support plan, which had been updated following a recent review. This plan was well organised and included good detailed information about the person's support needs. However, a number of files we looked at were disorganised and contained information that was not signed or dated. It was therefore difficult to see if information about the person was relevant and up to date. The managers said they were in the process of updating and improving all records and would be prioritising the records of people with the most complex care needs first.

Staff meetings were held to provide opportunities for open communication; and daily handover meetings took place to ensure staff had up to date information about what was going on in the service.

The managers undertook regular checks to ensure the on-going quality of the service. As well as seeking feedback from people, their relatives and other agencies they also completed a number of regular audits and safety checks. They said they worked various shifts in the home to allow them to assess the quality of the service at different times of the day. This included announced and, if required, unannounced checks during the evening, night and weekend. Spot checks were completed daily of the environment and minutes of staff meetings evidenced a high standard of cleanliness was expected. Minutes of a recent staff meeting had documented a requirement for all staff to ensure people's bedrooms were 'clean and tidy' and to purchase new bedding and mattresses to ensure they were of a good standard.

Systems were in place to ensure regular checks were completed of all equipment including bath hoists, wheelchairs and vehicles. This helped ensure all equipment used in the service remained safe and fit for purpose.