

Silversprings RCH Ltd

Silversprings

Inspection report

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Date of inspection visit:
09 March 2016

Date of publication:
19 April 2016

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

This inspection took place on 29 February & 9 March 2016 and was unannounced. At our last inspection on 17 April 2014 the service was found to be meeting the required standards in the areas we looked at.

Silver Springs is a care home for people who are living with learning disabilities or an autistic spectrum disorder. There were 8 people living at the home at the time of this inspection. The home consists of one large detached house spread over two floors. Each person has their own bedroom with shared bathrooms/shower facilities, one large sitting room and conservatory and shared kitchen/dining room. There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and people told us they felt safe and happy living at Silver springs. Staff were clear about their role in supporting people and about how they positively managed risks to people's safety and well-being. There were clear plans on how to support people to have independence and control over their lives while promoting their safety, comfort and wellbeing.

Staff had received training in how to safeguard people from abuse and knew how to report concerns. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. There were sufficient numbers of suitable staff available to meet people's individual needs. People were supported to manage their medicines safely.

The atmosphere in the home was welcoming and there were positive and caring interactions between the staff and the people who lived in the home. People told us they were fully involved in planning their care and they were encouraged to develop their skills and interests. There were clear plans on how people wished to be supported and the goals they wanted to achieve. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

People's permission was sought before staff assisted them with care or support. Staff were supported to develop the required skills and knowledge to provide care effectively to people.

People's relatives were encouraged to be involved in reviewing people's support plans. People were actively supported to maintain family relationships and friendships.

The home was well led by a manager who knew the people and staff and supported them to have their views and ideas heard and acted upon. There was a positive open culture with staff working together in an

atmosphere which valued their contribution to the service. Systems were in place to monitor the quality of the service and promote continuous improvement.

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 staff who understood the safeguarding Procedures and would report concerns.

There were sufficient staff members available to meet people's needs.

People were supported by a staff team who had been safely recruited.

People were supported to manage their medicines safely.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good 

The service was responsive.

People's care was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People could choose how they spent their days and were supported and encouraged to engage in a range of activities within the home and in the wider community.

People's concerns were taken seriously and acted upon.

Is the service well-led?

Good 

The service was well-led.

People had confidence in the staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

Silversprings

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.'

This inspection took place on 29 February and 8 March 2016. We conducted the visit over two days in order to ensure that we had an opportunity to spend time with everyone who lived and worked at Silver Springs and to ensure that everyone had the opportunity to offer their views and experiences of the service provided.

Before the inspection, we reviewed the information we held about the service. This includes the Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. However on this occasion the PIR had not been requested from the provider, before the visit took place. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounges, and also met with individual people in the privacy of their own rooms. This enabled us to observe interactions and the support offered to people throughout the two day visit.

During the inspection we spoke with five people who used the service, six staff members, a senior staff member and the registered manager. We looked at care plans relating to three people who used the service and three staff files. We also reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We also toured the building. Following the inspection we contacted four relatives to obtain feedback.

Is the service safe?

Our findings

We were unable to seek the views of everyone who lived at Silver Springs due to their complex needs. However with the support of the staff on duty and the use of both sign and body language we were able to establish that each person at the home felt safe and happy. We saw people were relaxed and related comfortably with staff throughout our visits. There was a calm friendly atmosphere. One person told us 'Staff always help me as I find it hard to see dangers or things that may harm me. They are kind and don't let me get into difficulty.' Family members said they were confident about the care their relative received that it was safe and there were sufficient staff available to keep people safe at all times. One person said "I can always rely on the staff to take care of my relative both inside and when they are out in the community, they are all very competent." We saw that there was a pictorial board in the main reception area that monitored who was in or out of the building in case of emergency. This ensured people's safety and their whereabouts was monitored at all times.

Staff were required to complete safeguarding training as part of their induction and undertook regular refresher training which helped ensure their knowledge remained current. Staff knew how to, and had no hesitation, in reporting any concerns and told us they were confident that any concerns would be dealt with quickly. There had been two safeguarding incidents in 2015 which were acted upon immediately with all relevant agencies informed and involved in supporting the people involved. The manager was very knowledgeable in the principles of safeguarding and had cascaded their knowledge down to staff members through in house training and had also ensured that all staff attended face to face training provided by an officially recognised external training company.

We saw that the subject of safeguarding had been a recent item that was discussed at a staff meeting which enabled staff to have the opportunity to discuss any aspect of safeguarding or ask any relevant questions. All six staff were aware of the whistle blowing policy and said they were encouraged, by the manager, to use it should the need arise.

People were involved in assessments to help manage risks that could occur in many areas of their lives. For example, within the environment such as when working in the kitchen and walking in and around the home due to their poor visibility. One person told us "I cannot see much so staff help me make sure I am safe and I don't fall over things." There were risk assessments which identified the triggers which could initiate behaviour which challenged. These detailed how staff should manage these situations which ensured the safety of the individual as well as other people who may be present. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example one person's care plan stated "When I feel depressed I don't like to eat". We saw from this person's care plan that control measures had been put in place to protect this person from the risk of malnutrition and deterioration in their health by ensuring that a staff member supported and monitored this person during mealtimes.

Is the service effective?

Our findings

Although some people who used the service were not verbally able to tell us about the care and support they received, we were able to observe positive interactions between staff and people who used the service throughout our visit. We saw that staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. For example one person had become agitated when we arrived to carry out our visit. We saw that a staff member intervened and reassured the person in a calm and gentle manner and refocused them towards an activity that they knew they enjoyed avoided the person becoming anxious and upset.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they became distressed or anxious. One member of staff said, "We have so many opportunities to do training here. The manager is very keen for us to get as much experience and knowledge as possible to help us do the best job we can."

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing more experienced staff before working with people independently. One staff member explained how they had 'shadowed' a senior member of staff when they first started and confirmed that they were able to do this until they felt confident to work alone. The manager explained that the induction period for new staff varied depending on the individual's competency but confirmed that new staff were not put under any pressure to rush through their induction period. This was confirmed by all six staff we spoke with. One staff member told us "The manager is very understanding and never put me under any pressure to rush through my induction before I was ready."

We saw evidence that staff received regular support and supervision from their manager. An annual appraisal system was in place and staff on duty told us that they felt they received the support and guidance they needed from their managers and the provider. One person [Staff] told us that "The manager is fantastic, they are very hands on for advice and support as well as having formal supervision every two months and regular staff meetings."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The home had made Deprivation of Liberty safeguards [DoLS] applications to the local authority which related to keeping people safe within the home.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. For example consent had been obtained for the person for their photograph taken and consent to administer their medication. We saw that the manager had produced a pictorial 'Consent to Care and Support' document which detailed all aspects of the care provided by the home. This included medication, finances and money, health and personal care and information about advocacy services. This meant that people were supported to make informed consent in a way they could fully understand.

We observed staff supported and encouraged people to make their own choices with regard to the food and drinks they preferred and with the assistance of a pictorial menu guide. Staff encouraged healthy eating and supported people to choose and eat a healthy and varied diet. People's food preferences were recorded in their care plan and staff demonstrated a good knowledge of people's likes and dislikes. We saw one person was supported with a special diet which included not eating certain types of meat due to their religious beliefs. People's weights were monitored and action was taken promptly if someone gained or lost a significant amount of weight. We saw evidence that each person was reviewed by the community dietician with regard to the management of their dietary needs, when necessary.

People were supported with their healthcare needs and staff worked in partnership with other healthcare professionals to meet people's need promptly. They were supported to attend dental and opticians appointments regularly with the support of the staff. Information about people's health conditions and any medicines they took were in their care plans for staff to access. One person [Relative] told us that "I can always rely on the staff to make sure my relative goes to the dentist for their check-ups." They also told us that they were confident they would be told of any concerns and kept up to date if there were any health concerns about their relative. Staff helped people understand, manage and cope with their health needs by sharing information and supported them to attend their appointments. We saw records that demonstrated that people were linked to local mental health services, when required. The manager and staff said they worked in partnership with all parties which ensured the best outcome for people. We received positive feedback from two professionals about the support the staff offer people in the home.

Is the service caring?

Our findings

People we spoke with appeared happy with the way staff provided care and support. Staff demonstrated that they knew people very well and we saw that they anticipated what might cause people concern so that they could put strategies in place to help keep them calm. One person told us that "I really like it here and the staff like me; they care about me and help me when I get into difficulty."

Although not everyone who lived at the home was able to verbally communicate their views about the staff with us, we observed relationships and interactions between people and staff were positive. We saw staff were kind and empathetic towards people and understood how to relate to each individual. For example we saw that staff joined people for their evening meal which we saw was a lively and social occasion where people talked about their day and planned the evening's activities.

One person offered to show us around the home and was very proud to show off the many photos of social events and holidays that they had enjoyed, which were also displayed throughout the home. The atmosphere throughout this visit was friendly, relaxed and very caring towards the people who lived at Silver Springs.

People and their relatives had been invited to take part and contributed to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. We saw that each person had document in place called 'All about me'. We saw that this document had been produced in a pictorial format and with the involvement of the person and their family. Where possible this document had been signed by the person themselves. This meant that people received care that met their needs and took into account their individual choices and preferences. One relative told us, "We are kept informed of anything that is relevant or important and I have seen my [Relatives] care plan but usually its more informal and I can ask when I visit if I want to read it but usually I don't need to as I am very happy with the care they give to my relative."

We saw that people chose where they wanted to spend their time and were able to fully access both the communal areas within the home or their own bedrooms, whenever they wished. We observed that one person, in particular was very excited to tell us about their support for a local Football club and proudly showed off their football scarf they had displayed on their wall. Throughout our visit we saw that staff positively engaged with people and enquired whether they had everything they needed and how they wanted to spend their leisure time.

We saw a range of documents that had been produced in a format that could be easily understood by the people who lived at Silver Springs. For example pictorial menus, a pictorial complaints procedure, a consent to care and support document, a pictorial holiday information sheet and a pictorial service user guide, which had also been produced on a compact disc format for one person who was visually impaired. This showed us that people had information provided about the service in appropriate formats that they could fully understand.

We found that all three care plans seen reflected the involvement of families and social care professionals who had been involved in developing the plan of support provided. Confidentiality was well maintained at the service which meant that information held about people's health support needs and medical histories was kept secure.

Is the service responsive?

Our findings

People, and their family members, said that they considered staff met their [Relatives] care needs. One relative told us, "All the staff are friendly and approachable and if ever I need to know anything any one of them will know about it."

The manager met people before they moved into the home and they carried out a 'pre-admission' assessment. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. We saw that people were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with care planning.

We observed the interactions between staff and people who lived at Silver Springs. We saw that staff were consistent and kind when they related to people. They listened and responded clearly. For example one person wanted staff to do something with them immediately by grabbing their arm even though this staff member was busy supporting someone else. We saw that the staff member responded in a calm and patient manner and explained they would help them once they had finished what they were doing. We saw that the level of support offered helped the person remain calm until the staff member was available to join them.

People's care plans contained specific documents, which were maintained by staff, and detailed care tasks such as personal care having been undertaken. Where people were deemed to be at risk of harm we saw that records were in place to monitor and respond to these risks. For example we saw that an up to date risk assessment in place for a person who was at risk of falling due to their visual impairment. We saw that this assessment provided detailed information on areas of potential risk as well as guidelines for staff on how to reduce the risks by ensuring all areas of the home were free from clutter and objects that could cause a trip hazards to this person. We saw that daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

All six staff we spoke with were knowledgeable about the people they supported. We saw from the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation. We also saw that there was a poster displayed within the main hallway which depicted all the religious festivals that took place throughout the year, which ensured people from all faiths had an opportunity to celebrate on these special occasions.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "I have worked in other places but this is the best yet. The manager is very knowledgeable about the people who live here and has known the majority of them a long time. They really understand what good care should be and they promote that with us all the time."

One person we spoke with was able to communicate through their body language and through signing that they were happy by pointing to a staff member and saying "friend" and gesturing to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the computer.

We saw that staff supported people to play an active part in their community and to follow their own interests and hobbies. Records showed that people attended a variety of social events as well as accessing local services such as shops, using public transport, visiting local pubs and cafes. We were told that one person was a volunteer at a charity shop, one day a week. People also attended local daycentres where they enjoyed art and craft sessions, gardening and music therapy. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time. People had enjoyed a range of holidays which included a trip to a holiday camp. There was a pictorial holiday planner in place that detailed the cost of the holiday and how much people would need to save in order to be able to go.

Each person had their own bedrooms and had been encouraged to personalise them. We saw that this included pictures, photos, televisions and music centres. When we arrived at the home we saw that one person who was visually impaired had been provided with a talking book that they invited us to join in and listen to. They also told us that they liked football and supported a local football team.

The environment was generally maintained to a good standard where several areas of the home had been refurbished within the past twelve months. This included a new bathroom /wet room on the ground floor. We saw that there were repairs and a replacement schedule in place for the forthcoming year, which included replacing carpets and the redecoration of some bedrooms. One person told us "I always choose what colour walls and duvet I have in my room. I like pink best."

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year.

Is the service well-led?

Our findings

All six staff we spoke with told us that they considered the manager to be supportive and professional. One person described the manager's style as open and inclusive. Another person explained how they considered that they all worked well as a team and that everyone was passionate about the care and support provided to people at Silver Springs.

We saw minutes from staff meetings which were held regularly and included recent topics discussed such as best working practice and deprivation of liberty issues.

The culture of the home was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity.

The manager had worked extremely hard to provide a range of documents in a format that ensured people were given full opportunity to gain an understanding of the service provided and helped empower people on how they lived their lives and the choices and decisions they made.

There was a clear management structure in place. The manager had the day to day responsibility of running the home but was also seen during our visit to provide hands on support to people who lived and worked at the home. The manager said there was good communication between with themselves and the staff team.

Although the service had not needed to submit any 'significant' notifications since the last inspection took place, the manager was able to provide a good understanding of their responsibilities and when statutory notifications were required to be submitted to us for any incidents or changes that affected the service.

We saw that people who lived at Silver Springs were asked for their views and opinions on the service provided both formally through an annual satisfaction survey and informally, through house meetings. The manager operated an 'open door' policy where people could call into see them if they had any problems or concerns. We saw the results of an impartial and independent review of the service had been carried out in May 2015 where the service received positive results across all five areas of the service provided. The most recent quality monitoring audit carried out by the local authority in June 2015 gave an overall rating of 93%.

There were systems in place to monitor the quality of the service. For example medication audits, financial audits, health and safety audits, infection control audits and cleaning audits. There was an overview of training undertaken and the manager identifies which staff needed to have their training refreshed within the required timescales. We saw that all staff training was up to date. Records seen for the people who lived in the home and staff were well organised, clear and kept confidentially within the main office.