Silvermead Plymouth Ltd

Silvermead Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was the first inspection since the provider registered with the Care Quality Commission on the 22 November 2017. Prior to this the provider was registered under a different name. The new registration has not affected the accommodation and care arrangements for people living at Silvermead.

Silvermead is a residential care home, which provides accommodation, and supports the needs of people with a learning disability and associated conditions such as autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was registered to accommodate and support a maximum of 13 people. At the time of the inspection 11 people were living at the service.

The requirements of the provider's registration meant the service had to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

We reviewed whether or not the service was being run in line with the values that underpin 'Registering the Right Support' and other best practice guidance. The Care Quality Commissions policy relating to 'Registering the Right Support' states that people with learning disabilities and autism can live an ordinary life as any citizen. The values that underpin this policy include choice, promotion of independence and inclusion. We found improvements were needed in the overall culture and running of the service to help ensure these values continued to be maintained and promoted.

The planning and delivery of care was not in all cases personalised and did not always take into account people's choice, preference and aspirations. Staff were very caring and observations we made clearly demonstrated that people felt safe and cared for in their home. Other agencies were positive about the service and said the management and staff were very caring and provided particularly good support when people were unwell, or at end of life. However, the care planning process did not demonstrate that consideration had been given to people's lives beyond their immediate need for the service. Care plans did not include information about people's goals or how the service would support people to develop their skills and independence.

The culture and some of the practices we observed were not personalised and did not always promote people's independence, privacy and dignity. For example, we saw staff doing tasks for people, instead of encouraging people to do for themselves. Practices in relation to medicines and the management of finances were not personalised and did not take into account people's preferences, skills and independence. Some of the language used by staff about people did not respect their age or promote

people's dignity.

Systems were in place to monitor the quality of the service. However, the provider did not have a clear set of values and aims against which to measure quality and outcomes for people and auditing processes had not identified areas of concern found during this inspection.

Staff were aware of risks associated with people's care. For example, some people had risks associated with their diet and eating. Referrals had been made to speech and language therapists and any guidance was followed by staff to keep people safe. However, information about some known risks and how staff would mitigate them had not been clearly detailed for staff to follow. The absence of this written detail could mean staff did not have the information required to provide consistent care and to keep people safe.

The registered manager had worked closely with the local disability services to understand people's behaviours and to ensure they were managed appropriately. However, incidents had occurred when people were unable to communicate verbally, and had not had their needs responded to promptly by staff. Information about people's communication methods and staff awareness needed improvement to help prevent incidents of behaviours esacalating.

People had access to a range of activities and social opportunities. The registered manager said these opportunities had improved following the recruitment of additional staff. The care planning and review process did not demonstrate how the service continued to monitor and ensure that activities remained appropriate and were what the individual wanted.

People were supported by staff who cared about them and wanted to keep them safe. The registered manager was passionate about providing good care, and had been a strong advocate for people, particularly in relation to ensuring people had equal access to healthcare services. Other agencies were very positive about the registered manager and said they had been very impressed about how pro-active they had been when people had been unwell and needed prompt support.

People had their healthcare needs met. Systems were in place to monitor people's health and prompt action had been taken when people's health changed and/or deteriorated. People were supported to have a healthy and well-balanced diet.
Staff were employed in sufficient numbers to meet people's needs and to keep them safe. Staff undertook regular safeguarding training and understood when and how to report concerns about potential abusive or poor practice. Robust recruitment practices helped ensure staff employed in the home were safe to work with vulnerable people.

Medicines were administered safely. Staff were trained in the administration of medicines and systems were in place to identify and address any concerns or errors. We did have a concern in relation to the safe storage of medicines. This was discussed and addressed by the registered manager on the day of the inspection.

Staff undertook regular training, which was relevant to the service and needs of people they supported. Staff said they felt well supported and had opportunities for discussion and to reflect on practice.

Management and staff understood their role with regards to the Mental Capacity Act (2005). When people lacked the capacity to make significant decisions about their care and lifestyle discussions had taken place with their representatives to ensure decisions made were in their best interest.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things

had gone wrong. The registered manager had learned from experiences and made improvements to the service when required.

As part of this inspection we have made recommendations in relation to training and mealtimes.

We found breaches of the regulations. The actions we have taken can be found at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

People's risk assessments did not always reflect all the risks associated with their care or guide staff how to mitigate them.

People's communication methods were not always understood by the staff team. This meant people's frustration and behaviours could at times become challenging when their wishes and needs were not understood and responded to.

People's medicines were administered to them safely.

People were supported by staff who were employed in sufficient numbers to meet their needs and to keep them safe.

Is the service effective?

Requires Improvement

Although staff undertook regular training, some aspects of people's care was not accounted for in the type of training provided.

People were cared for by staff who felt supported to undertake their role effectively.

People were supported to enjoy a healthy and well-balanced diet.

People's health needs were monitored and people were supported to have equal access to healthcare services.

People's rights in relation to the Mental Capacity Act were understood and respected.

Is the service caring?

Requires Improvement

People's privacy, dignity and independence was not always promoted. Staff did not always speak and interact with people in a way that took into account their age and promoted their privacy, dignity and independence.

People's religious needs were understood and met.

People were made to feel they mattered. Staff showed concern for people's well-being and responded to people's needs with kindness and compassion.

People were cared for by kind and compassionate staff when they became unwell, or when they felt anxious or confused.

People's achievements were recognised and celebrated.

Is the service responsive?

Requires Improvement

People's care plans did not always provide staff with sufficient information about people's needs or how they chose and preferred care to be provided.

People's long term needs, goals and aspirations were not in all cases assessed, understood and reviewed as part of the care planning process.

People's access to leisure opportunities had improved, however the care plan process did not always ensure that opportunities were reviewed to ensure they remained appropriate and what the individual wanted.

The provider responded promptly and sensitively to people's needs when they became unwell. People were supported to receive dignified and comfortable end of life care.

People were supported to raise concerns and complaints about the service and their views were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People's individual needs, dignity, privacy and independence were not always promoted and protected. The provider did not effectively keep under review the culture of the service to ensure these values and practices were understood and embedded.

The provider did not have a clear set of values and aims against which they monitored the service.

Systems were in place to assess and monitor the quality of the service. However, these were not sufficiently robust and had not identified and addressed concerns found during the inspection.

People were supported by staff and management who cared about them. The registered manager was passionate about their work and acted as a strong advocate for people they supported.

The registered manager had learnt from incidents and used these experiences to improve the service and outcomes for people.

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 14 and 15 November 2018 and was unannounced. This was the first inspection since the provider registered with the Care Quality Commission on the 22 November 2017. Two adult social care inspectors undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as feedback we had received from health and social care professionals and provider notifications. A notification is information about important events, such as incidents, which the provider is required by law to send us.

People living at Silvermead had some communication difficulties due to their learning disability and other associated conditions. This meant some people were limited in how much they could verbally tell us about their experiences of the service. However, we were supported by staff to spend time with people who were able to share some views with us as well as observing people's daily routines and the care being provided.

During the inspection we spoke with the registered manager and six members of the care team. We looked at the care records of five people, which included support plans, risk assessment, daily records and medicines administration charts. We looked at other records relating to people and the running of the service. This included, incident reports, policies and procedures, fire records, complaints and staff recruitment records.

Following the inspection we spoke with one healthcare professional and three professionals from the Plymouth City Council commissioning team. This included a social worker and a member of the local

authority quality team (QAIT).

Requires Improvement

Is the service safe?

Our findings

We found some aspects of the service required improvement to help ensure people's needs continued to be met safely.

Some people had risks associated with their health, disability and lifestyle. We saw systems were in place to assess risk and risk assessments were available in people's files covering areas of risk such as choking and epilepsy. Staff were able to tell us about some of these risks and how they managed them on a day to day basis. For example, they said staff would not work on their own with certain people until they had completed first aid and epilepsy training. Staff were also aware of the risks relating to one person who had been very unwell. They told us how staffing levels had been increased to reduce the risks of them becoming agitated and angry towards staff and others. However, we found the quality of information regarding people's risks and how they should be managed varied and needed improvement. For example, risks had been identified in relation to one person's lifestyle choice. The registered manager had sought advice from specialist services about how to support this person and keep them safe and their rights and best interests had been taken into account. However, this information had not been clearly documented for staff to ensure the person's needs and risks were understood and met consistently by the staff team. We also found some information about people's known risks were not clearly accessible in their care notes. Risk assessments and support plans had not in all cases been updated to reflect changes. This meant it was difficult for staff to access information or to know what was up to date and relevant to people's current care arrangements.

The registered manager had made relevant referrals to the specialist behavioural services team for advice and guidance when required. However, it was noted that some people had limited verbal communication and incidents had occurred when they had been become frustrated and unable to communicate their wishes and needs. For example, one incident report stated that a person was becoming increasingly frustrated when people and staff failed to understand them and respond promptly. Information about this person's communication methods was very limited within their records and staff supporting them had not in all cases undertaken training relevant to this person's needs.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Safe Care and Treatment

We saw people were comfortable and relaxed with the staff supporting them. People sought out staff when they needed reassurance, felt anxious or unsure. People's laughter, body language and interactions also told us they felt safe and comfortable with the staff supporting them. Professionals who had spent time in the home said they felt people were safe living at the service.

Staff were able to tell us about people's behaviours and how these were supported and managed on a day to day basis. The registered manager had worked hard to understand people's behaviours and to support people without the use of long term medicines. The registered manager was able to describe when they had identified triggers and patterns in people's behaviours. They had used this information to make changes

and improved people's experiences and well- being. For example, they had recognised that one person became distressed when they were in a part of the house which could be noisy. This had resulted in a number of incidents occurring at a similar time and place. As a result, the registered manager supported another person who also liked to spend time in this part of the home to use headphones to listen to their music meaning the room would be quieter. The registered manager said this had resulted in a positive outcome for both people concerned.

Medicines were mainly managed safely. It was noted that the place medicines were stored was not totally secure or in line with best practice. This was raised with the registered manager at the time of the inspection and immediate action was taken to address the concern. Staff with particular responsibility for medicines were knowledgeable about people and medicines systems. Medicine Administration Records (MARS) were clear and well maintained. The handling and documentation of controlled drugs was clear and line with best practice. Systems were in place to help ensure people received their medicines safely when they went out of the home. There was a process to identify and address any medicines errors. Following a recent concern raised about medicines the registered manager had contacted the local authority and requested a review by the medicines optimisation team. They said they wanted to further ensure their systems and processes were safe and in line with best practice. A representative from Plymouth City Council confirmed this review had been planned to take place.

Staffing levels were planned and organised in a way that met people's needs and kept them safe. Some people had specific staffing levels, which had been agreed as part of their care plan and funding arrangements. We saw that these staffing levels were in place, and had been taken into account in the planning of the staff rota. The registered manager said that staffing levels had recently increased to enable people to have more individualised social opportunities. This had included the recruitment of an enabler who worked on a one to one basis with people either in the home or out in the community and a cleaner, which allowed support staff more time to spend with people. The provider and registered manager were very flexible with staffing arrangements. For example, the provider had increased staffing levels for one person who had been very unwell. The registered manager said it was crucial that this person had staff with them at all times to reassure them and to monitor and respond to any changes in their health. Agency staff had also been used temporarily to support a night shift so that permanent staff could be with a person in hospital. The registered manager said, "We would never leave a person on their own at any time while they are in hospital".

People were protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff undertook training and spoke confidently about the action they would take to safeguard people. A robust recruitment process was followed to help ensure staff employed were suitable to work in the service. New staff confirmed a range of checks including references, Disclosure and Barring checks (DBS) had been requested and obtained prior to them commencing work.

The registered manager had undertaken appropriate investigations into incidents and safeguarding concerns to help ensure people remained safe. When concerns about people's safety had been raised directly with the service the registered manager had contacted the local authority for advice and followed appropriate safeguarding procedures. They had learned from mistakes and used these experiences to improve the quality of the service. For example, the registered manager spoke to us about a recent incident where they believed they had made mistakes and had learnt lessons from this process. They said they had reflected on what had happened and the impact on the person concerned and others. They had used this experience to consider future practice and improve the service. For example, they said this had included ensuring they made timely referrals if they believed people's needs were changing, and liaised more promptly with specialist services for advice and guidance. They said they believed this learning and

reflection had improved the experience of people currently using the service.

People lived in an environment that was checked regularly to ensure it was safe. A fire risk assessment was in place and regular checks were completed of the fire system and equipment. People had personal evacuation plans in place (PEEPS) to ensure emergency services understood how people needed to be evacuated in the case of an emergency. It was noted that one of the PEEPs did not have sufficient information about the person's sensory needs and how this may effect their ability to understand and respond what was happening in the event of a fire. We raised this with the registered manager at the time of the inspection and we were told this would be addressed as a matter of priority, which was done. Equipment used by people to support their needs and to enhance their independence was well-maintained and checked regularly to ensure it remained fit for purpose. We found the environment was clean and hygienic throughout. The registered manager had recently recruited a cleaner who was working in the home five days each week. They said this enabled the care staff, who had previously undertaken cleaning duties, to spend more time supporting people, whilst ensuring daily cleaning tasks were completed.

Requires Improvement

Is the service effective?

Our findings

We found improvements were needed in staff training to help ensure people continued to receive effective care that met their needs.

The registered manager said before people moved into the home an assessment was completed to help ensure their needs could be met. They said following recent issues relating to people's placements they had considered more carefully the appropriateness of a placement and the compatibility for others already living in the home.

All the staff we spoke with knew people well and were familiar with their daily routines and needs. All new staff undertook a thorough induction programme, which included being taken through key policies, procedures and training to develop their skills and knowledge. Staff who were new to care completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

Following induction all staff undertook regular training, some of these were deemed mandatory by the provider such as; first aid, safeguarding, food hygiene, medicines and moving and handling. Mandatory training was updated on a regular basis to help ensure staff skills and competencies were up to date and in line with best practice. Staff also undertook training specific to the needs of people they supported. For example, training had been provided by a specialist from the local hospital in relation to supporting a person with epilepsy. Training had also been provided by the local learning disability team to help staff understand and manage a person's behaviours safely and appropriately. Staff said they felt training opportunities had improved and commented, "The manager is always telling us to complete training" and "She is hot on training". It was noted that staff had not undertaken training in sign language, although some people used very specific forms of sign language to communicate. Staff had also not completed training in issues relating to equality and diversity. The registered manager said they would add this to their training list along with dementia training as people were getting older and signs of dementia related conditions were beginning to occur.

We recommend the provider finds out more about training for staff, based on current based practice, in relation to communication and equality and diversity issues.

Staff said they felt supported by their colleagues and management. They said they had regular supervision sessions with the manager, which gave them the opportunity to discuss their training and development.

People were supported to maintain a healthy well-balanced diet. However, It was noted that some aspects of people's mealtime did not promote their independence. We saw staff undertook most of the preparation tasks for meals, which included handing out drinks and condiments rather than putting them on the table for people to help themselves to independently. Some people did need this support, however others who could eat and use the kitchen independently still had these tasks done for them. It was not evident if people had choice about when they ate their meals or what they had to eat. We saw everyone was provided with

the same lunch, crisps were handed out on people's plates and everyone had the same drink, rather than being asked. These observations were discussed with the registered manager at the time of the inspection.

We recommend that the provider seek support and training from a reputable source and based on best practice in relation to people's mealtimes, and independence.

People's likes, dislikes and special dietary requirements were documented and understood by staff. Some people had risks associated with their eating and diet. Referrals had been made when appropriate to the speech and language services and guidelines provided by them to reduce risks when people were eating were understood and followed by staff. For example, we saw staff were available to supervise some people at mealtimes and food had been prepared in a way which reduced the risks of choking. People who required specialist eating equipment had this provided. For example, one person who was blind had special cutlery and a plate so they could eat independently. Staff said they would take this with them when they went out so they could still maintain their independence when eating out of the service.

People were encouraged to think about their health and to have a healthy and well- balanced diet. People's weight was recorded and weight loss or gain was monitored. One person was pleased to tell us how they had lost weight. They said this was good as they had needed to have recent surgery and their weight loss helped with their progress and recovery.

People had access to the kitchen area and we saw some people being supported to make drinks and snacks during the day. One person helped staff prepare a shopping list so they could do some baking in the afternoon.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Other agencies praised the registered manager and staff team for being very good at supporting and caring for people particularly when they were unwell. A healthcare professional said, "The registered manager is a strong advocate for people and works hard to ensure people get equal access to healthcare services". Feedback received by the service from a healthcare professional was also very positive about the care provided to a person when they were admitted to hospital. The feedback included, "Last night one of your residents was admitted to our department. They arrived by ambulance complete with a member of your team, so thank you for that. They also came with up to date paperwork, which made treating them safer and more productive. So thank you again, very, very helpful".

People's healthcare was monitored and prompt action was taken when people's health changed or deteriorated. For example, one person had recently been very unwell. The person's health had rapidly deteriorated when they were at the service. The staff knew the person well and were able to take prompt action to ensure they received the care and treatment they needed. At the time of the inspection the person had returned home from hospital and was being supported by staff. Staffing levels had been increased to help ensure the person received constant care and attention and records were in place to ensure regular and close monitoring was undertaken.

People were supported to understand and manage their health needs when possible. For example, one person had been supported to understand the effects of long term smoking and how this was impacting on their health. The person was proud to tell us how they had given up smoking, lost weight and was generally feeling fit and healthier. They said they had also been able to have some important surgery, which staff said had been very successful due to their improved health.

Information was available so that people received consistent care when they were admitted to hospital or

other healthcare facility. Each person had a 'Hospital Passport', which contained important information about them and their needs. This information went with the person when they went into hospital to help ensure their needs were understood and met.

We checked whether the service was working within the principles of the Mental Capacity Act 20015 (MCA). Whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager and staff had a good understanding of the Mental Capacity Act and had attended training in this area. We saw examples of people being supported to make choices about day to decisions, and being asked for their consent before care was provided. Records confirmed that when bigger decisions were needed in relation to people's care or lifestyle discussions had been held with the person's representatives to ensure they were made in the person's best interest. When people had been assessed by the service to lack the capacity to make decisions about their care and support applications had been made to the local authority as required. Systems were in place to ensure any authorisations or conditions to restrict a person of their liberty was understood by staff and kept under regular review.

People lived in a service where the environment was well maintained, and adapted as required to meet their needs. People's bedrooms were nicely decorated with equipment and access provided to meet their current and changing needs. For example, one person's mobility had deteriorated and due to their profound sensory loss they had been supported to move into a ground floor annex. Staff said the person was able to be supported more safely in this environment, with improved space for mobilising and using equipment.

The outdoor space was well maintained with large, accessible garden areas, which people said they enjoyed during the summer months. We saw some signage around the home, which helped people navigate and make choices as part of their daily routine. It was discussed with the registered manager that more consideration may need to be given in relation to the environment as people's needs changed and conditions such as dementia progressed. The registered manager said they were aware of this and would continue to consider this as part of the on-going improvement of the service. It was also noted that some parts of the home had very poor natural lighting. We saw some people's bedrooms where they were spending time had poor lighting. It was a particularly dark day during the inspection and in addition to making it very difficult for people to see, the poor lighting in these areas created a less homely and welcoming atmosphere. We spoke with the registered manager about this at the time of the inspection and they said they would speak to the maintenance worker to consider options for improvement.

Requires Improvement

Is the service caring?

Our findings

Although we observed many positive interactions between people and staff, some of the ways staff spoke and interacted with people did not always promote their privacy, dignity and independence. We heard staff speak to some people in a way that did not always respect their age or promote their rights as an adult. For example, staff spoke to some people in a child- like manner and referred to aspects of their care in a way a child may be spoken to, such as referring to their money as 'pocket money'. The language used by staff when they spoke about people did not always promote people's dignity and rights as an individual. For example, we heard people being referred to by their condition or disability rather than by their name. People's privacy was not always promoted by staff. Although we saw staff knock on people's doors, they did not always wait for a response before entering. We heard staff talk about people in front of others and did not always include people in conversations about them. The frequency of these interactions and use of language suggested that staff and management did not always recognise practices, which failed to promote people's privacy, dignity and independence.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's diverse and different needs in relation to their religion, culture and relationships had been supported by the service. Staff said they had supported people to go to church, and the registered manager had worked with staff to ensure they understood a person's rights to pursue a relationship of their choice. The registered manager spoke about some people's different needs in relation to their disability. For example, one person was blind and another had recently been diagnosed with dementia. They told us about how the care, staffing and environment had been adapted to meet these people's needs.

We also saw and heard examples of people being supported by kind and caring staff who knew them well. For example, one person had been very unwell, and had been recently discharged home from hospital. Additional staff had been put in place so the person had someone with them at all times. The staff said this helped ensure the person felt safe and also ensured any changes in their health could be monitored and addressed promptly. The staff rota had been organised so the person had a staff member with them who they knew particularly well and who they had a close bond with. We saw staff supporting this person. When staff observed the person felt a little more well, they had responded promptly and supported them to have a bath. Staff said, "While they have a bath we will change their bedding, it is nice to have all fresh bedding when you have been feeling unwell".

Staff spoke fondly and positively about the people they supported, comments included, "[Person's name] is an amazing man" and "The clients come first". The registered manager was passionate about ensuring people received good care and this had been demonstrated in the way they had worked tirelessly to ensure people received appropriate and equal access to healthcare and the support they needed when they were unwell.

We heard about events that the registered manager and staff had organised to demonstrate how much they

cared about people and to show that people mattered. For example, the provider and registered manager had organised a surprise birthday for one person, inviting family members who lived in other parts of the country. They said family had been fully involved with the planning and the person had been overwhelmed with the surprise.

People's achievements were recognised and celebrated. For example, one person who had successfully given up smoking was nominated by the service for an award, which was organised by Devon and Cornwall police in recognition of people's success stories. The staff had supported the person to attend the awards evening, and said they went shopping to get them 'suited and booted' for the special event. The registered manager said the person concerned had been very proud.

The registered manager said they believed staff went over and above to show how much they cared about people. For example, they said staff would often go into work on their days off to take people out. One staff member had gone into work on their day off to take a person shopping for new clothes.

Other agencies were very positive about the care provided to people. Professionals said they felt the service was very good at supporting people when they were unwell and needed extra care and attention. Feedback received by the service about the care provided to someone during a hospital visit was also very positive, "I would really like to make you aware of how impressed I was with [staff member's name]. He was a true gentleman. So caring and attentive to your client's needs. He stayed with [person's name] from arrival to when they were transferred to the wards. They showed great commitment, stayed by their side, talking to, and reassuring them the entire time. [Staff member's name] was kind, gentle and it was refreshing to see. I feel their family would have been pleased to know that throughout this stay [person's name] was in the best hands. I would also be reassured if I had a relative who was under the care of this quiet and unassuming staff member".

Requires Improvement

Is the service responsive?

Our findings

People had care plans in place detailing different areas of their health and personal care. Some people had information about daily routines, such as morning, evening and bedtime, which included tasks people could do for themselves and when they needed support. Staff who had worked in the home for some time were very familiar with people's day-to-day routines and how they liked to be supported. However, we saw the quality of care plans varied, and did not in all cases provide staff with sufficient written information or detail about how people chose and preferred to be supported. For example, care plans did not include information about people's finances and what skills or needs people had in relation to their money. Some information about people's health needs was detailed, whilst other people's records included very limited information about their needs and preferences. The absence of this information could mean that people's needs were not met consistently particularly when staff were new to the service.

It was not evident through the care planning process about how people's long- term needs, goals and independence were understood and promoted. Care plans did not include information about people's wishes, goals or aspirations or cover life-skills which people wanted or needed to develop or progress. We did see a form in one person's file, which stated they had a goal to brush their hair independently, and to attend a musical. The information did not include any steps to how this person would be supported to achieve these goals and staff were not familiar with the information.

Some practices did not take into account people's individual needs, choices and independence. For example, we saw people's medicines were administered to them in a communal part of the home where they were stored. This did not take into account people's personal preferences, or promote their privacy and dignity. People's personal monies were stored for people in one place in the home and staff were required to access money daily for people's use. The registered manager said people had access to money at their request and that this arrangement was to ensure people's money was kept safe. However, this arrangement was not personalised and did not recognise and promote people's skills and independence.

People living at Silvermead were all different ages, some younger adults and others nearing retirement age. Some people needed high levels of staffing and others were quite independent and went out in the community unsupported. Although we heard examples of people having lived in the home for many years, we did not see or hear about any examples of people being supported to consider other living arrangements or being supported to move on into a more independent setting. The care planning process and information about people did not reflect these differences and did not always consider people's life beyond their immediate need for the service, such as their future aspirations. The absence of this information meant it was not possible to see if the service was fully responsive to people's individual needs or if people's independence was sufficiently promoted.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Person Centred Care.

We saw people had access to a range of activities inside and outside the home. During the inspection some

people went out together on the mini-bus, and others stayed at home sat with staff doing activities such as reading or spending time watching television and relaxing. One person had a shed in the garden where they spent time pursuing their interest in painting cars and other figures. Staff were very clear that the shed was this person's own space and needed to be kept as the person wanted.

The registered manager said opportunities for people had improved as more staff had been recruited to do one to one activities. Two people went regularly to a local leisure centre and another person attended a dementia café to help with memory and reminiscence. Pictures of activities, such as art and crafts and baking were posted in the communal areas, which staff said helped people decide what they wanted to do to. People's care plans did not in all cases provide sufficient information about people's social, educational and leisure needs or demonstrate if the opportunities available to people were personalised and based on individual choice. It was not evident how people's activities and social opportunities were reviewed to ensure they remained appropriate and what the person wanted.

People had a range of communication needs. Some people due to their disability were not able to communicate verbally. Staff, who knew people well were familiar with people's different communicate methods and how they made their wishes and needs known. For example, one person used a very individual form of sign language, and another person who was blind communicated through the use of sounds, mood and body language. The registered manager had made referrals to the speech and language services to request assessments and support for staff when required. When recommendations had been provided staff had followed guidance to help improve people's speech and communication. For example, staff were encouraging one person to use simple sentences and words in all their interactions and staff said the person was speaking for the first time in many years. Signs and picture cards had also been made available for another person in the communal area so they could be used to encourage choice and to help the person make themselves understood. However, it was noted that people's records did not in all cases include sufficient information about their communication methods and in some cases people's behaviour had deteriorated when staff had failed to understand them or respond promptly to their requests.

This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Person Centred Care.

We saw and heard many examples of when the provider, registered manager and staff team had responded promptly and sensitively to the needs of people using the service. We received very positive feedback from other agencies regarding the registered manager and the prompt way they responded when people's needs changed and when they became unwell. We were told about an occasion when the registered manager and staff had responded creatively to a person's wish. The person had said they wanted to go to the moon. The registered manager said after much thought staff had purchased some 'virtual spectacles' which when worn gave the person the feeling of being in space. They said the person was thrilled with the activity and they hoped they had gone some way to meeting their wish.

A written complaints procedure was in place, which described how the provider would respond to complaints received about the service. People had specific staff members, known as key-workers who had a particular responsibility to check people were happy with the care they received. Meetings were held with people and topics such as activities, meals and the environment were discussed.

People were supported to receive dignified and comfortable end of life care. The provider, registered manager and staff had been highly praised in the past for their compassion when supporting people at end of life. The registered manager had attended training and told us they had recently supported a person when they had taken ill suddenly and as a result of their illness had sadly passed away. The registered

manager had taken responsibility for planning the person's funeral as they had no family members. They told us how the person was dressed in their favourite football strip and their favourite football music was played as they were laid to rest.

Requires Improvement

Is the service well-led?

Our findings

Silvermead Residential Home has provided care and accommodation to people for a number of years. This was the first inspection since the provider registered with the Care Quality Commission as Silvermead Plymouth Limited on the 22 November 2017. This change in registration had not affected the care and accommodation arrangements for people living in the service.

The registered manager and staff spoke about people and their work in a caring and compassionate manner. However, some of the culture and practices we observed did not always promote people's privacy, dignity and independence. For example, we heard staff speaking to people in a childlike manner, which did not always respect their right to be treated as an adult. Staff also referred to people by their condition or disability, which did not promote their dignity. Although the registered manager said they recognised this when we pointed out our observations, they had not recognised and addressed this as part of the monitoring of the quality and culture of the service.

The registered manager was not familiar with 'Registering the Right Support". Registering the Right Support' covers new legislation relating to services for people with a learning disability and the underpinning principles of choice, promotion of independence and inclusion. Some aspects of the service did not demonstrate that these principles were followed in practice. For example, care plans were not in all cases personalised and did not always describe how people chose and preferred to be supported. Care planning did not take into account people's long- term needs, development of skills and independence. Some people in the home had been unwell and needed a needed a high level of care to recover and recuperate. We saw staff were very responsive to these people's needs and were very familiar with how they needed to be supported. However, others did not require this level of care. For example, one person was able to go out of the home unsupported and had a good understanding of their needs and lifestyle choices. We saw staff still in some cases did tasks for people when they were able to do for themselves, and care planning did not show how and if people were supported to develop, progress and move on.

The registered manager had worked hard to improve records relating to people and the service. They had liaised with the local authority quality team to support them and also recruited an additional member of staff to assist with care planning and records. However, records relating to people's care still required improvement. We found some information was filed in an unclear way and did not link with care plans and guide staff clearly to information staff needed about people's risks and needs.

Although management and staff spoke passionately about people, they were not clear about the values and visions for the service. This information was not available for people to see when they were considering a placement and was not available for the provider to measure the quality of the service against. The information provided to people prior to them moving into the service did not inform people about how people's diverse needs would be supported and respected.

The registered manager felt well supported by the registered provider who they said was regularly in the service. They said the provider would visit and spend time speaking to people and checking records. These

visits had not been documented and it was not clear how they were used to measure and monitor the on-going quality of the service. The registered manager also undertook a range of audits including checks of medicines, finances, care plans and health and safety checks. However, these audits and checks undertaken by the provider had failed to pick up the concerns we found in relation to risk, storage of medicines, care planning and the culture of the service.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager was responsible for the day to day running of the service. They were present throughout the inspection. In addition to the registered manager, a senior member of the care staff was on duty each day to oversee each shift of staff and to undertake specific duties such as medicines administration. The registered manager and senior staff also covered an on-call system to support staff and deal with emergencies during the evenings and weekends.

All the staff spoke positively about the registered manager and said they felt well supported. Staff meetings were held, which staff said gave them the opportunity to share experiences and reflect on practice.

The registered manager was passionate about providing good care to people. They had demonstrated a particular passion to ensure people had equal access to healthcare services. Other agencies said they had been impressed how pro-active the registered manager had been when they believed the treatment a person was having was impacting negatively on their health and well-being. They said, "They did their research and challenged appropriately. They are very passionate about people's needs and a strong advocate".

The registered manager had worked hard to keep up to date with their own professional development. They attended training and were part of the local authority outstanding managers forum. They had also completed the local authority leadership programme. They said they had learnt from these meetings and training, which they said had impacted positively on people using the service. For example, one of the forums had covered best practice guidance in relation to oral health. They had used this information for one person with poor oral health and provided them with pictures and symbols to support them with brushing their teeth. Discussions had also taken place in staff meetings to improve staff's knowledge of oral health issues such as gum disease.

Throughout the inspection the registered manager was responsive to our discussions in relation to improving practice and acted promptly to address any immediate concerns. Following the inspection the registered manager advised us that they had contacted Plymouth City Council to request support in relation to improvement. They said they had also spoken with the provider and would be meeting with them to review the current audit and monitoring process.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. The registered manager had learned from experiences and made improvements to the service when required. For example, they told us how they felt mistakes had been made in relation to a person's care, which had resulted in a breakdown of their placement. They said although they recognised they had not had sole responsibility for this person they had learnt from the experience and made changes, which included seeking support more promptly when people's behaviours changed or deteriorated. This demonstrated they understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care plans did not always provide staff with sufficient information about people's needs or how they chose and preferred care to be provided. People's long term needs, goals and aspirations were not in all cases assessed, understood and reviewed as part of the care planning process. People's access to leisure opportunities had improved, however the care plan process did not always ensure that opportunities were reviewed to ensure they remained appropriate and what the individual wanted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's privacy, dignity and independence was not always promoted. Staff did not always speak and interact with people in a way that took into account their age and promoted their privacy, dignity and independence.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always protected because risk assessments did not always reflect all the risks

associated with their care or guide staff how to mitigate them.

People's communication methods were not always understood by the staff team. This meant people's frustration and behaviours could at times become challenging when their wishes and needs were not understood and responded to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not effectively keep under review the culture of the service to ensure these values and practices were understood and embedded. The provider did not have a clear set of values and aims against which they monitored the service. Systems were in place to assess and monitor the quality of the service. However, these were not sufficiently robust and had not identified and addressed concerns found during the inspection.