

## Silverdale Care Services Limited

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### Inspection report

8 Kingfisher Court  
Hambridge, Newbury  
RG14 5SL  
Tel: 01635 36810  
Website: [www.silverdalecare.co.uk](http://www.silverdalecare.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on 27 April and 5 May 2015 and was announced. Silverdale Care Services Limited is a domiciliary care service. At the time of our visit they were providing personal care for 200 people living in their own homes.

At the time of the inspection there was a registered manager in post. 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.

People said they felt listened to, but some voiced their concern that timeliness of calls had not improved despite this being raised with the service. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

# Summary of findings

Some people felt there was a language barrier with some staff whose first language was not English. They said this had made communication difficult for those staff to understand their needs. One person said: "I feel staff don't get enough recognition as they work so hard. There are some who cannot speak English, they are really lovely and try to communicate the best they can using body language; it's nice"

People told us they felt safe with staff and would be confident to raise any concerns they had. Comments included: "Staff can sometimes be late; it really all depends on how busy they have been, but it does not really matter as they are all good". "I'm quite happy; to put it mildly they have taken a lot of worry from both of us".

People said they had been asked for their views on the service and knew how to access the services complaint procedure should they have concerns. There were systems in place to manage risks to people and staff. Staff were aware of how to keep people safe by reporting concerns to the registered manager and/or senior staff. They knew how to escalate concerns externally if they felt they were not being listened to.

People's needs were reviewed regularly. Up to date information was communicated to staff to ensure they could provide appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care.

Staff received an induction in line with the common induction standards and spent time with experienced members of staff before working alone with people. Staff received refresher training that was being reviewed at the time of our visit. Further training was scheduled to ensure staff were fully up to date with current best practise.

The provider's recruitment procedures were robust and there was a system to ensure people received their medicines appropriately. The service had not fully developed processes to measure the quality of the services provided and some people felt they were not being listened to.

**We have made a recommendation that the service seek advice and guidance from a reputable source with regards to best practice in quality assurance and monitoring procedures.**

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The provider's recruitment procedures were robust. Risks were assessed and plans to manage identified risks were in place.

Medicines were managed safely. Staff had received training in safeguarding and demonstrated a good knowledge of safeguarding procedures and reporting requirements.

People were supported by sufficient staff with relevant skills and experience to keep them safe and meet their individual needs.

Good



### Is the service effective?

The service was effective. People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

Staff sought advice with regard to people's health in a timely way.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and dignity at all times.

People were encouraged and supported to maintain independence and were involved in and supported to make decisions about their care.

Good



### Is the service responsive?

The service is responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that gave staff the information they needed to support people in the way they wished.

People's care needs were reviewed regularly.

People were asked to give feedback on the service.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



### Is the service well-led?

The service was not always well-led.

Requires Improvement



# Summary of findings

There was an open culture in the service. People and staff mostly found the registered manager and provider approachable, but some felt they were not listened to.

People were asked for their views on the service. Although surveys were evaluated there was no action taken by the service to identify ways of improving. Staff had opportunities to say how the service could be improved and raise concerns.

The service had not fully utilised a system they had implemented to enable them to assess, monitor and improve the quality and safety of the service provided.

# Silverdale Care Services Limited

## 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 27 April and 5 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service. We reviewed an action plan submitted by the provider following our last CQC inspection on the 25 September 2014. We also received feedback from two local authority quality and performance monitoring commissioners.

During the inspection we spoke with six people and with relatives of seven people who use the service. We spoke with eight care staff, four senior staff, the registered manager and the provider. We looked at records relating to the management of the service. These included eight people's care plans, seven staff recruitment files, staff training records, evaluation reports of surveys undertaken by the service and electronic records.

# Is the service safe?

## Our findings

At our inspection on the 25 September 2014 the provider was not meeting the requirements of Regulation 21 of the HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. This regulation corresponds to regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Fit and proper persons employed. The registered person had not operated effective recruitment procedures to ensure staff employed were of good character. The registered person had not ensured all information required by schedule 3 of those regulations was available. At this inspection the provider had met the requirement of the regulation.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

At our inspection on the 25 September 2014 the provider was not meeting the requirements of Regulation 13 of the HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to management of medicines. This regulation corresponds to regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment. The registered person had not protected people against the risks associated with medicines in relation to the recording of medicines. At this inspection the provider had met the requirement of the regulation.

People told us that they received their medication on time and when they needed it. However one person told us that “this had not always been the case” and stated “there had been some timing issues, but these have been resolved now”. The provider reviewed their policy on safe management of medicines on the 14 September 2014 which was available for staff to refer to.

Staff received training in the safe management of medicines and were monitored managing people’s medicines by a field supervisor during spot checks. This had ensured staff retained the necessary skills they needed to give people their medicines safely. The provider told us

they would only support people with their medicine if dispensed by a pharmacist using a monitored dosage system (MDS). MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Records of each person’s medicine were detailed in their care plans and on a medication administration record (MAR) as completed by the pharmacist. People’s care plans informed staff how to support them with their medicine.

There were sufficient numbers of staff available to keep people safe. However the service had not fully considered staff traveling time between each call to make sure the person received the amount of care that had been agreed within their care plan. The registered manager told us that traveling time had been allocated to staff in the afternoon with a minimum “one hour gap” that “enabled staff to catch up”. However staff told us that despite this they found they would sometimes run late outside of the 30 minute leeway of agreed call times. Staff said they had tried workarounds by “starting their first call in the morning and afternoon early” to stop them from getting too far behind.

Health and safety checks to promote the safety of the people who use the service were undertaken. Staff had received health and safety training that included first aid and moving and handling. Spot checks were undertaken to monitor that equipment was used by staff safely and correctly. Risk assessments were carried out for each person and reviewed regularly. These included individual risks such as those associated with moving and handling. The home environment was also assessed and risks identified were recorded. Staff told us they reported anything they thought had changed and would present a risk for the person or staff to the field supervisor or management team. Changes to risks were communicated promptly to staff and were recorded in the person’s care file.

All staff had a personal mobile device ‘smartphone’ that allowed them to access up to date information and communicate information to relevant parties in an emergency. Emergency contact details were given to people should they require assistance in an emergency or have a concern. Comments included: “I have the agency out of hour’s number and also emergency contact numbers if I need them”.

## Is the service safe?

People told us that they felt safe when receiving care and support from staff. Comments included: "I would call them if I felt I was not safe, but there is no problem with them, they're alright". "I would let my voice be known if I thought I was not being treated right".

Staff had received safeguarding training. They told us this had taught them how to recognise what constitutes abuse and how to report concerns to protect people. Staff said if they were not listened to within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

# Is the service effective?

## Our findings

People told us that they felt care workers were well-trained and stated that staff were “lovely” and were “knowledgeable” about their needs. However some people felt there was a language barrier with some staff whose first language was not English. They said this had made it difficult for those staff to understand their needs. Comments included: "Some of the carer's who visit me could not understand me to begin with, but now we have little English lessons and laugh together". A relative of a person said: "they visit to make sure (name) take's their medicine. My (name) does not like it when people (staff) come into the house and do not speak". Over 50% of the staff employed by the provider did not have English as their first language. English language skills were assessed at the point of recruitment. The provider told us that staff were supported to access courses to improve their language skills if considered necessary.

The agency had recruited a new training manager two weeks prior to our visit. The training manager had proceeded to evaluate staff training to ensure staff had the necessary skills to meet people's assessed needs. Staff received an induction when they began work and completed shadow shifts before being assessed as competent to visit people on their own. All staff received three monthly spot checks by their supervisor to assess and monitor their care practice.

Staff told us they had attended training that was delivered by the organisation and also by external training providers. During our visit nine staff had attended face to face classroom based teaching by the training manager. The training included watching DVDs on a particular subject and undergoing discussions with written exercises to test their knowledge and understanding. Training had been arranged for staff to meet health and safety, mandatory and statutory training requirements and training to support specific individual needs, such as dementia care. Staff said they felt confident in their role after receiving their induction and training.

Staff had regular one to one meetings and had an annual appraisal with their line manager. This had given them an opportunity to discuss their work and to identify any further learning they required to meet people's needs such as recognised qualifications. Comments from staff included: Yes I have attended regular supervision meetings and recently had an annual appraisal that identified my training needs. I have since enrolled to commence a Qualifications and Credit Framework (QCF) Diploma in care".

Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for them. The MCA requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The manager had a good understanding of the requirements of the MCA and was scheduled to attend further training to deliver training to staff on the MCA. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Care plans we saw included people's signatures to say they understood and agreed with the care included in the plan.

People who were using the service managed their own visits to healthcare appointments or were supported by their family. However, staff did contact people's GP or other healthcare professionals if they had concerns about a person's well-being. A relative of a person said: "We have had a couple of phone calls from carers' when they had concerns about mum's health and had contacted the GP".

Staff had attended training in food hygiene . People were supported to access food and drink at meal times. Staff told us this was mostly to heat pre-cooked meals or to prepare a sandwich and ensure the person had sufficient fluids available. A person who uses the service told us that staff prepared food of their choice and always made sure drinks were in reach for them before they left.

# Is the service caring?

## Our findings

People told us that staff respected them and were all “very caring and very thoughtful”. They said staff always promoted their dignity and “respected the choices they had made when they visited them in their homes”. Other comments included: “I’ve not met anyone who is not kind and nice; I get on with them all” and “staff are very respectful of me; I’m very grateful for them”.

We spoke with families of people who lived with dementia who were unable to speak with us. They told us that staff were “caring and respectful” of people’s needs and always showed “patience and kindness” towards their relatives (people who use the service). Comments included: I’ve no

complaints about the way they treat mum, the carers’ are very patient”. “They are wonderful, they give her a hug, really nice people and she looks forward to them coming”. “I would recommend them to anyone”.

Staff had attended training that covered dignity and respect. They told us that they were always mindful of respecting people’s privacy and promoting people’s independence. They said that each person had a care plan that was individual to their needs and was reviewed regularly with each person’s involvement.

Comments from staff included: “some people prefer same gender care and I respect this”. “I always promote their privacy by ensuring doors are closed and curtains are drawn when supporting the person with personal care”. “I always call the person by their preferred name and always refer to their care plan should there be any changes to the way they want us to support them”.

# Is the service responsive?

## Our findings

At our inspection on the 25 September 2014 the provider was not meeting the requirements of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to care and welfare of service users. This regulation corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities). Person-centred care. At this inspection the provider had met the requirement of the regulation.

People told us that they had a care plan that detailed how they wanted their needs to be met. They said they had signed a 'smartphone' held by staff after each call that confirmed care and support was provided. People we spoke with also confirmed they were provided with a 'red folder' that contained personal information for staff to be fully informed about how they wanted their needs to be met. They said records included care plans that were reviewed regularly with their involvement and their agreement of decisions made.

Staff told us that they accessed up to date information about people's individual needs through electronic and paper records. The service used an electronic system to monitor staff calls. The system updated staff through 'smartphones' of any changes to the person's care plan or

risk assessment that staff needed to be aware of with immediate effect. Paper files held in people's homes included risk assessments and care plans that were individualised to meet their needs and personal preferences. Care plans were based on full assessments carried out by the commissioning authority and by senior staff prior to providing a service. These were agreed by the person or by the person's representative. We saw that duplications of people's paper records were kept in the services offices.

Formal reviews of people's care plans had taken place annually or as changing needs determined. People told us they were regularly contacted to monitor that their needs were being met and to identify any changes that may have occurred that may result in a review of their care plan.

People told us they knew how to make a complaint and who they could talk to if they had any concerns. Details about how to make a complaint were included as part of the information provided to people when they started receiving a package of care. The manager told us that there had been three formal complaints made to the service about the care provided in 12 months up to the date of our visit. These were investigated within the timescale of the provider's complaint procedure and were resolved to the complainants' satisfaction.

# Is the service well-led?

## Our findings

People and their families told us that they were regularly asked for their opinion about the services and felt listened to and valued. However, comments about timeliness of calls were mixed and included: "yes I reported it but it feels that it falls on deaf ears" and "I'm not worried about the care provided but I'm not happy about the timeliness". Other comments included: "I felt I was listened to when I raised concerns about lateness".

There were processes used by Silverdale Care Services Limited to receive feedback from people who use the service, their families, staff and stake holders of the services provided. Feedback had been evaluated from surveys that identified timeliness issues in 2014 and 2015. However there were no formal processes of audits undertaken following evaluation of those surveys to identify trends or reasons for late calls to enable the registered manager to question the practice and improve.

Staff told us they had opportunities to say how the service could be improved. They told us there was an open culture within the team and that they felt they could raise concerns during their one to one meetings with their line manager or at team meetings. However staff said they had not been listened to when they raised concerns that they had not been allocated traveling time between calls. Staff stated as a result they had developed workarounds to improve timeliness of calls for people.

Local authority quality monitoring commissioners reported some concerns about timeliness of calls for the people who use the service.

The provider told us that they knew improvements were needed to promote the timeliness of calls and had invested in software to support the coordination and monitoring of people's care. We saw that the newly installed software enabled staff to log in and out of each call using a 'smartphone' that showed on the system if staff were running late. This had enabled the manager and office staff to risk assess the situation and take action if people were at risk and/or inform the person to expect a late call.

The provider and registered manager stated that they were reviewing staff traveling time to be included between calls. This was to give a more accurate reading and realistic measure on the timeliness of calls and to promote continuity of care for people within the agreed timeframes.

Data was produced from the software system the service used for the purpose of auditing. However, these auditing processes had not been fully developed to measure the quality of the services provided. For example, people's reviews, staff supervisions, training and timeliness of calls had not been evaluated to quickly identify trends and or ways to move forward and improve. The registered manager told us that they had been in touch with the suppliers of the software equipment they used and had arranged further instruction/training. The provider and registered manager stated this was with an aim to fully utilise possesses used to improve the services people received.

**We recommend that the service seek advice and guidance from a reputable source with regards to best practice in quality assurance and monitoring procedures.**

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.