

# Modus Care Limited

# Silverdale

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Silverdale is a residential care home providing personal care to 4 people at the time of the inspection. The service can support up to 4 people.

### People's experience of using this service and what we found

#### Right Support:

People were supported to develop their interests and go out regularly. Staff supported people to go shopping and pursue their interests in the local area.

Accommodation was arranged so people had their own private spaces and could choose whether to spend time with others or on their own.

People were not consistently supported to set goals. When goals had been identified there were no clear pathways to help them achieve their aims.

Systems for supporting people with medicines ensured people had privacy. There were some shortfalls in the way in which the administration of creams was recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care:

There were enough staff, who knew people well, to meet people's needs and keep them safe.

Staff supported people consistently and understood their communication preferences.

Risk assessments were in place to guide staff on how to keep people safe while enabling them to do the things they wanted.

Care plans required reviewing and updating to ensure they reflected people's needs and more clearly focused on people's well-being.

Staff understood how to protect people from poor care and abuse.

#### Right Culture:

The provider and managers were working to improve the culture of the service.

Training was being provided in relation to best practice when working alongside people with a learning disability and autistic people.

Staff knew and understood people well. This included a knowledge of people's preferred ways of

communicating and interacting with others.

Representatives of the organisations Positive Behaviour Support (PBS) team were supporting the service to help ensure people received person-centred care that focused on their individual needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

In September 2022 the provider was asked by the Local Authority to take over the care and support at this location from another provider, the care transferred to the new provider in November 2022.

This service was registered with us on 21 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 17 October 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We needed to check to see if the provider had made improvements since taking over the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to the Mental Capacity Act and governance. We have made a recommendation about the oversight of topical medicines.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

# Silverdale

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Silverdale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silverdale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We met with 3 of the people living at Silverdale. We spoke with 4 members of staff, the registered manager and 2 operations managers. We reviewed 2 people's care plans, 2 people's medicine records, daily notes, incident reports, rotas, training records and other records relating to the management of the service. We spoke with two relatives and received feedback from one professional.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Staff recorded when people's medicines were administered on Medication Administration Record (MAR) charts. This also included the application of creams and other external preparations. One person's MARs did not accurately reflect how their creams should be applied.
- Creams were not consistently dated when opened. This meant we could not be assured they remained effective and safe to use.

We recommend the provider seek advice and guidance from a reputable source about the management of topical medicines.

- People could take their medicines in private when appropriate and safe.
- Where medicines were prescribed for use 'as required' there were detailed and person-centred protocols in place to guide staff when these might be needed.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Managers had completed safeguarding training the week preceding the inspection.
- Safeguarding information was displayed in the service where staff were able to easily access it.
- Relatives told us they were confident their family member was safe and well cared for.

### Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risk assessments were in place to guide staff on how to support people to mitigate risk and when to escalate any concerns.
- When new risks were identified staff responded quickly and took measures to understand the risk and mitigate it.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and

visits how and when they wanted. We observed staff spending time with people and interacting with them in a way that was meaningful and important to them.

- The numbers and skills of staff matched the needs of people using the service. Relatives told us their family members had been supported by staff who knew them well when they moved into the service.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
- Pre-employment checks were completed before any new staff started work. For example, Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on relatives visiting Silverdale.

### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictions to look for ways to reduce them.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Three people living at Silverdale had moved into the service seven months previously. There was no evidence the requirements of the Mental Capacity Act had been followed. There were no mental capacity assessments relating to where people lived or evidence of any discussions to show the decision for people to live at Silverdale had been made in their best interest.
- One person, who had lived at Silverdale for some time, had mental capacity assessments in place to evidence when they were unable to make decisions about their care, including where they lived. There was limited information about how the person had been supported to be involved in the decision-making process or how any information had been presented to them.

The service did not operate in line with the requirements of the Mental Capacity Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers told us staff were due to receive training in the Mental Capacity Act and completing capacity assessments in the week following the inspection visit. Once the training had been completed, capacity assessments would be completed appropriately.
- Staff worked in line with the principles of the Mental Capacity Act, supporting people to make decisions about their day-to-day care.

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

- Some internal fittings were in place that did not give a homely impression. For example pinboards were boxed in. This was unsightly and staff were unable to explain why it was necessary.

We recommend the provider audits the internal décor to ensure it provides a pleasant living situation.

- The accommodation had been adapted to enable people to have privacy and time on their own when they wanted.
- Each person's room had been decorated to reflect their personal taste and interests. When staff identified individual sensory needs these had been taken into account when decorating or furnishing people's rooms.

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

- The provider and registered manager were aware of the principles of Right support, right care, right culture and people were supported in line with the guidance.
- The organisations Positive Behaviour Support (PBS) team were working with the service to help improve staff understanding of people's needs and how to meet them.
- A relative told us they had been concerned the move into Silverdale might be unsettling for their family member but that it had been well planned with input from staff who knew the person well. They told us; "We were in fear and dread, but we are absolutely delighted. No problems whatsoever."

Staff support: induction, training, skills and experience

- Staff were supported by a system of induction, training and refresher training. This included training in positive behaviour support and the needs of people with a learning disability and autistic people.
- Additional training was due to take place to support the development of a positive culture in the service.
- Staff received regular supervision where they were able to raise any issues or training needs.
- Managers had recently completed training to support them to provide yearly staff appraisals. A schedule was being introduced whereby staff would receive a schedule in the month they started work. This would enable the new system to be introduced at an achievable pace.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff encouraged people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Records showed people had been supported to access GP's and attend annual health checks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were patient and used appropriate styles of interaction with people.
- We saw staff using intensive interaction with one person who was clearly engaging with this. Intensive interaction is a practical approach to interacting with people with learning disabilities or autistic people who do not find it easy communicating or being social. Training in intensive interaction had been arranged to increase staff confidence when using this approach.
- Staff were calm, focused, and attentive to people's emotions and support needs.
- Staff had identified one person had some specific sensory needs and had acted to help ensure these were met.
- A relative told us staff were caring. They commented; "They are very amicable, very thoughtful. We are very fond of staff."

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

- Staff supported people to express their views using their preferred method of communication.
- People had access to pictorial tools to help them make choices, for example, about what they ate.
- It was particularly important to some people that they were supported by staff they knew well. This was recognised in the service and the rota arranged to meet people's preferences. A member of staff told us; "[Name] won't respond to you if they don't know you and trust you."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff took pride in describing to us what people had achieved. One member of staff told us how someone had started to become more engaged when in the community. They commented; "It might not seem much but for [Name] it's a lot."
- Relatives were confident their family members were well supported and treated with respect and dignity.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained limited information about people's goals and aspirations. There were no clear pathways to support people to achieve their goals. There was no information on skills teaching to guide staff on how best to effectively support people to develop their independence.
- Daily notes were largely a reflection of what people had done or eaten with scant detail in relation to what had worked well for people and what could have been done better. This meant opportunities to improve people's quality of life might have been missed.

We recommend the provider seek advice and guidance in relation to best practice when supporting quality-of-life outcomes.

- Staff offered choices tailored to individual people using a communication method appropriate to that person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were visual structures, including the use of pictorial cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did.
- People were supported to participate in their chosen social and leisure interests on a regular basis.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- There were no complaints in process at the time of the inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We identified some gaps and areas for improvement in the development of records. Care plans had been rebranded but some of the information required updating to more accurately reflect people's current circumstances.
- Daily notes were completed detailing how people had spent their time. These lacked detail in relation to what had worked well for people. This meant opportunities to learn might have been missed.
- Audits had failed to identify the issues relating to the management of creams as reported in safe.
- There was no formal system in place for gathering the views of people using the service.

The service did not maintain complete and accurate records in respect of all service users. Systems to assess, monitor and improve the quality of the service were not established. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers and staff accepted there remained work to be done but were optimistic improvements were being implemented across the service. A resident of the week system was being introduced when staff would focus on updating one person's care records.
- Since taking over the service the provider and local management team had worked with staff to improve the culture of the service.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. They had the support they needed from senior managers to enable them to carry out their role effectively. They told us; "I've got more support now than I've ever had."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Monthly clinics were organised which focused on a theme, for example, recruitment and training.
- Meetings were held to support good communication in the service and with the organisation. These included in-house staff meetings, senior meetings and regional meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Under the previous provider we had identified a closed culture at Silverdale. Since taking over the service

the provider had worked hard to instil a culture of care in which staff truly valued and promoted people's individuality and protected their rights.

- Management were visible in the service, approachable and took a genuine interest in what people and staff had to say.
- The registered manager and senior staff were alert to the culture within the service and spent time with staff discussing behaviours and values. Training to underpin the development of a positive culture was being rolled out to all staff.
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an appropriate and up to date policy in place outlining the responsibilities under the Duty of Candour.
- A relative told us managers and staff were open and honest with them.

Continuous learning and improving care

- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- A senior manager visited regularly to audit the service and check on progress with the internal service improvement plan. The organisation's quality lead also visited once a week.

Working in partnership with others

- The registered manager and senior staff worked with external professionals to regularly discuss people's care and support.

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 11 HSCA RA Regulations 2014 Need for consent  The service did not work in line with the requirements of the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not maintain complete and accurate records in respect of all service users. Systems to assess, monitor and improve the quality of the service were not established.