

Spectrum (Devon and Cornwall Autistic Community Trust)

Silverdale

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Silverdale is a residential care home providing personal care for up to four people with learning disabilities. At the time of our inspection the service was supporting two people on a full-time basis and providing regular respite support to another person.

The service is a detached two-story property with front garden. It is located in Redruth, Cornwall within walking distance of shops and other local facilities.

The service supported a small number of people and was designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who used the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service's location meant people could walk to local shops and the environment of the service had been adapted to people's individual needs.

The service had been short staffed prior to our inspection and incident records showed that staffing levels had impacted on people's safety. An analysis of rotas in the month prior to the inspection found the service was aiming to achieve minimum safe staffing levels and this had not been achieved on a number of occasions. Records showed the provider had identified that staffing levels in the service had been unsafe. This was a breach of the regulations.

Although the providers quality assurance systems had failed to ensure the service was compliant with the regulations they had, prior to the inspection, identified a number of issues in relation to the service's performance. As a result a new manager had been appointed, respite placements had been cancelled when staffing was unavailable and an action plan developed to drive improvements in performance. This had been regularly reviewed by the provider's regional manager and demonstrated significant changes had been made. Staff, relatives and professionals all recognised that the service's performance and staffing levels were improving.

Staff recruitment practices were safe and training had been provided to ensure staff had the skills necessary to meet people's support needs. Risks had been identified and staff were provided with clear guidance on how to meet people's individual support needs.

Records showed people's medicines were managed safely and there were systems in place to ensure people were protected from financial abuse.

People were comfortable in the service and approached staff for support or reassurance without hesitation. All staff had completed safeguarding training and understood their role in ensuring people were protected from all forms of abuse and discrimination.

The care plans were detailed and informative. They provided staff with sufficient information to enable them to meet people's needs and included information on people's individual likes and preferences. Staff told us, "I have read them all, they tell you everything you need to know. You can tell straight away what people like" and "The care plans are regularly updated, when I first started they were really helpful to give you and understanding of people's needs. They are really helpful."

Relatives understood how to report concerns and records showed complaints received had been appropriately investigated.

The service's new manager was providing effective leadership and support to the staff team. Staff had confidence in the new manager and the changes they had introduced. They told us, "[The new] manager is doing really well", "She is firm in the way that she needs to be, she is approachable and a nice person. It is getting better with her in charge, definitely!" and "Silverdale is not a house that is going to turn around in a week, it is definitely turning round. I would say that is down to the manager. She is doing well." Relatives and professionals also recognised the new manager was impacting positively on the service performance.

Rating at the last inspection

This service was previously inspected in January 2018 when it was found to be good in all areas.

Why we inspected

This inspection was brought forward because of concerns in relation to staffing levels identified during inspections of other services operated by the provider.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Silverdale is a 'care home'. 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 is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was no registered manager in post at the time of our inspection. A new manager had been appointed in late 2019 and was in the process of applying to become the service's registered manager at the time of our inspection.

Notice of inspection

This inspection was announced. This was in line with new guidance developed in response to the initial stages of the COVID-19 pandemic. As a result, we gave 24 hours' notice of our intention to inspect the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection the notifications which the service had submitted. We used this information to help plan our inspection.

During the inspection

We met and spoke with three people the service supported and observed how staff met their support needs. We also spoke with six members of care staff and the new manager.

We reviewed a range of records. This included two care plans and medication records. We also looked at staff recruitment records, training information and supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

Following the inspection, we spoke with two people's relatives and communicated with two health care professionals about the service's performance. We also review records we had requested from the service during the site visit. This included completing an analysis of staffing levels in the service in the four weeks prior to the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- The service had experienced significant staffing shortages in recent months. Seven staff were required to enable people to access the community when they wished and to live as independently as possible within the service. The provider's policy documentation identified that in extreme emergency situations the minimum number of staff required to ensure people's safety was five.
- The provider had identified in January 2020 that staffing levels at Silverdale had been unsafe and the minutes of a senior management meeting recorded, "[Silverdale] is unsafe, they cannot reach [minimum safe] staffing levels, [let] alone commissioned hours." The report recognised that, an additional five full time staff were required to safely staff the service.
- The new manager had, prior to the inspection, notified the commission that staffing levels were impacting on safety of the service. As a result on a number of occasions the service had not been able to provide commissioned respite support. In light of these ongoing staffing challenges the provider had given notice to both respite service users. Staff told us, "Before Christmas obviously when we were on really unsafe numbers that was when the respite was cancelled. We would try to keep the staffing up but as a last resort we would have to put the full time service users first."
- Rotas for the month prior to our inspection showed that the provider was regularly aiming to staff the service at minimum staffing levels and we identified nine occasions where staffing levels had dropped below recognised minimum safe staffing levels. These events tended to occur in the evening and at weekends. Staff told us, "Most days recently it has been fully staffed. Weekends are a difficult one that's when most staffing issues happen."
- Incident records from February 2020 indicated that on some occasions low staffing levels had been contributory factors. Staff comments on incident forms in relation to the question; "What can be done to reduce such incidents in future?" included, "Have right level of staff" and "More team members assisting."

The providers failure to ensure safe staffing levels were consistently achieved had exposed people to risk of harm. This was a breach of the requirements of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. All pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable with their support staff and staff told us, "I think people are safe" and "All it takes is a little smile for you to know that people are feeling safe with you. We get plenty of them." A professional said, "The current team and management are providing a safe and caring service."

- Staff understood local safeguarding procedures and knew how to report any safety concerns. They recognised the importance of protecting people from all forms of abuse and contact information for the local authorities safeguarding team was readily available.
- There were systems in place to protect people from financial abuse. Financial records were well maintained and had been audited regularly.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and appropriately managed. People's care plans included information and guidance for staff on the action they should take to protect people and themselves from all identified risks.
- Staff understood how to meet people's support needs if they became upset or anxious. People's care plans included information about events likely to cause anxiety and guidance on techniques that had previously proved successful in helping people to manage their emotions. We observed staff successfully using these techniques during our inspection.
- Staff told us, "Restraints, we don't really do them, just door holds". Records showed restraint techniques had only been used when all other options had failed and were used for the minimum time possible to ensure people's safety.
- Emergency plans and procedures were in place to ensure people's safety in the event of a fire or other emergency. Checks were completed regularly to ensure the safety of the building and utilities.

Using medicines safely

- Staff had received medicines training and their competence to support people with medicines had been assessed regularly. Staff told us, "I've done meds training."
- There were appropriate procedures in place to ensure people were safely supported with medicines. Handwritten entries on Medicine Administration Records had not always been countersigned. This issue was discussed with staff and the new manager and additional procedures were developed to ensure handwritten entries were correct.

Preventing and controlling infection

- The premises were clean. There were effective cleaning arrangements in place and cleaning materials were stored securely when not in use. People were encouraged to participate in cleaning tasks and other domestic chores.
- Staff followed infection control policies and used personal protective equipment appropriately. Guidance on handwashing techniques was displayed throughout the service.

Learning lessons when things go wrong

- Accidents and incidents were documented and had been reviewed by the service's manager to identify any patterns, trends or areas of learning. Information about identified changes in patterns of behaviour had been shared with the provider's behavioural team and involved professionals. Who had worked with staff to tailor support to people's changing needs.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good.

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

- The service had systems in place to assess and identify people's specific needs before they moved into the service. These processes included, where possible, meeting with the person, their relatives, previous care provider and involved professionals to discuss and review the person's needs and expectations.
- Staff had been provided with specific additional training and where possible shadowing opportunities on people's individual needs before they moved into the service.

Staff support: induction, training, skills and experience

- All new staff completed training in line with the requirements of the care certificate before they joined the service. This training was provided face to face during two weeks of formal induction training. Staff found this training useful and informative. They told us, "Training was very good, gave me a good introduction. It was very thorough", "I had two weeks induction at head office" and "[The induction] was intense but you learnt so much. They taught you everything that they could, so you were prepared."
- Once staff had completed their formal induction training they were given an additional induction to the service and completed a shadow shift before being included on the service's rota. Staff told us, "On your first day you have a house induction and shadow for your first shift. Then you are on the rota" and "I had a couple of shadow shifts one with each of the service users."
- Staff were confident they had the skills to meet people's needs and records showed there were systems in place to ensure their training was regularly refreshed and updated. Professionals told us, "The staff team are mostly new to this home and are still developing their skills and confidence, having said that all of the staff who are there now appear to be enthusiastic and open to further learning."
- Staff told us they were well supported by the manager and records showed some supervision had been provided. The manager was supporting and encouraging the deputy manager to take on responsibility for supervision some members of staff and there were plans in place to ensure in future that supervision was provided every three months.

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

- People were supported to access a variety of menu options and fresh food was readily available.
- There were systems in place to enable people to be involved in menu planning and meal preparation. During the inspection one person was supported to prepare their own pizza which was subsequently cooked by staff. If people declined offered meals alternate options were available.

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

- The service was maintained to a reasonable standard and some areas had been recently redecorated.

Each person had a self-contained suite of rooms and there was a communal lounge and kitchen on the ground floor.

- At the time of our inspection some people's access to the service's communal areas was limited because of identified risks. Staff believed planned changes within the service would mean that in future more people would be able to access these spaces when they wished.
- There were garden and outdoor spaces that people could access with support from staff when they wished.

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

- Records showed people were supported to access healthcare services when required and there were plans in place to ensure people's needs were met in the event of a hospital admission. Professionals told us communication had improved since the new manager's appointment and regularly updates on people's changing needs were now being provided regularly.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service acted in accordance with the requirements of the MCA there were systems in place to ensure decisions made on behalf for people who lacked capacity were made in the person's best interest.
- Where restrictions to people's liberty were necessary these were the least restrictive options possible. Records showed relatives, staff and involved professionals had been properly involved in decision making processes.
- Conditions associated with DoLS authorisations had been complied with.

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.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. 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

- People told us they got on well with their support staff and relatives said, "The staff are looking after [my relative] well." We observed that people approached staff for support and reassurance without hesitation throughout the inspection. Staff responded quickly to people's individual needs and took prompt action using agreed techniques to help people manage their anxiety.
- Staff spoke positively about the people they cared for and their comments included, "[Person's name] is lovely", "It is a really enjoyable place to work" and "I do honestly love it here." Professionals told us, "The staff in this team show compassion in their interactions with the individual that I support" and "The staff I meet when I visit appear competent and to have an effective and warm relationship with my client."
- All staff had received training in equality and diversity issues and acted to ensure people were protected from all forms of discrimination.

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

- Staff understood how to present information and when to offer alternative choices to enable people to make individual decisions in relation to activities and how their care was provided.
- Staff told us, "The care plans have good guidance on how to offer choice and enable decision making" and we observed staff successful using described techniques to support people to make choices during our inspection.

Respecting and promoting people's privacy, dignity and independence

- The new manager and staff team consistently acted to ensure people's privacy and dignity were respected. People's decisions in relation to how and when staff provided support and assistance were respected and people were able to spend time alone when they wished.
- People were encouraged to be as independent as possible and to develop new skills. A staff member with similar interests to one person had recently been specifically recruited to help foster and develop the person's skills.
- Care records and other confidential personal information was stored securely when not in use.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood people's needs and provided support in accordance with people's wishes.
- People's care plans were highly detailed, extensive and informative. They were accompanied by shorter summary documents and one-page profiles which accurately summarised the full care plan.
- Staff told us people's care plans were accurate and up to date. Their comments included, "I have read them all, they tell you everything you need to know. You can tell straight away what people like", "The care plans are regularly updated, when I first started they were really helpful to give you and understanding of people's needs. They are really helpful" and "The care plans have all literally been updated. They are all really detailed. They are really useful to be fair."
- Information about people's interests, hobbies and life history was included in the care plans to help new staff get to know people and gain an understanding of how life experiences impacted on people's current support needs.
- Daily records had been fully completed using the provider's digital record keeping system. They included information about the support provided, activities people had engaged with and observations in relation to any changes in people's needs or wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information detailing people's individual communication needs and preferences was included in each care plan. Staff were able to communicate effectively with people and were observed using described techniques successfully during the inspection. Staff told us, "I found out how to understand [person's names] signs from [their care] plan. It is useful."
- Details of people's specific communication needs were recorded and available in a standard format to be shared with health care professionals prior to appointments or hospital admissions.

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 to maintain relationships that were important to them. Relatives were encouraged to visit when they wished and the service was able to support people to visit their relatives at home. One person had their own mobile phone and staff supported and encouraged this person to maintain regular communication with their relatives.
- Relatives recognised that recent improvements in staffing levels were enabling people to access the

community more often. During our inspection people were supported to visit local shops and beauty spots. Staff told us "When there are seven staff you would have a better chance of getting everyone out", "[Person's name] goes out when he feels like it. We get [them] out as often as we can" and "As often as we can people go out. Obviously it depends on us having enough staff."

- People were encouraged to participate in a range of activities within the service. During the inspection we observed people being supported to engage with a range of craft activities, cooking and some domestic tasks.

- One person had their own shed in the service's garden where they enjoyed spending the majority of their time listening to and playing music with support and encouragement from staff.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats and had been provided to people's relatives.

- Relatives understood the complaints process and had used these systems to raise concerns about the service's previous performance. Records showed complaints had been investigated and areas of learning identified. This had resulted in significant changes being made within the service to improve the quality of support people received and had led to the appointment of a new manager at Silverdale.

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Quality assurance processes had not ensured consistent delivery of high-quality, person-centred care.

Continuous learning and improving care, understanding quality performance, risks and regulatory requirements

- The provider's quality assurance system had failed to ensure the service provided consistent high quality care. As detailed in the safe section of this report low staffing levels had unnecessarily exposed people to risk.
- These failing had been identified by the provider's quality assurance system prior to the inspection. As a result action had been taken to improve the service's performance. A new manager with previous experience of leading successful services had been appointed.
- The new manager had regularly been needed to cover care shifts as a result of staffing shortages and this had impacted on their ability to focus on their leadership and management responsibilities within the service. This issue had been recognised by the provider and the recruitment of staff for Silverdale had been prioritised.
- Staff recognised staffing levels had improved recently and reported, "The staffing today is a snap shot of where it is going to be in the future", "It is happening more and more that we are fully staffed" and "Normally when I am on shift there are six rarely seven [staff]. It was worse before Christmas." These improvements in combination with the discontinuation of respite care placements meant that in future staffing levels should improve.
- In response to concerns identified by the provider's internal audit procedures an action plan had been developed to ensure the service's performance improved. Regular visits and reviews of this action plan had been complete by the regional manager and records showed improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of our inspection the service had not had a registered manager for a period of more than a year. The service's new manager had previously been registered at another of the providers location and had taken on responsibility for this service in September 2019. They had applied to the commission to become the registered manager and this application was in the process of being assessed at the time of the inspection.
- The new manager was supported by a recently appointed deputy manager and the intention was that in future a manager would be available within the service every day. The roles and responsibilities of each manager were well defined and understood by the staff team. The new manager was supporting the deputy manager to take on additional responsibilities and gain confidence in their role.

- Staff had confidence in the new manager who they felt was providing effective leadership. Their comments included, "[The new] manager is doing really well", "The manager has had a lot of pressure on her but she is doing a good job", "She is firm in the way that she needs to be, she is approachable and a nice person. It is getting better with her in charge, definitely!" and "Silverdale is not a house that is going to turn around in a week, it is definitely turning round. I would say that is down to the manager. She is doing well."
- Relatives and professionals were also complimentary of the new manager and recognised the service performance had recently improved significantly. Professionals told us, "Since the new manager has been in position there has been a marked improvement in the staff teams' response to suggestions and ideas" and "[The new manager] is clearly committed and keen to do a good job in at times difficult circumstances."
- The new manager was respected by the staff and valued their commitment to the people the service supported. The manager told us, "I am very proud of the staff team, it has been a rough few months. I am proud of their dedication and commitment to improving [Person's names] quality of life."
- The provider had a defined organisational management structure and had provided the new manager with support and additional resources to drive improvements in the service performance.
- The new manager had notified CQC of significant incidents in line with the requirements of the regulations.

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

- Staff recognised changes introduced by the new manager had impacted positively on both people's wellbeing and the morale of the staff team. Staff comments included, "I think the manager has made a big impact, it is getting better and better as the days go on", "I think the team that is now in place are a lot more reliable and proactive, we work well as a team" and "Manager was given quite a sizable task to turn around the ethos of the service and she has dramatically improved the service over the time I have been here."
- Relatives and professionals also reported improvements had been made to the service's culture in recent months.
- Staff were supporting and encouraging people to regain and develop their life skills. They took pleasure and describing people's recent achievements.

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

- The new manager understood their responsibilities under the duty of candour and kept relatives informed of incidents that had occurred. When things went wrong this was recognised and accepted. The service worked with people's relative to identify new or alternate techniques to meet people's support needs.
- Staff and the new manager took an open approach to the inspection process. They recognised and accepted the adverse impact low staffing levels had on people's wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to enable people to provide feedback on the service's performance. People views and feedback on the service's performance were sought regularly using questionnaire developed in accessible formats.
- The manager and staff team had a good understanding of equality issues and acted to ensure people were protected from all forms of discrimination.

Working in partnership with others

- At the time of our inspection there was an ongoing dispute between the provider and care commissioners. This had arisen as a result of issues around commissioned level of support at a number of locations. As a result of this dispute relations between the providers senior leaders and commissioners had become

strained.

- The commission recognises the positions taken by both parties in this dispute. However, it is of paramount importance that they work together to ensure people's support needs are met.

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 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure safe staffing levels were consistently achieved. This was a breach of the requirements of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.