

Silva Care Limited

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Inspection report

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24 September 2018

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 19, 20 and 24 September 2018. The provider was given notice as the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available on the day. The previous inspection was carried out March 2016 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Silva Care Ltd provides personal care and support to people with a learning disability in their own homes and in shared supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have tenancy agreements with a landlord and receive their care and support from Silva Care Ltd.

As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house. Silva Care Ltd also provides short breaks in five properties across Bristol. Each property can accommodate between three and four people. People can receive personal care from Silva Care Ltd or from their own personal assistant. They also provide outreach services supporting people with learning disabilities to access day care services. This part of the business does not fall within the scope of registration.

There was a registered manager in post, they were also one of the directors for the company. We have referred to them as the registered manager throughout this report. 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.

The registered manager told us they were supporting at least 45 people per day in the supported living/short stay services and another eight people with support in their own home. The service employed 256 staff working across the company. Of the 256, 153 staff were working in services that were regulated by the Care Quality Commission.

The registered manager told us the ethos of the services was to ensure that the stay was not just about giving family carers a break it was also very much about the person having a good time and have opportunities to go out, socialise, meet up with friends, and develop and maintain independence skills. The staff all conveyed these principles telling us how they put this into practice. There was a 'can do' attitude to supporting people lead the life they wanted.

People were receiving care that was extremely responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people and there was very much joint working with them and family. Safe systems were in place to ensure that people

received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff received training and support, which was relevant to their roles. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported enabling them to plan and achieve life goals Such as seeking employment, gaining skills to enable them to live independently or participating in a certain social event.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

The staff were extremely caring and worked closely with the person and their families. There were many examples where the service had gone the extra mile, in supporting people to live the life they wanted, build relationships and networks in the community which promoted wellbeing for the person.

Staff felt they were supported by the management of the service with clear lines of accountability. Champions had been introduced in each service further developing the expertise of staff. Networks had been built with the local authorities with attendance at specific forums. Learning was pivotal in all aspects of the running of the business part of team meetings, supervisions and observations. The provider had introduced different career pathways for care workers enabling them to build on their skills and knowledge. There was a high staff morale and they were passionate about the care and support that was in place.

Staff had embraced person-centred care and supported people as individuals helping them to be independent and achieving their life goals. People and their relatives felt the service really listened and acted on what they were saying.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Outstanding ☆

The service had improved and was outstandingly caring. There were many examples shared with us of staff going the extra mile.

People received the care and support they needed and were treated with dignity and respect. People were supported to develop and maintain their independence. Small teams of staff supported people to ensure continuity and enable relationships to be built.

The service sought people's views and people were involved in decisions regarding their care and support. Every effort was made to make sure people were comfortable with the service they were receiving.

People were supported to develop and maintain relationships with family and friends. This was viewed as being integral to the success of the care of the person.

Is the service responsive?

Outstanding ☆

The service had improved and was outstandingly responsive in meeting people's individual needs. People were listened too and their dreams and aspirations were acknowledged and acted upon.

There were many examples where people were supported to lead the life they wanted. There was a 'can do' attitude. Staff were knowledgeable about the people they supported.

The service was extremely flexible meeting the needs of the individual and their family.

Is the service well-led?

Outstanding ☆

The service had improved and was outstanding in well led. People, their relatives were very much involved in the running of the service. Quality was viewed as everyone's business. Staff were supported in their roles. There were continual improvements being made to the service which improved the quality of care for people and the working environment for staff. This was a company that listened to people and their staff in making these improvements.

The registered manager demonstrated a passion to provide high quality, person centred care for people, which was shared by staff at all levels. The values and behaviours of staff meant that people were the focus of the care enabling to lead the life their wanted.

Positive links had been built with the local community and the sharing of knowledge and expertise to improve people's experience when using other services.

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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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 19, 20 and 24 September 2018. We last visited the service in March 2016, found no breaches of regulations and the service had an overall rating of good.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law. We looked at monitoring reports completed by local authorities following visits they carried out.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service. Before the inspection we contacted two health and social care professionals who had contact with the service. We reviewed the information they gave us. We sent surveys to people who use the service, relatives, staff and visiting professionals. We received eight from people who received a service, seven from relatives, 22 from staff and five from visiting professionals. You can see what they told us in the findings of this report. We also contacted eight relatives by telephone or email after the inspection for feedback.

During the inspection we talked with six people using the service. We spent time observing how they were cared for. We visited people at two short break services and two places where staff supported a group of people who lived together in their own home. This is called a supported living services. The provider had asked people if they were willing to speak to us prior to our visit. We talked with seven staff including two managers, the quality assurance manager and the registered manager.

We looked at the care records of five people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service.

Is the service safe?

Our findings

Relatives and people told us the service was safe whether they used the short break or the supported living service. People we observed were actively seeking out staff to support them. From our observations people looked comfortable and relaxed with staff. This demonstrated people felt secure in their surroundings and with the staff who supported them.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Records of administration were kept ensuring that all medicines were accounted for. Where discrepancies had occurred, these had been investigated. This included contacting the person's GP and relative and re-checking staff competence.

Staff had been trained in the safe handling, administration and disposal of medicines. In one area we visited we found that there were some medicines that were out of date for two people and eye ointment that had not been dated when opened. This was important to ensure medicines were in date and safe to use. The service took appropriate action at the time of our findings, which included safe disposal of the medication.

People told us there was always enough staff to support them when they needed help or wanted to go out. Relatives said they felt there was always enough staff and named specific staff who supported their loved one. A relative told us, "My daughter gets anxious if supported by unfamiliar staff and finds this unsettling". They told us a core group of three or four staff support to ensure a consistent approach and new staff were introduced slowly. In addition, the relative visited the service every six weeks to support the staff with any questions they may have about the care of their daughter and work alongside them in providing personal care. From the conversation it was very evident this provided additional assurance in respect of the care and support and ensuring their loved one was safe.

Staff described the staffing arrangements that were in place. This was clearly described in the plan of care for each person and cross referenced with duty rotas we saw. The rotas showed there were sufficient staff working and supporting people. Some people required support 24 hours a day, while others only required support for parts of the day. Staff told us the staffing was flexible to meet the needs of the people and additional staff worked to support people if they were unwell, upset or to assist with planned social events.

There were safe recruitment and selection processes in place to protect people receiving a service. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

We looked at the arrangements that were in place for risk assessment and safety. The service's health and safety policy set out the health and safety duties related to the service and staff. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. These risk assessments had been personalised to each individual and covered areas such as

moving and handling, social activities and the support they needed when out in the local community and with their finances to keep them safe. The risk assessments provided staff with the guidance they needed to help people to remain safe without restricting the person.

Staff described how they kept people safe without restricting them and allowed them to have control over their life. There was a lone working policy for staff and each person had clear risk assessments that described their support needs and staffing that should be in place.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training, which included completing a knowledge test. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. The staff handbook included a copy of the safeguarding procedures and how staff could raise concerns using the whistle blowing policy. We saw from records that abuse and safeguarding was discussed with staff during supervision and staff meetings.

Areas we visited were clean, gloves and aprons were available for staff to use to minimise risks in respect of infection.

The registered manager told us how they ensured people were safe when using the company's vehicles. These were fitted with a tracker system to enable the management to monitor the driving standards when in use by staff. Monthly reports were completed on who was the best driver and whether there were any driving errors. This meant people could be assured the provider took seriously their safety when in company vehicles as this was followed up by the registered manager.

Staff told us they provided the transport for people to and from their family homes to their short break services. This alleviated the pressure from families. Staff told us on occasions the relative may not be home and told us the procedure they had to follow. Staff demonstrated they would respond appropriately to these events. Staff had access to a 24 hour on call service for advice and support from the senior management team.

The registered manager told us they kept the growth of the service under review. This enabled them to develop the service at a pace that was sustainable without a compromise to quality and safety of the people they were already supporting. A business continuity plan was in place which described actions to be taken in the event of an adverse incident such as extreme weather and lack of staff.

Is the service effective?

Our findings

People and their relatives spoke very highly about the staff who supported them. People told us they liked the staff who supported them whether they were staying in the short break service or receiving care in their own home (supported living). Relatives said they were very much involved and had good relationships with the staff and the senior management team.

People and their relatives told us they were supported by a small group of staff and without exception felt good relationships had been fostered. Comments included, "Excellent staff, all friendly and approachable", "Nothing is too much trouble", "Communication is really good, the staff really do listen and act on what my son wants and needs".

We sent surveys to staff, people and visiting health and social care professionals. Everyone said they would recommend the service. The surveys confirmed staff were aware and confident in meeting the care and support needs of the people who used Silva Care Ltd. People told us they received care and support from familiar and consistent staff who had the appropriate skills and knowledge to support them. Health and social care professionals confirmed staff acted on their advice and were knowledgeable about the people they supported.

People using the service had their nutritional needs assessed where appropriate. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals for advice and support. One person told us they had a specialist diet and staff supported them in buying the right products they could eat.

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The support plan reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right ingredients for what they wanted to prepare. People were observed assisting with the cooking of the meals when we visited them. People living in the support living services confirmed they planned the menus. Staff told us this was more difficult in the short stay services but there was still choice and alternatives to the planned menus.

People received support with their health care needs. Staff said they had received training in subjects such as diabetes and epilepsy and felt confident supporting people with these conditions. People's records included information about the health care professionals they had contact with. Staff told us they often supported people to attend medical and hospital appointments along with relatives. This ensured continuity between services and when they were living at home with their parents. A health professional told us, "I have worked before with X (service manager) and the service, each time I have found them very cooperative and quick to implement any recommendations that are suggested. I have always found X (service manager) to be open and happy to try and facilitate service users' personal development and meet their needs to the best of his ability".

The registered manager told us at the last inspection they were planning to develop health action plans for people and hospital passports. This would enable people to move from one service to another as this information could be shared ensuring continuity and effective care for the person. At this inspection we saw these were in place and clearly described what support people needed to stay healthy and how they would like to be supported if they went into hospital.

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 were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected those decisions.

Staff confirmed they had received training on MCA and DoLS and knew how this impacted on their day to day roles of supporting people. Staff discussed these areas at team meetings, through supervisions and action learning sets with their peers. The registered manager and staff had a good understanding of the MCA.

Where people were being continually supervised and restricted in their freedom by staff, the registered manager had applied for authorisation to the Court of Protection to do so. A member of staff told us that if a person who lacked capacity to make a decision about their care and was being continually supervised. There was an expectation that if they were receiving a service for a period longer than seven days, then they would make an application to the Court of Protection for a Deprivation of Liberty Safeguard (DoLS).

New staff received an induction and training when they started work at Silva Care Ltd. We reviewed records that showed staff received an effective induction. Staff had completed the care certificate if they were new to care. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member. The competency frameworks were also used for existing staff to build on their knowledge and expertise.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training enabling them to support people effectively. A member of staff said the registered manager was really committed to ensuring staff were trained and responded to requests for training which was relevant to the people they were supporting. They told us staff had recently been given specific training on supporting a person with a health condition. They said the training had been really useful as it had reinforced they were supporting this person in an appropriate way. All staff had to complete refresher training at regular intervals. Examples included dementia awareness, safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Individual training records were maintained for each staff member showing training was current or planned.

Staff told us they had received training on supporting people with autism and supporting people with learning disabilities and mental health needs. Staff told us the training was a combination of face to face, quizzes, attending conferences and through internal team meetings and group supervisions. Staff said they

liked the face to face training as it enabled them to have discussions about what was being said and enabled them to apply their learning to their role.

The registered manager had employed an external consultant to review the effectiveness of the training offered to staff and this had recently started. This would be an independent review of this area of service delivery seeking the views of staff and reviewing the training implementation programme during induction and ongoing support for staff. This showed that the company looked at innovative ways of reviewing quality involving others in making improvements.

Is the service caring?

Our findings

We sent surveys to staff, people, relatives and visiting health and social care professionals. People told us they were always treated with dignity and respect and always introduced to their care worker. People and their relatives told us the staff were kind and caring both in person and in the survey. Surveys completed by professionals told us the staff they met were always kind and caring. One visiting professional told us, "The service has been flexible, caring and ensured a smooth transition for my service user. My service user's family have been very complimentary about Silva Care. I have been impressed by Silva Care". Another professional told us, "I have a good working relationship with them. They offer a safe and enjoyable environment, as well as a person-centred approach when supporting individuals".

People who used the service were positive that staff treated them with dignity and respect at all times and this included giving them their personal space. One person said, "I like the staff they listen to me. They help me when I am upset and talk to me. They knock on the door and wait for an answer." Another person said, "The thing that's good is they're kind, and I wouldn't be without them, they are my friends". A relative told us how one of the services had introduced door signs so people could tell others sharing the service that they did not want to be disturbed. They said this had been very helpful in putting boundaries in for people so they too could respect others privacy.

Relatives told us they felt the service was very caring. Comments included, "We have been very impressed with the service that Silva Care provides. All support workers are empathetic, motivated and passionate. The service is very efficient and communication is always very good.

Two relatives said they had concerns about previous providers and stated that Silva Care had given them peace of mind and were completely happy with the service and it gave them peace of mind. We heard how on occasions family may not have packed certain items and staff have gone to collect these such as a drink thickener or medication. This showed a very caring service and saved families time as they did not have to travel to deliver the items and ensured the person's visit went smoothly.

One relative emailed us during the inspection and provided feedback telling us, "X (name of person) was never able to make relationships easily, and it takes time, and I'm so impressed because he has built up lovely relationships with his carers, he trusts them, which is enormous for him". They said without the support from Silva Care they would not be able to live in their own home and have the level of independence and control over his life.

A relative highly commended the service telling us, their son had been in the care system for many years but this was the first service that had really listened to what he wanted. They gave us some examples where staff had listened to what the person wanted and had acted upon these. They told us they could not fault the service and it was excellent in enabling her son to reach his full potential enabling him to live independently in the community. Some people had paid employed work in the Silva Care Ltd offices doing cleaning and administrative roles. Staff told us this had a positive impact on people's confidence and could lead to them finding external jobs in the local community building on their skills of independence.

There was good communication between people, their families and the staff. The registered manager told us the managers and staff keep in touch with relatives regularly depending on their wishes. A relative told us they met with the service manager monthly for a cup of coffee so they could keep in touch and build a relationship with them. They said this had been very responsive in alleviating any minor concerns. A member of staff said, "We try and promote a culture where family members are included, the person receiving the service is the focus but their family are also our customers". One relative liked to be texted at intervals through the day whilst their loved one was staying in the short break service. This was especially important for them. One person told us they regularly kept in contact using facetime to keep in touch with relatives living overseas. They told us how the staff were helping them to make arrangements to visit their relative overseas. This included ensuring there was a chaperone during the plane journey. It was evident the person was involved and very much looking forward to travelling half way across the world to see their relatives. Contact arrangements were agreed and very much led by the family.

A relative commended the staff on the support that had been given to their daughter to attend a wedding in Cornwall. Two staff had supported the young person to get ready and throughout the day and evening celebrations. The relative told us this had assisted in the day going very smoothly and enabled the family to enjoy the occasion with the knowledge that the staff were supporting their daughter. This showed the service went over and above what they were funded for to ensure the person maintained contact with their family and do the things they wanted.

People were involved in planning their care and support. When planning the service, the registered manager took into account the characteristics of staff, people liked to be supported by. The views of people receiving the service were listened to and acted on. People were linked up with staff of a similar age and interest. Staff recognised they were supporting people in their own homes and the importance of positive relationships, which enabled people to feel secure. New staff shadowed more experienced staff to enable them to get to know the person and the supported they needed.

Prior to people staying at the short break service, staff had supported them to go out and purchase their own bedding and towels. Each person kept these at the service in a box with other special items such as photographs, sensory equipment or ornaments, enabling them to personalise their bedrooms. The registered manager told us this was completed with everyone using the short break services and enabled staff to personalise the bedroom for the person's length of stay and to help give the person a sense of belonging. This was funded by the registered manager. Where possible staff told us, people stayed in the same bedroom each time they visited. One person showed us around a short break service telling us who stayed in each bedroom. They evidently viewed this as their second home and were proud of their surroundings. This person's bedroom had a football theme. This is exceptional and showed a real person-centred approach which enabled people to feel secure whilst staying for a short break. Many of the people stayed at least once a week and one weekend every four to six weeks.

People had information in their support plan on how they communicated. This enabled staff to understand what people were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Some people had a communication diary where staff recorded how the person was supported and what activities they had taken part in. This was so relatives could be kept informed about the care of their loved one. There was also a regular newsletter and coffee morning in each service so families could meet up. One relative told us they had built friendships with other parents, which they had found very

beneficial. In addition, the registered manager arranged bespoke training for family members to enable them to navigate care services including the Mental Capacity Act, benefits and safeguarding.

The service had embraced information technology and had various systems in place such as dedicated media page for people who used the service and their families. This was a closed group and enabled people and staff to keep in touch. This was monitored by an administrator closely to ensure people's privacy was protected and posts were appropriate. Silva Care web page had a network for people using the service to post ideas and suggestions and events. Again, this was monitored closely by the administrator. The registered manager told us they were reviewing and updating their web page so it could be more interactive for family and people they supported. This was important as many of the young people the service supported used these types of media to communicate and meant they could do this in a safe way whilst keeping in touch with friends and family. The registered manager told us they wanted a section on the web page to show what improvements had been in respect of people's comments titled 'you said' and 'we did'.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager and staff understood the important role an advocate can have.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not follow these. Staff had received training in equality and diversity and policies and procedures provided additional support and guidance. Dignity Champions had been identified in each individual service. Regular dignity champion meetings took place and information was then cascaded to each staff team. The registered manager and the staff had signed up to Dignity in Care and a Silva Care pledge. These principles were displayed prominently in services so that people knew what to expect.

Is the service responsive?

Our findings

Relatives gave us many examples of how the service went the extra mile. For example, one relative said Silva Care had provided additional support when they went into hospital organising for their daughter to stay for a week at very short notice. The staff then helped daily for a few months in the morning at the family home as they needed additional support whilst they recovered from their surgery. A member of staff told us the registered manager initially assisted by organising the additional service without funding being in place. This meant they were not being paid to provide the service. This showed the service was responsive to the needs of the person and their family putting in the additional support when it was needed. Another relative told us, "It is like an extended family, and I know they would be my first point of call over my own family if I needed help".

Another example was shared with us by staff when they received a call from a relative because their son was agitated whilst in their home environment. Staff provided additional support to the family when it became crisis point and took the young person out of the family home for a short break to provide the family with some respite. In addition, when a person became ill and the family were away on holiday staff accompanied the person to hospital and remained with them during their stay. This showed the service was extremely responsive even though they were not funded to support people ensuring their needs were met by increasing the support when they needed it.

A person told us that staff had supported them when they were in hospital as they found it scary. The family of this person was struggling to provide the 24-hour cover that was required, so staff from Silva Care assisted providing support again to give the family some respite. The registered manager and staff did this straight away prior to funding being agreed. A member of staff said, "The registered manager really does care not only about the people we support but also their families. They are prompt not only to support the person but respond to families requests and needs especially in an emergency". This included liaising with social workers and other health and social care professionals in supporting the family and the young person.

Relatives told us staff never missed a visit, or cancelled a short stay break. They described a flexible service that met the needs of the person and the family. One relative said, "It is my life line enabling me to do the things I need to do that I cannot always do with a young disabled adult". Another relative said on the rare occasions they had been asked to change a night this was because someone needed a service in an emergency. They said this was not a problem, as if the tables were turned they would do the same for us. The registered manager also had an emergency bed in the case of families needing additional support. This showed a service that was very responsive and flexible providing a service that meant some young people remained living at home, because of these short breaks. This enabled relatives to recharge their batteries, spend time with other siblings and family members.

People told us they had a core group of staff that supported them and they knew what staff were going to support them and when. People said they could choose which staff they wanted to support them. People told us new staff were introduced to them before they provided support and if for any reason they did not get on well with staff, they could speak with the manager of the service or the registered manager and

changes were made. One person shared with us that they did not particularly like a member of staff and they had told the service manager. They said they were happy and felt this was being resolved to their satisfaction. This demonstrated a good example of how people were in control of their support, giving them control of how they lived their life and the support they received.

People told us how they were supported to live the life they wanted. During the last inspection we met a young person using the short break service. They told us they wanted to live in their own home and find employment. We had an opportunity to meet this person during this inspection. They proudly showed us their new home and told us they were now working. It was evident the registered manager had listened to the person and staff had supported them to achieve their goals. They told us they were learning new skills including cooking, budgeting and keeping their home in order. Another person told us they were also looking for a job and the staff had supported them to meet with an external organisation who supported people with learning disabilities to find meaningful work. A further person wanted to do some charity work and be part of a local radio station. Staff had listened to the person and supported them in these areas. This was commendable and showed the registered manager and staff's dedication to supporting people to live the life they wanted and enabling them to achieve their full potential and life goals.

We saw from care records and speaking with people and staff that each person had the opportunity to take part in social activities in their homes, the short break service and in the community. People had access to activities that were important to them. For example, people were supported to go swimming, sing-alongs, music clubs, attend college, go for walks in the local area, cinema trips and attend local social groups. There was a strong emphasis on building community links such as using local shops and clubs enabling them to build relationships with people who lived locally. Some people told us how they used local shops, pubs and leisure centres and had built links with their immediate community.

People were supported on a one to one basis or in very small groups. Staff gave us an example where a person was reluctant to go out. Together with family they had planned a holiday to France. Staff had supported the person by showing photographs and visiting the airport to alleviate their fears and anxieties before their actual holiday. Staff said that it was very important for the person to know what they were doing and when. Staff told us routine was very important to the person. They said the holiday had been a success and had enabled the young person to spend time with their brother with the support from one member of staff. There were lots of examples where staff had taken the time to support people ensuring they were not socially isolated and were involved in the community.

The registered manager told us it was really important that people had a good experience of staying in the short stay breaks or supported living services, which included supporting people to go out and no one should be discriminated against because a lack of funds. They had purchased various passes to local attractions such as the Zoo for people to use. Staff were aware and supported people to go and about as they promoted the vision of the registered manager.

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss and supporting them as they moved from one service to another. People's communication and sensory needs had been assessed and planned for. Staff had received training in supporting people who used nonverbal communication. Many of the provider's policies and procedures, care plans, minutes of meetings were in an easy read format using pictures and symbols. There was a dedicated manager responsible for this area showing that the provider saw this as being important to ensure people were included and empowered and having the information they needed to make decisions about their care.

Staff had worked very closely with a local cinema and now they showed films in a way that supported people with autism. For some people visiting a cinema which is loud, busy and dark could be daunting to people who have a diagnosis of autism due to the sensory overload. The sound was modified and the lights dimmed rather than switched off. The cinema agreed they could have sole use of one of the larger screening areas each month. People could choose the films they saw. This ensured there was not too much strobe lighting. The same area was booked monthly so people could sit in the same seat, which reduced some people's anxiety and provided them with reassurance. The provider had extended this to other providers and a local school for young people that were transitioning to adult services. The registered manager viewed this positively to enable people to access local services in the community where they felt safe and secure with the staff. They told us, "The showings are very popular and a really nice way for people to meet up with friends who they may not see regularly". This was commendable enabling and supporting people to go to the cinema which could be very daunting for some people with a diagnosis of autism.

The registered manager, the staff and people who used the service had organised a Silva fest in the Summer inviting people who use the service, families, health and social care professionals and other care providers. There was entertainment, information about other services like bike ability and the National Autistic Society. People spoke extremely positively about the day and the activities that had taken place. This included face painting, music, entertainers, food stalls and a disco/karaoke. A member of staff told us the idea was to create a festival feel so that people could experience what it was like. They were looking forward to organising another festival in the summer of 2019 involving people who used the service and opening it up to the local community. Drawing on went well and what they could do better. Other examples where the service brought people and families together was raising money through organising a 'tea party' in support of autism week. They were also planning an art/photograph exhibition as some of the people they supported had an interest in these areas.

Staff told us most people with complex needs were supported on a one to one basis, so there were few incidents. This was because staff could adapt the environment or the activity to suit the person promptly. One example of many was given where a person had some challenges around meal times and to reduce these staff supported them to go out for a picnic. This was because this would have had a negative effect on one of the other people that was staying in the short break service at the time. Staff said this had been positive in supporting both people and reducing their anxieties. This showed staff reviewed different scenarios prior to people visiting the short stay breaks to ensure their visit went smoothly.

People's care plans and risk assessments were unique to each individual and demonstrated a positive approach to enabling people to live their lives. Care plans and risk assessments were regularly reviewed. Staff supported people to be as independent as they were able. These had been kept under review, involving the person and where relevant their family. One person proudly showed us their care plan. Their interests were recorded, including photographs of their experiences and general interests. The information was accessible and the person said they had been very much part of what was included in the plan. The person supported a local football team and liked a particular musical, each page of their care plan captured this information as a header to the page. Other examples showed how people's care plans were very much unique to them.

Two people proudly told us how between them they had lost seven and a half stone. They said the staff had supported them to join a local slimming club and with healthier meal choices both had lost considerable weight. They were evidently pleased with how they were doing and the response and support from staff. This had also assisted in an increase in mobility, reducing pain and improved management of their health conditions which had improved their quality of life. Both people told us how they regularly attended a gym and went swimming. Staff told us they had recently supported the person in joining the local leisure centre

as previously they had a one to one trainer. They said the person had not only saved money but could go to the gym or fitness classes whenever they wanted. Another person had wanted to go to a night club but on occasions could be over excitable. The staff liaised with the night club security staff that in the event they had to leave the club the staff would intervene so as to cause least distress to the person. Staff confirmed the person had been clubbing and this had been successful. Risk assessments were in place for each activity ensuring the person was staff and clear guidance on how staff should support and respond.

Staff were extremely knowledgeable about people's needs and knew how to respond to any changes. For example, one person had started to develop dementia. The registered manager had liaised with health care professionals and arranged for some specific training to help staff understand what it is like for people living with dementia. The Virtual Dementia Tour experience is a unique, interactive training experience designed to give individuals and organisations the ability to help identify and understand what it is like for people living with dementia. The registered manager said this had been very beneficial for the staff who had attended the session because they had a better understanding of what was happening to the person. On the back of the success of the training the registered manager was planning to organise a similar virtual tour for supporting people with autism.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints with clear timescales. People and their relatives were reminded about the complaints procedure in the newsletter and during the regular coffee mornings. A copy was also available on the company's web site.

The registered manager and staff had received training in loss and bereavement. During our visits some people told us they had recently experienced a death of a relative. They told us how the staff had supported them, and had listened to them. The registered manager had sought support from an external consultant to facilitate group and individual discussions for people and staff. Feedback from the facilitator was positive telling us, "The bereavement work has shown deep concern for others and in most cases self-awareness from staff". People told us they also had support from other people they were living with as well as the staff.

Is the service well-led?

Our findings

At the last inspection in 2016 we found the service was well led. At this inspection, we found that the registered manager had continued to demonstrate a high level of support to people and had also found ways to continually develop and improve the service. The registered manager had introduced and improved systems for monitoring and improved care documentation to ensure it was more accessible. They were involving parents in the monitoring of quality and encouraging a small group to visit services. They had reviewed staff support and improved the supervision process so that it encouraged more reflective practice and group supervisions. They had completed investigations and put in new processes to improve practice across the services so as to reduce the risk of things going wrong. They had built on the systems that had been in place to ensure it was working for people and staff ensuring positive outcomes for people.

There was a registered manager in post. They were also one of the company's directors and owners. They were passionate about supporting people with learning disabilities and described a strong value base with an emphasis on promoting people's rights and preferences in small group settings no bigger than four people or very individualised bespoke settings. This was in line with registering the right support guidance for providers and commissioners of services.

They demonstrated a commitment to providing people with a learning disability a high standard of care that was tailored to the person. They talked about the service being built around the person telling us it was not about the person fitting in with the service. They were committed to providing care that was individualised with a small consistent team in place for each person. It was clear the registered manager was involved in the care and was kept well informed by her team, as they understood the individual needs of the people they were caring for. Staff had also signed up to the provider's vision and putting this into practice.

People who used the service spoke very positively about the staff and the senior management team including the registered manager. Relatives told us they had good links with the service managers but equally could speak with the registered manager if they needed to. Comments included, "Cannot fault the service. This service truly listens to people and acts on what they are saying", and "This is the best service that my son has received. We as a family are really impressed with the support that is given which has meant X is more independent and living the life he wants".

Health and social care professionals responded positively about the management of the service and approach of staff. Comments included, "The management and staff that I have had dealings with have always been quick and responsive and refreshingly positive and professional with service users" and "We have worked closely with the manager and staff team in recent years and have a good working relationship with them".

Staff comments included, "The company has a passion for care and it is clear to see that the service users are at the centre of how the service is run", "The management are accessible and lead by example" and "I believe Silva Care provides excellent quality care and puts the service user first. I am fortunate to work with a motivated passionate team who love what they do. I feel confident in the senior management team and

have always felt supported". Another member of staff emailed us to say, "All the care staff genuinely care about our service users and I feel, and see what they do as more than just a job. All of our services have great teams and all have a great atmosphere. Our service users genuinely receive a great service and are the first thought in decisions made within the organisation". Staff were extremely proud to work for the company and passionate and caring when they spoke about people they supported and their roles.

People, their relatives and staff would recommend this as a service to people and a place of work. Staff were evidently proud to work for Silva Care and supporting people in a range of different settings whether this was the person's home or the short break services. There was a strong ethos of promoting independence and supporting people to achieve their life goals such as finding work, living in their own home and trying new activities. There was a strong commitment to working and supporting not only the person but their family.

Staff were highly valued by managers and their contributions were appreciated and celebrated. There were a range of incentives for staff. Every year there was a Christmas Party, which was free to staff members. The registered manager told us they were in the process of organising a Halloween gathering for staff. Staff received high street vouchers for going over and above acknowledging their achievement and valuable contributions to the company. There was a loan scheme for staff should they meet financial hardship criteria. A member of staff told us, "We are well aware of staff having a life outside work and we also do our best to make sure that they get the free time they deserve".

A member of staff told us how the registered manager had embraced some concerns staff felt when lone working especially at night. In response a member of staff had found some technology where staff carried a fob that would alert a call centre if there was no movement such as the member of staff had fallen or was unwell. Where there was a lack of movement the call centre would be alerted to telephone the service. Failure to respond would mean the call centre would then call the on-call manager or service manager. This could also be used by the staff if they needed assistance in emergency. This had been introduced to some of the services where there was lone working at night. The fob had a GPS signal so if a member of staff had fallen they could locate them quickly. This is commendable and showed the registered manager not only listened to people they were supporting but also the staff.

The registered manager told us that most of the service managers and senior care workers had worked their way through the organisation initially working as care workers. Two staff confirmed this was the case and spoke extremely positively about the support and investment they had received during the career progression. The registered manager was evidently proud of her staff and management team.

The registered manager recognised that staff needed a career progression pathway and was developing training for staff who were showing potential within the company. Service managers and senior care workers had already completed this training. It was evident this helped with the retention of staff and their morale and building on the workforce in the development of staff to management roles.

The registered manager was engaged with the apprentice programme and three staff were being supported to work at various settings to build on their skills and knowledge in supporting people. They had recently provided training working with the local job centre for people seeking a job as a care worker with people with learning disabilities. This had been an innovative way to recruit new staff and from a group of 14 people, three staff had successfully been recruited. The registered manager saw this as a positive initiative and investment in building up a workforce of trained staff in a climate where at times it was difficult to recruit staff.

There were extensive quality assurance processes in place to consistently and continuously monitor all aspects of the service. The registered manager was supported by a team of service managers who were responsible for the day to day running of the individual services. They provided continuous feedback to the registered manager to ensure they were kept up to date with any concerns. The quality monitoring systems in place were accessed electronically. This meant, at any time, the registered manager could log onto the network and view quality audits conducted by service managers. Weekly emails were exchanged enabling the service managers to keep the registered manager informed of any incidents, staffing concerns and what had gone well in the service. The HR and training manager liaised with the service managers in respect of training and recruitment progress of new staff. Service managers felt they were supported in their roles and the registered manager was very well informed about each service and support for people.

Quality was viewed as everyone's business including the people who used the service, their families, staff, service managers and the senior management team. Some checklists were in an accessible format so people could be involved in the checking of the service. Since the last inspection, a small group of relatives were completing quality visits to some of the supported living and short break services. They compiled a report on the quality of the care provision and support that was in place. Some areas had been identified for improvement such as the environment. In response to their findings, the registered manager told us they worked closely with social landlords to ensure any property issues were responded too promptly. They also had their own inhouse maintenance team that completed some works for people. This development of family being involved was viewed positively as another perspective on reviewing quality and driving improvements. Regular meetings were held with family seeking their views and keeping them informed of developments within the service and wider context of care. The registered manager told us they were trying to increase the number of relatives involved by changing the times of the meetings. They said they were also trailing cheese and wine evenings and organising the meetings in different areas of the City to see if this would improve attendance.

People had an opportunity to participate in the running of the service. They were involved in recruitment and were consulted via a core group on different matters relating to the running of the service. This included the recent Silva Fest where people were asked what they wanted in respect of the day. Their views were also sought through annual surveys, service specific meetings (house meetings), care reviews and informally on day to day basis. This was a company that consistently listened and acted on what people were telling them.

The registered manager told us they had worked very closely with a local Bristol shopping complex in offering free training on supporting people with autism. They said this had been well attended by hospitality and security staff. Emails showed this had been an enjoyable experience for the attendants and informative. This was commendable as this not only helped people receiving a service from Silva Care but the wider population. The registered manager told us they were also planning this training with local GPs and other health professionals. This was commendable and showed collaborative working with the local community and other professionals in improving people's experiences of using services.

The registered manager and staff were part of a number of networks they told us were very useful in keeping themselves and staff up to date. This included a forum for registered managers, a positive behaviour management network and a care provider forum organised by the local Council. These were attended by different managers and learning shared from these groups with the individual services.

The registered manager had signed up and used recognised accredited schemes such as the Dignity in Care Campaign and the Social Care Commitment to strive for excellence through research and reflective practice. There were a number of champions within the organisation including a dignity,

communication, mental health and health and safety champions working in each service. These groups met regularly to discuss and improve practice and had built links with other professionals and networked with other forums in the local area. We were told of many examples where the champions had challenge and improved the way of working, which had a positive impact on people. This included the replacement of flooring as it was noted the carpet at one of the short break services was negatively impacting on a person's independence. This was because of the thick carpet pile meant they were unable to self-propel their wheelchair. Staff told us this was replaced with laminated flooring so that people staying who self-propel could access their bedrooms and the communal areas without needing to ask for support. From talking with the registered manager and staff it was evident they felt empowered to have discussions about the care and support and policies and procedures that were in place to ensure they promoted independence, dignity and promoted people's wellbeing.

A member of staff told us the registered manager would always support learning through attendance at seminars such as a recent conference on supporting people with autism, safeguarding and encouraged staff and service managers to attend. They told us there was an expectation that once they had attended they would share the learning with the other managers and staff. Group supervisions were used to share learning and develop a reflective practice model of improving care.

There was a comprehensive business plan which outlined improvements to the service, this was based on the five questions we ask. Is the service safe, effective, caring, responsive and well led? Some of these improvements had been described in this report. There were clear timescales and a description of the action required to enhance the service.

The registered manager submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. One of the areas for improvement from the last inspection was about improving how people and their relatives were involved. Whilst people were asked for their views through surveys, they had wanted to improve the format so it was accessible to people with a learning disability. A new electronic tool had been purchased called 'widget', which used recognised symbols and pictures. Since the last inspection we found that this was being used along with other accessible information tools to make information more accessible including pictures and photographs. This included a range of policies and procedures, care planning documentation, staying safe in the community and staying safe in the sun. Minutes of meetings were also in an accessible format for people who used the service. This was commendable and showed that this had really been embedded into the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Incident reports were produced by staff and reviewed by the service manager. The registered manager was aware and confirmed the actions about the incident reports that were seen. A service manager told us copies of the incident reports were sent to the registered manager. This enabled them to monitor for any reoccurring themes and check that appropriate action had been taken. The registered manager told us that learning from accidents was discussed during meetings with service managers and care staff in addition with individual staff through supervisions to prevent any further risks.

From the incident and accident reports, we could see that the registered manager had sent us appropriate notifications. A notification is information about important events, which the service is required to send us by law. Where an incident had been reported we were provided with the notification followed up by a full and detailed investigation report with clear actions. What the provider told us they would do we found at this inspection had been put in place. For example, increased checks on medication systems to prevent reoccurring errors and reviews of eating and drinking care plans to ensure they were in place in response to

a person choking. This showed the service was responsive in taking action to address any shortfalls. These were very much about making improvements and ensuring the systems were robust.