

Keenglen Care Homes Limited

Silver Oaks Residential Care Home

Inspection report

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Leicestershire, LE67 5EW
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Ratings

Overall rating for this service

Good 

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?

Good 

Overall summary

We carried out our inspection on 5 November 2015. The inspection was unannounced.

The service provides accommodation for up to 19 older people living with dementia and similar health conditions. At the time of our inspection there were 15 people using the service.

The service has a manager who had applied to the Care Quality Commission to become a registered manager for the service. 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 and associated Regulations about how the service is run.

Staff understood their responsibility to keep people using the service safe. They put into practice the provider's procedure to keep people safe from abuse and harm. There were enough staff on duty to meet the needs of people using the service. Staff had the necessary skills to

Summary of findings

meet people's assessed needs. We observed that people's medicines were administered safely. However, staff had not consistently followed specific instructions and provider's guidelines for completing medicines administration records. This meant that people were at a small risk of not receiving their medicines as prescribed by their doctor.

The provider supported staff through effective training and frequent supervision. The managers understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to their work. They had made appropriate applications to the local authority for people who required restrictions and these had been done in people's best interest. Staff understood that restraint could only be used if legally authorised.

People were supported with their nutritional and health needs. They had access to a variety of healthy meals that they told us they enjoyed. They also had prompt access to healthcare services when they needed them.

We observed that staff supported people in a caring manner, and promoted people's dignity and privacy.

People were supported to maintain links with their family and friends, and with the wider local community using various avenues including social media. Staff were knowledgeable about people's individual needs and applied this knowledge creatively in the way they supported people. Staff had the skills and knowledge to support relatives through various stages of people's care and support.

The provider had effective procedures for monitoring and assessing the service in a way that promoted continuous improvement. The service had an open culture, and people, their relatives and staff had access to the manager when required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

There were sufficient staff to meet people's needs.

Staff knew their responsibilities of how to keep people safe and report concerns.

People's medication records were not always completed correctly.

Requires improvement



Is the service effective?

The service was effective.

Staff felt supported through training and regular supervision meetings with their manager. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had prompt access to healthcare services.

People were supported with their nutritional and hydration needs.

Good



Is the service caring?

The service was caring.

Staff supported people in a kind and compassionate manner.

People were involved in decisions about their care.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People's care was focused on their individual needs.

People and their relatives contributed to the planning of their and support. They could also raise concerns and complaints. The provider listened and acted upon people's views.

People were supported to maintain links with the family and friends, and with the local community.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People using the service, their relatives and staff were involved in developing the service.

The provider had procedures for monitoring and assessing the quality of the service.

Managers were visible were accessible to staff, relatives and people using the service. Staff understood and applied the vision of the service.

Good



Silver Oaks Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 5 November 2015. The inspection was unannounced. The inspection team consisted of an inspector, a nurse specialist advisor and an inspection manager.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the

Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service, relatives of three people who used the service, a health professional who visited the service, three members of staff and the owner of Silver Oaks Care Home. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

We spent time observing the care and support that people received. We also used the Short Observational Framework for Inspectors (SOFI) to observe the support staff provided to people over lunch time. SOFI a specific way of observing care to help us understand the experiences of people who were unable to talk to us.

Is the service safe?

Our findings

All the people we spoke with answered “yes” when we asked if they felt safe at Silver Oaks. People told us that they felt safe for various reasons. One person said they felt safe because “it is pleasant and homely here, not like an institution. Another person said it was because they “love it here.” A relative told us they felt people who used the service were safe because, “We [person’s family] feel that we got bonus years with [person using person] since they went to Silver Oaks”.

Staff we spoke with knew how to recognise and report signs of abuse. Staff told us that they would report any concerns to the senior care worker on duty or the manager. Staff were confident that the manager took any concerns raised seriously. Staff were also aware of other agencies where they could raise safeguarding concerns including local authority safeguarding team and the Care Quality Commission. Staff received training on how to protect people from harm as part of their on-going professional training. The manager told about us about her confidence in staff to keep people safe. They said, “I now feel confident that I don't need to be on the floor all the time with eyes everywhere.”

People’s care plans included risk assessments of tasks associated with their support and care. These included specific support required by people with dementia and similar conditions. This meant that staff were able to support people in a safe and enabling manner. We saw that the provider reviewed the risks assessments regularly. When accidents occurred, staff used the provider’s procedure for reporting accidents and incidents. Their reports were investigated by the manager for the purposes of identifying why the accidents occurred and taking steps to prevent similar accidents happening again. The manager regularly used these records for reviews of people’s care plans. For example, the manager increased the level of support received by a person due to frequency of accidents and incidence of falls and behaviours that may challenge others.

People’s care plans also included a personal emergency evacuation plan and a version as a grab sheet next to the fire board. This meant that staff and other professionals such as paramedics would be able to support people safely in the event of an emergency.

There were enough staff deployed to meet people’s needs. We observed that staff were not rushed, they supported people in a measured manner suited to the pace of the person they were supporting. The provider took into account the assessed needs of people when they determined the staffing levels. We saw from the staff rota and the training records that the staff had the right mix of skills and experience to meet people’s needs. We saw from the staff files that we reviewed that the provider has carried out the required pre-employment checks before a new worker was allowed to support people using the service. People using the service could be confident that there were enough suitably skilled staff to meet their needs.

We found that people’s medicines were stored securely in their bedrooms. After our inspection, we reviewed records which showed that following an audit by the provider’s chemist that the service had good standards of managing medicines and had made recommended improvements in the storage of medicines. We observed a medicines round and found that staff followed safe protocols for administering people’s medicines. We observed that only when staff were satisfied that people took their medicines did they prepare medicines for the next person. We reviewed people’s medication administration records (MAR) charts. We saw that each person’s MAR chart had their photograph and details of allergies. This reduced the risk of unsafe medication being given to a person or medication being given to the wrong person.

Where medicines were prescribed on a ‘as required’ [PRN] basis there was a clear protocol for when it should be used and the frequency of use. We found that there was minimal use of PRN medication prescribed for people with behaviours that may challenge others. This meant that staff were meeting the needs of people whose behaviour may challenge others. A health professional who was part of our inspection team told us that this was a positive thing as this also meant that people avoided the side effects of some of the medication including the increased risk of falls.

The provider had good practice guidance for staff to follow in the safe handling and reporting of medication. We saw that most records were completed correctly. However, we found that the provider’s guidance was not consistently applied by staff. For example, staff had not always recorded that they followed specific instructions when administering people’s medication that was required to be taken in a time specific way. There were gaps in recording whether staff

Is the service safe?

had carried out post medication administration checks on a person who required such checks. We also found in one person's records that staff had not recorded if they administered medication or not on three occasions. In addition, on two occasions where a person refused medication staff had not followed the provider's guidelines to record the reason why medication was refused. This meant that people were at risk of not receiving their medicines as prescribed by their doctor. We brought this to the attention of the manager who informed us that they would follow this up with staff to ensure that staff followed the guidelines for medicines record keeping.

People were safe from risks of trips and fall because the home was tidy and free from clutter. On the day of our inspection we found that some people's rooms did not have restrictors fitted to windows to prevent people falling out of them. We brought this to the attention of the provider who promptly ordered and installed window restrictors, and completed required risk assessment.

Is the service effective?

Our findings

People who used the service were very complementary about the staff that supported them. One person said, “staff are nice.” Another person told us, “I have found people [staff] very helpful.”

Staff told us that they were able to fulfil the requirements of their roles due to the support they received through training and regular staff supervision meetings. At supervision meetings staff and their manager can discuss the staff member’s on-going performance, development and support needs, and any concerns. Staff told us they had monthly supervisions and on-going job appraisal. Staff told us they had attended several training courses including safeguarding, medication training, dementia care and awareness. We were able to confirm that staff had completed these training when we reviewed the provider’s training records. The deputy manager told us that the provider was supporting them with their NVQ in leadership and that a number of the care staff were doing the NVQ 3 in care. On the day of our inspection we saw a member of staff completing some training via e-learning.

We saw that staff had effective skills and support to meet the needs of people with dementia and similar conditions. For example we saw in a person’s care plan that if they had hallucinations that staff would offer to check the room and reassure [person that used the service] which helped to calm them. We reviewed a record where the manager had terminated a staff placement because of an incident which demonstrated that the individual involved did not understand the needs of a person who used the service.

The manager and deputy manager had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and its relevance to their work. The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA. The provider had made applications to the local authority for DoLS authorisation for people that required this. We reviewed records that showed that the provider

has considered how the application would be in the best interest of the person for who the authorisation was required. This meant that people’s liberty was only deprived when it was in their best interest, and it was done in a safe and correct way. Staff we spoke with were aware that restraint could only be used if legally authorised. We observed staff interaction with a person whose behaviour may challenge others, staff were reassuring and calm in the way they supported this person. We also observed staff seek people’s consent to interventions when they required support with personal care.

We found that people’s care plans contained do not attempt resuscitation (DNAR) records which had not been completed correctly following the national guidance. For example we saw that one person’s record on the provider’s reference board did not match what was on the person’s care plan, another person’s record did not show that the person had been consulted on the DNAR even though they had capacity to make this decision. There was a risk therefore people may not have been treated in accordance with their wishes. We brought this to the attention of the provider, who promptly requested the DNARs to be reviewed by the doctor. We later had a telephone conversation with the doctor who agreed that the records had not been completed correctly and that they had now been correctly completed following the guidance and that people who had the mental capacity had been involved in the decision about their DNAR.

People told us that they enjoyed the meals at Silver Oaks. One person told us, “The food is very good.” Another person referring to the food said, “I am given choices.” Staff told us that people made their choice of meal daily. There were alternatives available if people changed their mind about their choice of meal. The provider used a combination of ready meals and freshly made meals by the cook. On the day of our inspection people had chosen to have a special bonfire night lunch which was freshly prepared by the cook. We observed how staff supported people over lunch time. Staff offered people choice and gave extra helpings when people requested. People appeared to enjoy their meals, and ate at their own pace without disruption from staff. Staff engaged with people asking if they enjoyed their meal. A member of staff sat at a table and had her own lunch and people at the table enjoyed engaging with the staff member.

Is the service effective?

The cook was aware of people dietary needs which corresponded with details of nutritional needs in people's care plans. The provider monitored people's weights monthly and requested support from the community dietician when required.

People had prompt access to healthcare professionals when required. This included support from GP, chiropodist, dietician, optician and other health professionals. People were supported to be attended the local GP surgery. This allowed people to maintain their general health and wellbeing. We reviewed records that showed that people had received their annual flu vaccination. A health professional who visits the service told us, "they [Silver Oaks staff] are usually ok if I request anything. I encourage them to attend our multi disciplinary team meetings, but they haven't attended yet."

People had access to appropriate spaces that met their needs and promoted their independence. National Institute of Clinical Excellence (NICE) guidance states that

care managers should ensure environments are enabling and aid orientation and include attention to lighting, colour schemes, floor coverings, signage, garden design and access to and safe external environments. There were directional signs at the end of the corridors to orientate people around the home. The signs were clear and understandable and were in keeping with the homely environment. Some rooms had memory boards outside their rooms which aims to orientate residents to their personal space and enhance a sense of individuality. This was a work in progress as staff collected photographs and memorabilia of people's history and interests. The home had pleasant outside area that was secure, in good order and free of obstacles that may cause a risk of fall. There were many photographs around the home showing that this area was well used during warmer months for fetes, entertainment and just sitting outside with friends and family. The home had a main lounge and also a smaller quiet area, a person using the service told us, "I like to sit here in the afternoon to read and enjoy the birds".

Is the service caring?

Our findings

People using the service told us that staff were caring. A person told us, "I love it here. The staff are very good." Another person said, "They [staff] are very caring here." Relatives also told us positive things about the caring attitudes of staff. One relative said, "They [staff] look after her amazingly. Mum is happy." Another relative told us, "All the staff have the same caring attitude, they go beyond their call."

We observed that all staff on duty communicated with people effectively using different ways of enhancing that communication including touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately. Staff reassured people who were anxious and distressed and they responded promptly, calmly and sensitively.

Staff were always available to residents and we saw that they interacted on a one to one basis with residents throughout the day discussing the weather and general current topics of the day.

Staff were knowledgeable about the personal histories and preferences of people using the service. For example, we saw the activity coordinator dressed in Women's' Land Army uniform as part of the activity for the day. She called to a person using the service to join in a photograph being taken saying "Come on [person using service], you used to work in the Red Cross." The person joined the picture. People's care plans contained information about their personal histories, preferences, interest and hobbies, and through the day of our inspection we saw staff apply this knowledge when supporting people. This helped people to connect with staff that supported them.

People's care plans did not always include any evidence that people and their families were involved in the reviews

of their care. The manager told us that they had started the process of changing this and people and their relatives would become part of the formal review process. The deputy manager told us, "We are now meeting with individual families to share the residents care plans". At the time of our inspection the manager had completed the reviews of three out of the fifteen care plans using the new process. The previous care plans had not had any negative impact on people as people told us they felt listened to, and that staff acted on their wishes. One person told us, "I like quietness, they [staff] leave you alone when you want to be alone." Another person told us, "They [staff] accept what I like and what I don't like." People also had access to advocacy service. There was information of independent advocacy services for people and their relatives should they require this.

Staff respected the privacy of people who use the service. We observed that staff knocked on bedroom doors and identified themselves before they entered people's room. We also observed that staff were discreet when supporting people that needed assistance with personal care tasks. A staff member told us that they would ensure that they shut the door and cover people appropriately when supporting them. They also told us they shared people's information confidentially when liaising with other staff and professionals. The deputy manager told us that the service had plans to appoint a dignity champion. One person told us that when staff supported her, "They [staff] will not be pushy", meaning that she was supported to remain as independent as possible.

Relatives told us that they were able to visit without restrictions. Relatives visited freely on the day of our inspection. One relative told us, "I can go to Silver Oaks anytime."

Is the service responsive?

Our findings

People and their relatives were involved in decisions about their care. A person told us that she was “the chairperson of the residents association”, and presented the views of the people using the service. They told us the manager acted on their feedback. A relative told us, “I have regular meetings with [person using service]’s key worker”. A key worker is the main member of staff responsible for the care of a person using the service. Each person had a communication book in their room where staff wrote messages for relatives, relatives also used the communication book to pass messages to staff.

People’s care plans included information such as their life stories, likes and dislikes, how they like to dress, and day and bedtime routines. Staff applied this information to support people in a person centred way to help people to feel they mattered. At the start of our inspection, we observed that people using the service were well groomed, and that each person’s dressing reflected their individuality. For example some people were dressed casually and we saw a lady who wore heeled shoes throughout the day.

The provider had good practices to support people to follow their interests and engage in social activities. The service employed an activity coordinator for 24 hours per week. The manager told us that they frequently increased these hours if required. People did not follow a structured activity programme. People chose what they wanted to do, and staff supported them to achieve this. Before our inspection visit, a petting zoo visited the home bringing meerkats, lizards, guinea pigs and an owl. Staff showed us pictures of the visit that showed people were engaged in this activity and appeared to have enjoyed this. On the day of our inspection, there was a sing- a- long of war time tunes. This was in the context of an outing at the weekend to a war time café followed by an attendance to the local church to mark Remembrance Day. Staff and relatives told us how children from the local nursery visited to entertain the residents. These meant that people were able to maintain links with the local community.

The service also had the use of a commercial grade wireless internet service and was working to encourage people and their relatives to communicate on social media using the provider’s smart phones and ipads.

We observed that staff including the house keeper, maintenance staff, manager and the home owner stopped to speak to and offer support to a person who was spending time in their room. This meant that people did not feel isolated when they could not join in group activities.

People were supported to follow their faith. A relative told us how the service had worked with the local vicar to ensure that a person could continue to have holy communion.

We saw that people’s care plan included information on adjustments that may be required to meet the communication needs of people with dementia or similar conditions. For example one person’s care plan stated communication skills and style the person required including using body language and short phrases when communicating with the person. People’s records also contained information about how people who like to be supported if they are in unfamiliar environments. We found that the care plan was both comprehensive and holistic in addressing all activities of daily living.

The provider told us in their PIR that “everything that makes everyone unique is supported”. They also said they supported families through the emotions they go through at all stages of care. We saw evidence of this as relatives told us that the service went the extra mile beyond just meeting the needs of people that use the service and extended their support to people’s family and friends. For example, one relative told us, “Though we have used the service for a short time, it is amazing how staff remember my name, who I have come to see etc” They went on to say that this made them feel good. Another relative told us how the service had arranged for [person using service] to attend a friend’s funeral, and the manager refused for the relative to reimburse the cost of transport because they felt it was the responsibility of the service to meet the important need of the person to attend their friend’s funeral. We also saw records in people’s care plan where staff were encouraged to support people’s family and friends to deal with some of the emotional effects of people’s condition such as not being remembered or recognized by person using the service. We also saw from agendas and minutes of meetings with relatives that the provider offered the forum as a support group for relatives.

People and their relatives told us they were comfortable to make their views and any concerns known, and they were

Is the service responsive?

confident that they would be listened to. One relative told us, "If I have a question I come straight to the door." Another relative told us, "If we have any concerns, we know we can raise this with the manager." We saw that the provider had displayed their complaints procedure in the reception area of the home. The provider also had arrangements for seeking the views of people using the service and their relatives. These included surveys and resident meetings. We saw that the provider listened to people's feedback and made changes to improve outcomes for people. For example, we saw evidence that

people had expressed their concern about the standard of domestic services through a previous survey. We saw from meeting minutes that the provider had reviewed how it could delivered this support better and had employed a new member of staff who was experienced in this area to bring about the change that people wanted. On the day of our inspection, the home was clean and well maintained. Relatives also had online access to the home's diary, and could book an appointment to see the manager at a time that suited them.

Is the service well-led?

Our findings

People using the service had opportunities to be involved in developing the service. People did this through one to one meetings with the manager. The provider used communication aids such as large prints and flash cards to actively support people to engage and feedback their views. They also held bi-annual family meetings where relatives attend and can feedback any ideas, suggestions, criticisms or praise. For example, the provider had included allergen information in people's care records as a response to relatives' feedback from a previous survey. Results of surveys are made available to people using the service and their relatives. This is also displayed within easy access in the home.

Staff told us that they were encouraged to raise any issues or concerns about poor practice with the manager, and they were confident that the manager will take any concerns seriously. They did this through staff meetings and supervision meetings. Staff told us there was an open and transparent culture within the service. One staff member told us, "Both [the owner] and [the manager] are very accessible and approachable and responsive to new ideas and suggestions." Another member of staff told us that, "[the manager] is one of the best managers I've had."

The provider spoke passionately of how they were working to achieve a service that would be a benchmark in delivering care that supported people to live a meaningful and fulfilled life. They told us that the overall ethos of the service is that it should be "homely and person centred". They also told us in their PIR that the service's 'ethos/mission statement is under pinned by genuine caring people who go beyond their contracts'. We saw evidence of this from our observation of caring interactions from staff, and the positive feedback received from people who used the service and their relatives. This showed that staff understood and promoted the vision of the service. At their induction, staff signed up to a statement which included how they would apply the service's value in their job roles. The manager reinforced the ethos to staff by modelling

how the values looked in practice, and in staff meeting and individual one to one sessions. We also saw evidence of ethos in the service correspondences of survey, meeting agendas and minutes.

The provider had established links with the local community. This included visits from the local infant school to entertain resident. On the day of our inspection ('Bonfire Night'), people chose to have a bonfire lunch of faggots which was sourced from the local butcher. The manager told us that a retailer was sending a team of twenty members of their staff to serve Christmas dinner as their support to Silver Oaks.

The manager had applied to the Care Quality Commission to become the registered manager for the service. It is condition of registration that the service has a registered manager in order to provide regulated activities to people.

On the day of our inspection we saw that the manager and senior staff were accessible and responsive to care staff who sought their advice or support. Staff, people and their relatives gave us positive feedback about the managers. Their comments included, "current management is even better than before", "you cannot question [manager]'s commitment", "best decision I've ever made was to come and work here and it's even better since [manager] came as the home manager."

The provider had effective procedures for monitoring and assessing the quality of the service. They used the 2014 regulations of the Health and Social Care Act, and Care Quality Commission guidance about our inspections to self-assess their compliance and response to the regulations. They told us that they have completed some work on the day to day practice of the regulations and the CQC's guidance. The provider also completed regular monthly audits of the service. People's feedback through survey and meetings were used in developing the agenda for the biannual family meeting where they discussed the findings and wider development issues. Results of these surveys and meetings are made available to all relatives. A relative told us, "I cannot always attend meetings, but I get sent emails. I am emailed questionnaires, surveys and newsletters about what the service is planning."

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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