Bradbury House Limited

Silver Tree Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an unannounced inspection at Silver Tree Lodge on 12 July 2018. The last inspection of the service was carried out on 31 May and 1 June 2017. At that time, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches concerned the assessment and planning of risks relating to people's safety in the premises, the safe management of medicines and the effectiveness of quality assurance systems to ensure areas for improvement were identified and acted upon.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions 'safe' and 'well-led' to at least good.

The provider sent us an action plan in June 2017. This described what they were planning to do to comply with the regulations and improve in specific areas. At this inspection, we found that necessary improvements had been made.

Silver Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Silver Tree Lodge can accommodate eight people in one adapted and extended Victorian house. At the time of our inspection seven people were living there. Silver Tree Lodge consists of eight individual apartments. Each apartment is en-suite with a separate lounge and bedroom area. Two of the apartments have their own kitchen facilities. Communal living spaces include a living and dining room, kitchens and gardens.

The service works in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe at Silver Tree Lodge. We saw systems and processes which helped to keep people safe. These included risk assessments and individual safety measures, as well as equipment checks and the investigation of accidents and incidents.

People received their medicines when they needed them from staff who had been trained and were competent to do this task.

Safe recruitment and selection procedures were in place to ensure staff were suitable to work in the service.

There were enough staff in post and they had enough time to spend with people to make sure they received safe and effective care.

Staff understood their roles in relation to the Mental Capacity Act 2005. This meant that people were supported to have choice and control in their lives. Their privacy and dignity was respected and people were encouraged to be as independent as possible; the policies and systems in the service supported this practice.

Staff had a good understanding of people's needs and preferences, and were compassionate, kind and caring. People were comfortable in the presence of staff and confident in their abilities.

When there were concerns about a person's physical health or wellbeing staff liaised with healthcare professionals. Staff helped people to access appointments when necessary.

Systems were in place to monitor and review the quality of care provided. Checks were carried out regularly, and there were clear action plans to achieve improvement when this was needed.

People spoke positively about the service and the staff who supported them. Relatives found the staff team to be supportive, compassionate and caring.

Many of the staff had worked at Silver Tree Lodge for many years. They were motivated and enthusiastic, and staff told us that their colleagues and managers supported them well.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely. This had been improved since the last inspection.

Risks to people were assessed and monitored to ensure that people remained safe. This had been improved since the last inspection.

People felt safe living at the service.

Processes were in place and were followed by staff to protect people from harm or poor care.

There were enough staff to meet people's needs and respond flexibly.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of mental capacity, consent and best interests decisions.

Staff received training and support to ensure they were knowledgeable and skilled in their roles.

People were supported to stay healthy and well. The service made referrals to other relevant health professionals when required.

Is the service caring?

Good

The service was caring.

People were relaxed in the company of staff.

Staff respected people's privacy and dignity.

Staff had a good understanding of people's needs and

preferences, and were compassionate and patient.

People and their relatives were complimentary about the service.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew them well.

People were supported to make choices about their care where possible.

People and their relatives told us they felt able to make a complaint, and were confident that any concerns would be fully investigated.

Is the service well-led?

Good

The service was well led.

Quality assurance and monitoring systems were comprehensive and effective. This had been improved since the last inspection.

The service promoted a culture that was person centred, open and inclusive

Staff and people spoke positively about the manager and they felt respected and supported.

Silver Tree Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 12 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

The provider of Silver Tree Lodge completed a Provider Information Return (PIR) before the inspection. This is a form which gives key information about the service, what the service does well and any improvements they plan to make. We also looked at the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed the other information CQC had to help inform us about the level of risk for this service. We considered this information to help us to make a judgement about the service.

During the inspection we spoke with three people who were living at the service. We also spoke with the registered manager and three members of staff. After the inspection we contacted three people's relatives by telephone.

We looked in detail at two care records and the medicines administration records for everyone living at the service. We looked at three staff files, and a separate staff induction file. We also looked at a range of records and documents including meeting minutes, policies, audits and environmental reports.

Good

Is the service safe?

Our findings

At the last inspection of Silver Tree Lodge in May 2017, we found that risks relating to people's safety in the premises were not always assessed and planned for. We also found that medicines were not always managed safely.

At this inspection, we found that improvements had been made to ensure people were safe in the premises. The provider had installed radiator covers throughout the building to reduce any risks of injury from hot surfaces.

We saw evidence that safety checks, audits and maintenance were carried out on the environment, equipment and services, such as gas and electricity, to ensure they were safe. Servicing and repairs were carried out as necessary.

There was regular monitoring of health and safety and infection control, and actions were recorded so that these could be tracked and outcomes checked. All staff had received training in health and safety and infection prevention and control.

People had up to date Personal Emergency Evacuation Plans (PEEPs) in place. These told staff about how to support people in the event of an emergency, such as a fire. On each person's bedroom door and in communal areas throughout the service, there were easy read signs which told people what they should do, or where to go, in the event of a fire. There were regular fire drills, and a log was kept about the outcomes and any issues or actions.

We found that improvements had been made to ensure medicines were managed safely. Medicines were given to people by staff who were trained and assessed as being competent to do carry out this task. Staff knew when people should receive their medicines, and understood how to do this according to best practice and local policy. Medicines were provided by a local pharmacy, and they provided printed medicine records and prepared monitored dosage systems. An external pharmacy audit had been carried out.

No-one administered their own medicines, and people were happy with staff giving them their medicines. One person said, "The staff help me with my medicines. The staff are good." Information leaflets about medicines were not readily available for people at the service. During the inspection, we discussed possible ways of making such information meaningful for people. This was an area that the registered manager planned to consider further.

Medicines administration records (MAR) were complete and up to date. Individual MAR were clear and legible and included a photograph of the person, known allergies, and body maps. Some people took 'as and when needed' (PRN) medicines, such as pain relief. There were protocols for PRN medicines, and these were recorded separately.

We observed staff give a person their medicines. This was done in a methodical way, and the staff member was focused both on the task and the person.

Staff described what they did if an error was made with medicines administration or if a person refused to take their medicines. When people went out on community activities or trips, there was a clear record of medicines being signed out of the service, and back in when the person returned. This meant that staff could safely account for medicines.

People had regular contact with their GP and other specialist health professionals. There was evidence that medicines were reviewed on a regular basis, and staff told us about positive changes that they had observed in people's presentation following a review of prescribed medicines.

People told us that they felt safe at Silver Tree Lodge. They said, "I feel safe here. There's no bullying. The residents are nice." Although one person told us that sometimes they found people annoying or too noisy, they also explained that they had coping strategies. This included going elsewhere, speaking with staff or the person. They said, "The staff help. They look after me."

Systems were in place to safeguard people who used the service. Staff had received training, and safeguarding was regularly discussed in staff meetings. The staff we spoke with were clear they would act if they had any concerns about the care or welfare of a person. One staff member said, "there's always a team leader; I'd take it to one of them." Staff were clear about their responsibility about action being taken. A staff member stated that they, "Would rather chase it up and be told not to worry" when following up safeguarding concerns that they had reported. They added, "It's key that the residents are safe and happy."

People's risks in relation to eating and drinking, seizures and safety were assessed and plans were in place to manage these. One person had specific plans in place regarding choking, and assistive technology devices were being introduced to ensure an alarm would be raised if the person's choking risk increased. This meant that the service was reducing the risk of harm to people whilst maintaining their independence where possible.

Care plans contained risk assessments which were clear and personalised. When risks were identified, information was provided about how staff could work with the person to achieve the desired outcomes. Information included reducing the risk of falls, managing particular behaviours, environmental hazards and risks in the community. During our inspection, it was clear that staff knew people well, and they were very aware of individual's risk potential and triggers. For example, staff told us about risk 'triggers' for one person in detail, and another explained that staff had received specific training to ensure they were confident and competent about caring for a person who had an uncommon type of treatment for epilepsy. This showed that risks were being managed appropriately and staff were able to support people.

The service was clean, well maintained and free from odours. Cleaning schedules were followed and kept up to date. Staff supported people to keep their apartment clean and tidy. Assistance was also given with tasks such as laundry if needed.

Accident and incident forms were completed as necessary, and the registered manager and provider reviewed these to consider themes, trends or issues. This meant that the need for further referral or assessment could be considered to make sure people continued to be safe.

There were sufficient numbers of suitable staff deployed at the service. There was an ongoing recruitment process in place, but staffing levels met the identified needs of the service. Rotas were planned to ensure

staff could support people with activities, and there was flexibility with this. One staff member said, "We all work with each other. We do the best that we can to keep the guys doing what they want to do." Relatives told us that they felt staff always did their best and were flexible in providing support at short notice and in difficult situations. Agency staff were not used at the service. Absences were covered by permanent staff or by the provider's wider staff team. This meant that there was consistency and continuity for people. We saw that staff were available and able to support people and meet their needs safely during our inspection.

Safe recruitment and selection procedures were in place. Pre-employment and other checks had been carried out to ensure staff were suitable to work with vulnerable people. This included Disclosure and Barring Services (DBS) checks. A DBS check allows employers to confirm whether the applicant has any past convictions that may mean they are unsuitable to work in this kind of service.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care was delivered in line with current guidance. This included involving people in making a wide range of choices and decisions.

Staff explained what they understood by person centred care, and we saw people being offered choices about food, who they would like to support them in a task or activity, and what they wanted to do. These choices and the way they were presented were tailored to each individual's needs, level of understanding and ability. People's care plans supported this person supported approach. One person's care plan informed staff about how best to find out more about a person's pain when they complained of feeling unwell. Another care plan provided information about how to positively support a person when their behaviour challenged the service.

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.

Assessments had been completed and showed that some people living at the service had the mental capacity to make decisions about many aspects of their lives. Where people lacked the capacity to make complex decisions best interests decisions had been held. For example, about finances or aspects of their physical wellbeing

Staff had received training and understood the principles of the MCA. They could tell us about their responsibilities under the act and how they worked with people in their best interests. Staff told us about how they worked with people when they made what could be regarded as unwise decisions and gave us an example of how they had worked with one person around their choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were not unnecessarily restricted at Silver Tree Lodge. Where necessary, assessments had been carried out and DoLS applications made to the relevant local body. These were under ongoing review.

Staff received training which was relevant to their role. Some of this was specific to Silver Tree Lodge, and some 'core' training was arranged by the provider. This gave staff the knowledge and skills they needed to support people effectively. One said, "The company's really good with training. If you need something specific, they'll do it." Staff were positive about the training they received. One staff member told us that the training had improved and evolved over a number of years and added that it was, "Much better now."

Many staff had been employed at the service for a number of years, but said that they received a comprehensive induction which included training, shadowing and support. This meant that staff understood and felt equipped to carry out their role. All staff had either achieved a qualification in health and social care, or undertaken the Care Certificate. The Care Certificate is a qualification which supports staff to adopt values and behaviours that are nationally recognised to provide good care.

Staff told us that they received regular supervision from a named colleague. They found this useful. Supervision is where staff meet with a senior staff member to discuss work or any other issues affecting the people who use the service. During supervision, staff routinely discussed team and performance issues, service user and key working review, training and safeguarding. We saw supervision records which confirmed this.

People were supported to eat and drink enough and maintain a balanced diet. Some people could prepare many of their meals, whilst others required more support. A weekly menu plan was available in an easily understandable format. This had a variety of foods to support a balanced diet, and we saw people being offered choices at meal times. People were encouraged to be involved in meal planning and people's preferences were supported. For example, one person told us that they, "Only really like beans." At lunchtime, staff spoke with the person about what they wanted for lunch and suggested various options, but the person chose to have baked beans and was noted to be enjoying them. This showed that staff supported the person's choices and preferences.

A person had choking risks associated with eating and drinking. These had been assessed by the provider and a speech and language therapist. The risks were managed and reduced by staff providing the person with a soft diet, thickened drinks and supervision at meal times. Staff had received training about soft diets.

One person had been identified as having high cholesterol and the team were supporting them to manage their diet. Another person had recently been able to lose weight after a period of illness and limited mobility. These examples show that risks were being identified, and people supported to have a nutritionally balanced diet.

People were supported to make and attend appointments with a range of health professionals. This included GP, speech and language therapist, chiropodist, neurologist and optician. We saw evidence that people had access to dental services, orthopaedic services, and a full range of preventative health services including screening programmes.

Each person had a Health Action Plan which described, "What I need to do to stay healthy." This included information about lifestyle, diagnosis, sleep, diet, general health checks and family history. The Health Action Plan contained a record of appointments and a brief summary of actions or outcomes following appointments with health professionals. This showed that People were supported to stay healthy and well and relevant health professionals were involved when required.

The environment met people's needs. People were able to personalise their bedrooms, and were proud of these. One person said, "I love my room. It's got all my things in it", and another person was very keen to show us their room and tell us about their possessions.

Good

Is the service caring?

Our findings

People were cared for by kind and compassionate staff. There were many positive interactions between staff and people who lived at the service. For example, we observed staff and people singing together to an Abba CD, and people joked and laughed with each other appropriately. Staff were positive about the people they cared for. One staff member said, "The best thing about this job is the people we get to care for and work with."

People living at the service appeared comfortable around staff. Interactions were natural and warm and there was a relaxed and happy atmosphere. One person told us, "I'm happy here. It's good here. I've been here a few years, and it's good." People's care plans reinforced the positive mood. For example, one person's care plan stated, "I like having a laugh and joke at the staffs' expense."

We also observed many thoughtful exchanges between staff and people using the service. For example, one person was resting on the sofa in the main living room area. Staff noticed that the person was not sitting comfortably, so they got a pillow from the person's room, made them more comfortable and helped them to put their feet up. The person responded positively to this support.

One relative had written, "Extremely happy with how you take care of [name]. Your support while they were poorly was outstanding. [Name] really does have a 'home' and this is made possible by the whole team and the compassion you all show. Thank you." Another relative said that they were, "Absolutely thrilled to pieces," with the service that their relative received.

Staff were able to describe people's needs and care preferences. They told us they had time to spend with people. One person told us, "There are enough staff here. They always do things. They help me." A member of staff explained, "We give people as much choice as possible. We just do the best we can with what we've got for who we've got."

People's care plans were clear and detailed how much support people needed with tasks and what they could achieve themselves. For example, one person's notes described the support they needed in a range of daily activities such as personal care, sleep, shopping, life skills and finances. This meant staff knew how to actively support people in ways that helped them maintain and develop their skills.

Staff were clear that they always upheld people's privacy and dignity. One staff member told us about issues they would consider such as gender and individual preferences, and another explained that they would check personal preferences, knock on doors before entering and, "Check [the person] is comfortable and happy."

People were asked for their views about the service at monthly 'service user meetings'. Meeting notes were available for anyone who had not been able to attend.

Personalised information was recorded in people's care plans and daily diaries, and staff told us that they could access these. Information was kept securely in line with the General Data Protection Regulations, and staff understood the principles of protecting people's confidentiality.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Up to date care plans supported this. Care plans were developed with input from the team, the person and other professionals in some cases. Care plan reviews carried out regularly, and the plans we saw were signed by the person to show that they had been involved in and consented to the review. Relatives told us that they were invited to reviews, and that the service also contacted them at other times to inform them of concerns, changes or achievements.

Care plans contained information about people's likes, dislikes and preferences, for example, "I don't like loud noises", "I like to have my hair dyed", and, "I like speaking with people on the phone." One person's plan gave staff prompts about what to do when the person became agitated. Records were written clearly and were person centred throughout. These records were not in an accessible format for most people, but staff told us that they reviewed the contents with people. A daily diary was in place for each individual, and these were personalised, simple in format, and contained pictures to aid people's understanding.

Staff understood what "person centred" meant in their roles. One staff member told us about how they had supported a person in choosing, booking and planning all aspects of a holiday that they wanted to take. Another told us about the different approaches they used to help a person make choices.

A keyworker system was in place which meant that some staff had a particularly detailed knowledge or good relationship with an individual. Most of the staff at Silver Tree Lodge had worked at the service for many years. This provided consistency for people and meant that staff knew and understood people and their needs well. Staff we spoke with were able to describe in detail how they supported people on a day to day basis. Important information and changes were communicated to staff in a handover book and through regular face to face updates. This enabled staff to respond to people's current needs in the most effective way.

People were supported to engage in a range of activities that were meaningful for them. Staff told us that they supported people to, "Do what they want to do," adding, "It can be hard to make things happen, but that's our job." One person told us that they felt they had enough time to be able to do the things they enjoyed and to go out with staff. They explained that they particularly liked going to charity shops. People were enthusiastic about a swimming group which had recently started. Some people attended a farm project, day services, or used local shops and community resources. We saw that staff were able to facilitate unplanned trips to the park directly opposite the service. This showed that people's activity preferences were supported wherever possible.

People had developed friendships within the service which were supported. People were in contact with relatives, and the service welcomed visitors. Relatives told us that they could visit at any time, and were always made to feel very welcome.

A complaints policy and leaflets were available at the service and people raised concerns at regular service

user meetings. Policies and leaflets were available in easy read formats. People and their relatives told us that they knew how to complain and said that they would feel comfortable raising concerns with a staff member or the registered manager. There had been no complaints since the last inspection. Staff told us that they felt able to raise concerns or complaints, and a Whistle Blowing policy was in place.

No-one using the service at the time of our inspection had specific end of life care needs. We spoke with the registered manager about discussing this potentially sensitive subject with people. A policy had already been written and paperwork created. The registered manager planned to begin conversations about people's wishes and preferences in the near future, but was aware that the subject may be distressing for some people. It was suggested that other services or providers may be able to share their experience in this area.

Good

Is the service well-led?

Our findings

At the last inspection in May 2017, we found that quality assurance systems were not always effective in identifying shortfalls or monitoring improvements. At this inspection the registered manager told us that there had been a significant review of governance, quality assurance and monitoring systems by the provider. The provider now had a quality assurance process that included an assessment of the service under CQC's five key questions. The audits that we examined were comprehensive and identified actions and methods for tracking task completion. This supported the service to learn, improve, innovate and deliver high quality care.

The provider had a mission statement in place. We saw staff promoting the principles outlined in the mission statement during our inspection. One staff member said, "We give people as much choice as possible and talk to people normally at a level that's appropriate for them. A calm, settled approach makes a big difference."

During our visit, the registered manager was visible around the service. They spoke with people and provided support in different ways. People and relatives knew the manager, and said that they could speak with them about a range of matters. One person said, "yeah, the manager's alright," and another added, "I just tell them (the registered manager) if I'm not happy." A relative told us that they regularly spoke with the registered manager, and found them to be open, supportive and helpful.

The registered manager told us that they had an 'open door' policy. Staff said that the registered manager and senior staff were approachable and that they felt "well supported", "well managed", and happy and valued in their roles.

The staff we spoke with were positive and well-motivated. One staff member said, "I feel really rewarded. I really, really, really enjoy my job." Staff told us that managers appreciated what they did, and we saw evidence of this in team meeting notes and on the service's website. Here staff efforts were acknowledged in 'employee of the month' and information was provided about why the person had been nominated.

Minutes of monthly staff meetings included discussion around people's needs and risks, training, safeguarding and health and safety. The minutes suggested that team meetings were open and that staff were actively involved in the meeting and discussions.

Staff were clear about their responsibilities and understood what was expected of them. Expectations and standards were made clear to staff in supervision sessions and staff meetings.
Senior staff provided support during shifts, and support was available from managers at any time via telephone.

When talking about the team, staff said, "the guys are great", "they're like nothing I've ever worked with", and "the team is good. There are a wide range of skills, and that gives a really good balance." People who

used the service said, "I get on with all the staff, they're nice," and "the staff are the best." Relatives told us that the staff knew people well and understood the challenges they faced. All the relatives that we spoke with told us about ways in which the staff team had "gone above and beyond" to provide a supportive, high quality service.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of events that had occurred within the service as required. The registered manager had been open and transparent following incidents, and had spoken with people and contacted families as necessary.

The service worked closely with a wide range of external stakeholders and agencies. The registered manager had links with other providers through local forums. These links supported ongoing development and learning from good practice to ensure high quality care provision.