

Mr Neil Bradbury

# 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 

### Overall summary

We carried out this inspection on 3 March 2015 and this was an unannounced inspection. When Silver Tree Lodge was last inspected in September 2013 there were no breaches of the legal requirements identified.

Silver Tree Lodge provides accommodation and personal care for up to eight people who have learning disabilities or mental health needs. At the time of our inspection there were seven people living at the service.

A registered manager was not 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. A manager was in post who had applied to become the registered manager.

People felt safe and staff knew how to identify and respond to allegations of abuse. The provider had a safeguarding and whistleblowing policy for staff that gave guidance on the identification and reporting of suspected abuse.

# Summary of findings

People and staff employed at the service felt staffing levels were sufficient and that people's needs were met. The service had a stable staff team. The provider had a safe recruitment processes in operation.

People received their medicines on time. There were suitable arrangements in place for the ordering and disposal of medicines. Medicines were stored correctly and medicines records had been completed accurately.

People made positive comments about the care and staff at the service. Staff told us they were happy with the level of training provided and felt supported through a regular supervision process. An induction period was undertaken by new staff when they commenced employment.

Staff understood their obligations under the Mental Capacity Act 2005 and training had been provided. The manager was aware of their legal responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had obtained advice when required from the local authority in relation to applications. We have made a recommendation to the provider about the implementation of a DoLS policy.

There were reviews of people's health and people could see healthcare professionals when required.

Staff at the service were caring towards people and people were involved in the planning of their care and support. People's support records reflected people's involvement and the decisions made in their care planning.

Support provided to people met their needs. Supporting records highlighted what was important to people and how to support them if they became anxious and displayed behaviour that may be challenging. The provider had a complaints procedure and people felt confident they could speak with staff about matters of concern.

People and staff spoke positively about the manager and communication with staff was regular through meetings. An auditing system to monitor the service provision and safety was in operation.

# 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 safe. People within the home told us they felt safe.

Staff explained how they could identify and report suspected abuse. The provider had appropriate safeguarding and whistleblowing policies.

Staffing levels ensured people's assessed needs were met and recruitment procedures were in line with requirements.

People's medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective. Staff were trained and supported by the provider through regular supervision.

The manager was aware of the requirements of the Deprivation of Liberty Safeguards.

Staff understood the principles of the Mental Capacity Act 2005.

People's healthcare needs were met and the service had obtained support and guidance where required.

Good



### Is the service caring?

The service was caring. People told us staff at the service were caring.

Staff provided personalised care.

People's independence was promoted by staff.

People received support in line with their preferences and told us they made decisions about their care.

Good



### Is the service responsive?

The service was responsive to people's needs. People made choices about their daily lives and the support they received.

People were supported to maintain their independence through education, involvement around the service and social activities.

People were involved in care and support planning.

The provider had a complaints procedure and people felt able to raise matters.

Good



### Is the service well-led?

The service was well-led. People spoke positively about their relationship with the manager.

Staff spoke positively about the manager and told us they were approachable.

The manager communicated with staff and ensured staff could contribute to matters in the service.

There were quality assurance systems in place to monitor the service provision.

Good



# 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 was carried out by one inspector. When Silver Tree Lodge was last inspected in September 2013 there were no breaches of the legal requirements identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with four people who lived at Silver Tree Lodge and four staff. This included the manager who was in the process of registering with us, a senior team leader and support staff. We reviewed seven people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People said they felt safe in the home and the provider had arrangements in place to respond to suspected abuse. Safeguarding and whistleblowing policies were available for staff that gave information on how to identify and respond to suspected abuse. Staff were knowledgeable about how to report safeguarding concerns both internally and externally to organisations such as the Commission, the local safeguarding team or the police. Staff had received training in safeguarding adults.

Risks to people were assessed and risk management plans were in place to reduce any identified risks. These assessments were unique to people's assessed support needs and related to different activities they may undertake in their daily lives. For example, a person in the home had a medical condition that impacted on their daily life and required the person to have specific medical equipment with them at all times. Within the person's records appropriate support and guidance for staff was recorded to ensure the person was still able to live an independent life where possible. We highlighted to the manager that although it did not place people at immediate risk, some risk assessments had not been reviewed in accordance with the review date on the assessments. The manager told us they were aware of this and the matter would be addressed as a priority.

Additional risk assessments and management plans were recorded within people's care records to guide staff in relation to positive behaviour management. These are techniques to help people learn new skills to change any behaviour that is affecting their quality of life. For example, one person was identified as presenting a risk to themselves and others whilst travelling in a vehicle. The risk management guidance ensured that the risk of any incidents happening were reduced prior to going out in the vehicle. This was through talking with the person and making observations. This demonstrated that although the service had identified a risk, the risks were managed so the person could still go into vehicles to go out of the home.

Incidents and accident forms were completed when necessary and reviewed. This was done by the manager to reduce the incident or accident happening again by establishing if the matter could have been prevented. Incidents and accidents were reviewed monthly and

showed the type of incident for example if it involved medicines or restraint, or if the matter had resulted in injury to the person or staff. The recent records reviewed did not demonstrate any trend or patterns in reported incidents.

Staffing numbers were sufficient to meet people's needs and ensured people were supported safely. There were sufficient staff to help people if they needed it and people said they received the 'one to one' time with staff they were supposed to. Staff said that staffing levels met people's needs and confirmed that the staffing levels ensured that people's assessed and funded 'one to one' time with staff was completed. Staff explained that in the event of a staffing shortage, additional hours were offered to staff to ensure sufficient numbers were available.

Safe recruitment procedures were followed before new staff were appointed. The provider had an appropriate system that reduced the risk of unsuitable staff being employed at the service. A covering sheet within staff files was used to monitor the progression of an application and ensured all pre-employment checks were completed. For example, the staff files contained an application form with a previous employment history, together with employment or character references and photographic evidence of the person's identity. An enhanced Disclosure and Barring Service (DBS) check had been completed and the DBS certificate number was recorded within the files. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were managed safely whilst people's independence was promoted. People were supported with their medicines by staff and they received them when they needed them. Staff explained the system in operation for the obtaining and disposing of medicines which met people's needs. There were suitable arrangements for the storage of medicines in the home. Where required, we found that liquid medicines and topical creams had the date of opening recorded which ensured they were only used within the specified timescale. Medicine administration records for people had been completed accurately. Where people required medicines on an 'as required' basis such as paracetamol, the dosage given was clearly recorded. Staff had received training in medicines management.

# Is the service effective?

## Our findings

People received effective care and were positive about the staff that supported them. We received positive comments from all of the people at the home about the staff. One person we spoke with said, “They [staff] are lovely, they make me happy.”

Staff received training from the provider that enabled them to carry out their roles. We reviewed the training record which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in psychological and physical interventions was supplied by a nationally recognised provider. Food hygiene, safeguarding adults and medicines training was also completed. Where training required updating, the manager had identified this and projected update training was planned for staff.

Additional internal and external training specific to the needs of people who used the service had been provided for staff. Training in mental health, autism, epilepsy and positive behaviour had been undertaken by staff. In addition to this, training had been completed in behavioural scales, trigger points, diffusion and incident report writing.

Staff felt supported by the manager. Staff received a supervision to discuss their work every six to eight weeks which was reflected by the records we looked at. The supervision records showed that any set objectives or matters raised at the last supervision were discussed, together with performance, training and the needs of people at the home. If any areas were highlighted for improvement this was recorded, and staff told us they felt comfortable they could raise issues with the person completing their supervision.

New staff completed an induction training programme. The induction included training such as first aid and health and safety. The new staff members received training and education on the different learning difficulties they would encounter at the home to allow them to understand the people they would be supporting better. Corporate policies and procedures were read and signed to ensure the staff member understood them and how they impacted on their employment.

Staff had completed Mental Capacity Act 2005 (MCA) training. Staff told us how the MCA was important in their

role of supporting people in the home. They explained how they encouraged people to make decisions and promoted their independence in their daily lives. We saw examples of where people at the home had made certain lifestyle choices, the staff had ensured they had obtained expert guidance and information about that lifestyle choice to ensure people understood the positive and negative effects this may have on them.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so. The manager told us that no person currently living in the home required a DoLS authorisation. The manager explained when a DoLS authorisation may be required, and demonstrated they knew the process required and named a point of contact within the local authority with whom they had discussed DoLS matters. It was established that despite this evident knowledge, the provider did not have a policy in place for staff to adhere to when establishing if a DoLS authorisation was required.

At the time of our inspection no one receiving care from the service was at risk of malnutrition. People were involved in choosing their food and some were able to cook their own food with the support of staff. Everyone in the home was able to eat independently and the home ensured that people were weighed monthly to identify concerns early. People told us they had sufficient choice of food and liked being involved in choosing and preparing meals. One person commented, “They [staff] let me cook burgers and I like them.”

People were supported to use healthcare services. Care records showed that people had regular health reviews with their GP other healthcare professionals. We saw within everyone’s support plan that regular visits or appointments with dentists, opticians and chiropodists happened when required. People told us they had seen their GP and some said that the staff helped them when they needed to travel to an appointment.

**We recommend the provider implements a Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) policy. This would ensure that all staff were aware of who may require a DoLS and when it must be**

## Is the service effective?

**applied for. It would also explain the assessment process undertaken following an application and will identify individual responsibilities for certain staff who are involved in the authorisation process.**

# Is the service caring?

## Our findings

People felt cared for by the staff. All said that they felt important to the staff and said that staff helped them to do activities of their choice. One person commented, “The staff are lovely” whilst another said, “The staff are good here, they help me to do things.”

We observed positive interactions during our inspections. People were comfortable speaking with staff at the service and staff spoke with people in a caring manner that was dignified. We heard staff talking to people in a meaningful way, taking an interest in their plans for that day and for the rest of the week. When discussing these plans, staff offered people support with their plans which demonstrated the person was making the decisions about their life and not the staff.

Staff offered support to people to promote their independence and empower them to make decisions about their care. For example, we saw within records that people’s independence was supported. People’s individual records showed some people were independent and could go out into the local community alone. People lived their daily lives as they wished and told us they were able to do activities of their choice.

Staff demonstrated they had an in depth understanding of people’s personal needs and told us they were aware of people’s preferences. It was evident that staff understood the importance of personalised care. They were knowledgeable about people’s behaviours and what may cause their behaviour to become challenging, but also told us how this was managed and de-escalated through different methods.

People were involved in decisions about their care and treatment. People felt involved in their care and they lived their lives as they wished. We saw through records and by listening to people the choices they had. For example, one person was in education at a local college and had been involved in selecting the course. Another person explained how during a review they told staff they wished to go on a holiday, and that staff had explained how to look for and budget a holiday and supported the person to do their own research.

Staff respected people’s privacy. People had their own bedrooms and they told us they felt that they could have private and quiet time if they wished. People could have time alone and if they wished to stay in their rooms they could. During conversation, one person explained how they liked to spend many hours in bed some days. They explained that although staff encouraged them to get up, they respected their privacy if they asked for it.



# Is the service responsive?

## Our findings

People told us they felt they received good care that was personal to them and told us they made choices. Everyone told us they were very happy living in the home and felt they got the support they needed when they needed it. One person said, "If I ask the staff, they take me to see my Mum." During conversation others were positive about the choice they had at the home and one commented, "I can do as I wish here."

Care records were personalised and described how people preferred to be supported. People had an influence in their care and this was supported within their records. Individual needs were highlighted and specific personalised information was documented. For example, people's records showed risks associated with the person and how to manage identified risks. There was also a 'Positive Behaviour Support Plan' in people's records. These showed what may make a person anxious or distressed and how staff should approach the behaviour to support the person in the least restrictive way possible. This meant staff were aware of personal information about the person that may help to reduce or eliminate distress or anxiety.

Care records described additional information about people to help staff to know and understand the person. People's support records contained personalised documents that showed what in the person's life was important to them and what gave them a sense of belonging. Examples seen showed that one person's family and friends gave them a sense of belonging, and that sewing and cleaning gave them a sense of achievement. When we spoke with people about what was important to them their answers reflected their care records.

People were involved in reviews of their needs to ensure they were happy with the support they received. People had a monthly review with a member of staff that ensured their current programmes, for example life skills development, were suitable and rewarding. Discussions

were held about the leisure activities people did, and if they still enjoyed them. People said they had these discussions with staff and where possible the reviews were signed by people to show they had been involved.

People undertook activities personal to them. People had a weekly planner within their care records and they confirmed they did the activities on the planner if they chose to. For example, we saw that social activities such as going to the local public house or visiting a local farm were noted. Within the home one person was attending a local college. The staff were responsive in assisting the person to change their college course when the person identified they didn't enjoy the initial course they attended. Another person was previously employed but was unable to continue with their employment. The staff ensured the person continued their interest by supporting the person to be the home's 'handyman' and helping in the garden and basic maintenance in the house. The person told us they really enjoyed this role they had within the home.

People felt comfortable speaking with the staff if they had any worries or if something wasn't right for them. Within the service there was a complaints process in an 'easy read' format to ensure people were able to understand the process or who they could contact. People were happy they felt they would be listened to with one person telling us, "I would tell them if I was not happy." The service had a complaints procedure available to the public on the provider's website with key personalities within the organisation that people or their representatives could contact to make a complaint. The manager told us that complaints were very infrequent and stated that one complaint was currently being handled by senior staff within the organisation and the local authority. The service did not currently have a complaints book due to the low volume of complaints, however the manager agreed they would produce a complaint recording system to allow them to monitor and respond effectively should they receive a complaint in the future.

# Is the service well-led?

## Our findings

People were aware of who the senior figures were within the service and told us they felt the manager was easy to speak with. Positive comments were received about the manager with one person telling us, “The manager here is good.” Another commented, “I’m very happy with [manager name] being here.” We observed people continually came to the manager’s office during the day to speak with the manager about various matters and it was apparent people were at ease with the manager.

Staff felt valued and supported by the management team. We received positive comments from staff about the manager within the home. Staff said the manager had created a positive change in the service with one commenting the home had recently had, “A positive change and outlook. Staff commented the manager was approachable and that they would feel comfortable raising any concerns or issues.

The management communicated with staff about the service. The manager told us that team meetings were held every two weeks. Matters general to the home were discussed at these meeting such as people’s care needs, staffing and training. In addition to this, the alternate Tuesdays were designated for training. The training

subjects were agreed by the management and staff to assist in identifying where a training need may be. For example, a new person was moving into the service on the day of our inspection. This person had a medical condition some staff had no experience of, so the manager had enlisted the support of a specialist in this specific condition to train the staff in the condition and its effects.

The provider had a programme of regular audits that monitored the service and the people using it. A monthly audit was completed that ensured the infection control equipment within the service was fully equipped, that there was sufficient first aid equipment available and that accident and incident records were completed. Additional audits ensured that electrical portable appliances were checked regularly to ensure they were safe and the vehicles used by the service were serviceable. We saw that a fire alarm testing folder was in operation and an annual fire risk assessment had been completed in June 2014.

The manager told us they felt they had received a good level of support from the provider. They told us they had met frequently with the senior managers since starting their role. They told us these meetings were useful and they felt if they had any concerns they could raise them with the provider or a senior manager and they would be listened to and obtain the support they needed.