

HC-One Limited

Silverwood (Nottingham)

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

About the service

Silverwood (Nottingham) is a care home with nursing providing personal and nursing care to 54 people aged 65 and over at the time of the inspection. Silverwood (Nottingham) accommodates up to 80 people in two separate buildings; one building provides residential care for up to 39 people and the other building provides nursing care for up to 41 people.

People's experience of using this service and what we found

People said they felt the personal care they received was safe. People's needs were assessed, and any risks associated with health conditions recorded. Risks associated with the environment were assessed and mitigated. People received their prescribed medicines safely. Staff received training in safeguarding and felt confident to raise concerns. There were enough staff to keep people safe. The service was kept clean. Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.

People's personal and nursing care was provided in line with national guidance and best practice guidelines. The provider ensured staff had training and support to develop their personal care and nursing skills. People were supported to maintain a healthy balanced diet and to eat and drink well. The provider had taken steps to ensure the environment was suitable for people's needs. People were supported by staff to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and they looked after them well. Staff had received training on equality and diversity and respected people's wishes and needs in accordance with the protected characteristics of the Equality Act. People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. People's care was provided in ways which promoted their dignity and respected their independence. Staff respected people's right to confidentiality.

People were regularly asked for their views about their care. People were supported to practice their faith if this was important to them. The service identified people's information and communication needs by assessing them. People and relatives were positive about the support they had to take part in activities both within the service and out in their local community. The provider had a system in place to respond to complaints and concerns. People could be confident that at the end of their lives they would receive kind and compassionate care.

People and relatives felt the service was well-led. Since our last inspection systems for monitoring the quality of the service had become embedded and were more effective in identifying shortfalls and driving

improvement. The registered manager clearly understood their roles and responsibilities. Staff understood their roles in providing good quality care and felt confident and supported to do this well. The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 8 May 2019) and there were three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 8 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Silverwood (Nottingham)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector, a specialist advisor and two Experts by Experience. Our specialist advisor was a nurse with experience in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of our inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Our inspection was informed by evidence we already held about the service. We sought the views of Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought the views of external health and social care staff, and commissioners from the local authority. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of

services.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection visit we spoke with 19 people who used the service. We spoke with seven relatives and six care and nursing staff. We spoke with the registered manager, and the provider's area quality director. We looked at a range of records related to how the service was managed. These included five people's care records and how medicines were managed for people. We also looked at four staff recruitment and training files, and the provider's quality auditing system. During the inspection visit we asked the registered manager to send us additional evidence about how the service was managed, and they did this.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, we found breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people's health and safety were not always assessed and not all reasonably practicable steps to mitigate risks were taken. Equipment was not always used correctly. Not all medicines were managed properly and safely. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with health conditions recorded. These were reviewed regularly with people and relatives and updated when required. For example, staff carried out daily checks on people who were at risk of skin breakdown. This was to both check people's pressure areas and to ensure their pressure relieving mattresses were in good condition and at the correct setting. This meant people were protected from risks associated with poor pressure care.
- Risks associated with the service environment were assessed and mitigated. Regular health and safety checks were carried out on the environment, such as fire detection systems, hot water and legionella safety.
- Equipment used by people was regularly checked and serviced to ensure it remained safe and well maintained. This included checks on equipment such as pressure relieving equipment, hoists and slings. We observed several people who were supported to move with equipment. This was done safely, and staff communicated well with people to let them know what was happening and to check they felt safe.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff and visiting emergency professionals had quick access to information about people's needs to support them safely.

Using medicines safely

- People received their prescribed medicines safely. People felt confident they received medicines as prescribed, and relatives felt medicines were managed well.
- Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- Records relating to people's medicines were clear. Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

At our last inspection, we found breaches of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not always sufficient staff to keep people safe. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- There were enough staff to keep people safe. People and relatives felt there were generally enough staff to meet their needs. Staff said there were enough of them to assist people throughout the service in a timely way when needed.
- We observed that people were supported by enough staff. This included when people needed support to eat, needed emotional reassurance, or wanted to participate in activities.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Systems and processes to safeguard people from the risk of abuse

- People said they felt the care they received was safe. One person said, "I feel very safe here."
- Staff received training in safeguarding and felt confident to raise concerns. The registered manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this.
- The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Preventing and controlling infection

- People were protected from the risk of an acquired health infection. Staff followed good infection control practices which helped to minimise risks to people. The service was kept clean.
- The registered manager and provider carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured risks from an acquired health infection were minimised.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and where action had been taken to minimise any risk of future incidents.
- Where things went wrong, the registered manager explored the reasons and took steps to reduce the risk of it happening again.
- Lessons learnt from incidents were shared with all staff to encourage a culture of learning and improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, we found breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks relating to people's fluid intake, and skin care were not managed effectively. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- People's care and support needs had been assessed with them prior to moving into the service. This ensured people's needs could be met by the staff team.
- The staff team were supported by a range of health care specialists in the community.
- Personal and nursing care was provided in line with national guidance and best practice guidelines. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of malnutrition or risk of skin breakdown. One person, who had a pressure sore, had a detailed care plan in place, and there was evidence staff were regularly liaising with healthcare professionals for advice. We saw staff were following the advice and the person's pressure sore was improving.

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

- People were supported to maintain a healthy balanced diet and to eat and drink well. One person said, "There is a good variety of food." People were able to choose their meals from the daily menu, and staff also used 'show' plates to give people visual choices for each meal.
- Nutritional risk assessments and plans of care had been developed for people's diet if they were at risk in relation to their diet. This ensured people were not placed at risk of malnutrition or dehydration.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or special diets. For example, fortified diets or appropriately textured food and thickened drinks.

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

- People were supported by staff to access healthcare services when required. People told us they were able to see their doctor, dentist or optician whenever they needed to.
- Staff monitored people's daily health, and promptly contacted health professionals for advice when this was needed.

Staff support: induction, training, skills and experience

- The provider ensured staff had training and support to develop their personal care skills. This meant people were supported by staff who knew how to meet their assessed needs.

- Staff had been provided with an induction at the start of their employment, and the training they needed to support people effectively had been completed.
- Staff said they had supervision, where they could get feedback on their performance and discuss training needs. Staff also told us they had spot-checks on their skills to ensure they provided consistently good care. Records we looked at supported this.
- The provider ensured there was regular communication between staff and management, so key information about people's care needs and the running of the service was routinely shared. Staff meetings were recorded, so staff and the provider could see what was discussed, and what action needed to be taken.

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

- The provider had taken steps to ensure the environment was suitable for people's needs. People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.
- There were adaptations for people with mobility needs to promote independence and accessibility. For example, handrails in corridors and bathrooms. The provider had also ensured there was a secure accessible garden space for people to use.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was always sought by staff when offering care. People were encouraged and supported to make decisions about their day to day routines.
- Where people were assessed as lacking capacity to make specific decisions about their care, the provider followed the MCA.
- The manager had identified where people were at risk of receiving care in circumstances that may amount to a deprivation of their liberty. The manager had made applications for people to be assessed. They had also ensured that people's care was less restrictive and followed the principles of DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service experienced positive relationships with the staff team. People told us staff were kind and caring and they looked after them well. One person said, "They [staff] are respectful and we have a laugh together too." A relative said, "I can't fault them, the care couldn't be better. The staff get to know the people, when residents know someone they are a lot happier."
- Staff had information they needed to provide individualised care and support. They knew people's preferred routines and were knowledgeable about people's history. Staff knew people's likes and dislikes and personal preferences including what they liked to be called.
- Staff had received training on equality and diversity and respected people's wishes and needs in accordance with the protected characteristics of the Equality Act.
- Throughout our inspection, we saw staff took time to spend with people. Whether this was chatting or doing an activity, there was laughter and good-humoured conversations between people and staff.

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

- People were encouraged to make decisions regarding their day to day routines and express their views about their personal preferences. Staff knew people's communication styles well and gave people time to express their views.
- For people who needed support to make decisions regarding their care, independent advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's care was provided in ways which promoted their dignity and respected their independence. Staff had a good understanding of dignity in care and had training in this. This included respecting privacy by knocking on doors before entering, and ensuring intimate personal care was carried out with dignity.
- People were encouraged to maintain relationships that were important to them. There were no restrictions on relatives and friends visiting.
- Staff respected people's right to confidentiality. They ensured that any conversations about people's care were discreet. Staff understood when it was appropriate to share information about people's care, and records relating to people's care were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were regularly asked for their views about their care. Relatives were also involved in reviews of people's care where this was appropriate. This meant that staff had up to date information about whether the care and support was meeting people's needs.
- We noted that staff did not always include people's views and preferences in care plans. There was a risk that important information from people would not be shared to enable staff to consistently meet their needs. The registered manager agreed they would ensure people's care records accurately reflected people's views and preferences regarding their personal and nursing care.
- Staff we spoke with demonstrated good knowledge of the different ways people like to be supported. Staff used this knowledge to support people to take part in different activities that were meaningful and enjoyable for them.
- People were supported to practice their faith if this was important to them. Staff spoke with people and relatives about any needs associated with faith or culture to ensure these needs were met.

Meeting people's communication needs

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

- The service identified people's information and communication needs by assessing them. People's communication needs were recorded in care plans, and this information was shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. The registered manager said they asked people and relatives about their communication needs and could provide information about the service in various formats. For example, in large print.
- Staff had good knowledge of people's different communication styles (as recorded in care plans) and used this information to communicate effectively with people. This meant people were supported to express their views and wishes in their own way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were positive about the support they had to take part in activities both within the service and out in their local community. The provider arranged regular daily group and individual activities for people. The provider had also made links with a local school, and relatives and staff confirmed there were regular visits and joint activities with the schoolchildren.
- People were encouraged to participate in activities to suit their mood throughout our inspection. Staff

demonstrated good knowledge of each person's preferences and tried to ensure that everyone had daily opportunities to do meaningful activities that made them happy.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints and concerns. People were confident concerns or complaints would be dealt with.
- Staff we spoke with knew how to respond to concerns raised and their need to record and escalate them. Any lessons learnt from complaints or concerns were shared with staff to improve the quality of care.

End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care.
- People and their relatives were encouraged to talk about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances.
- People had advance care plans in place which included records of their wishes about resuscitation. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.
- Staff received training in end of life care and worked with other health professionals to ensure people were comfortable and cared for well at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, we found breaches of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes designed to assess, monitor and improve the quality and safety of services were not always operated effectively. Records were not always complete, accurate and stored securely. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection systems for monitoring the quality of the service had become embedded and were more effective in identifying shortfalls and driving improvement.
- The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care and the building environment. There was a plan arising from audits to show what action was required and who was going to do it. This meant any issues were dealt with quickly and people received good quality care as a result.
- Records were now stored securely and contained accurate up to date information about people's personal and nursing care.
- The registered manager clearly understood their roles and responsibilities. Staff understood their roles in providing good quality care and felt confident and supported to do this well.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.

At our last inspection we found a breach of Regulation 18 (Notifications of other incidents) of the Care Quality Commission (Registration) Regulations 2009. CQC statutory notifications had not always been submitted in a timely manner as required. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.

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

- People and relatives felt the service was well-led. They knew who the registered manager was and said they were approachable. One relative commented on the number of positive changes since our last

inspection. Relatives also felt they were able to speak with staff about any queries or concerns. Staff felt supported in their work, and there was a positive team attitude.

- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider's area management team promoted an ethos of openness and transparency. There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were discussed with appropriate authorities such as the local authority safeguarding team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider held regular meetings with people, relatives, and staff to discuss quality of care and develop improvement plans for the service.
- People and their relatives were also supported to provide feedback through surveys. These had been analysed to look at where improvements could be made to people's experience of living at the service.
- The registered manager and staff had worked to establish positive links with the local community. For example, they had recently made links with a local parent and baby group. Plans were in place to have the group come to visit people at the service, and to talk about what activities they could do together in the future. People told us they were looking forward to this.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home.