

Silversprings RCH Ltd

Silversprings

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: Silversprings provides accommodation and care for up to nine people with a learning disability and/or autism within a large detached property. At the time of our inspection there were nine people using the service.

The provider and staff were working within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- People's relatives felt their family members were safe and well cared for. Staff demonstrated a good understanding of the risks people faced in their day to day lives and the ways they could support them to minimise those risks.
- People were supported by sufficient numbers of staff.
- People's medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.
- Effective infection control measures were in place to protect people.
- People were supported by staff who understood the importance of respecting their choices and providing the support required whilst promoting and maintaining people's independence. This enabled people to achieve positive outcomes and promoted a good quality of life.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider was respected by the staff and promoted an open and transparent culture. The provider and staff understood their roles and responsibilities.

Rating at last inspection: The service was rated 'Good' at our last inspection. The report following that inspection was published on 19 April 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Silversprings

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Silversprings 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 has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the director of the company who owns the service. This person has been referred to as the provider throughout this report.

Notice of inspection: This inspection was announced. We gave the provider under 24 hours notice that we would be visiting because it is a small service and we needed to be sure someone would be at home.

What we did: Before the inspection we reviewed the information we held about the service and the service

provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met four of the people who lived at the service, however due to some people having complex communication styles we were unable to obtain verbal feedback from everybody. We observed how people were being cared for and supported. We also met and spoke with three support staff. We spent time with the provider during our visit and spoke to two of the relatives of people who lived at the service.

We looked at records used by the provider for managing the service. These included the online support plans and records for people, staff training and support records, records of quality monitoring and audits, information about medicines and we inspected the environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by a staff team who were trained to understand how to recognise abuse and what to do if they suspected this had happened. One person told us, "I Feel safe, I have my stuff here, my music. Staff will help with things I need, cooking and going out."
- Another person's relative said, "What is making me feel that my [family member] is safe is the fact that beside all safety features, the well-trained staff are always there and around."
- Staff were aware of the internal provider reporting system for safeguarding as well as how to contact the local authority safeguarding team. Information on how to do so was also displayed on a noticeboard should they have needed it.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of risk assessments were in place for people in respect of their support.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured appropriate guidance was in place in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care needs. The provider told us the service had been through a challenging time in recent months due to staff leaving their job roles without notice. Improvements were noted more recently, and the service was now fully staffed.
- The provider told us agency staff had never been used at the service and any staffing gaps were either covered by staff picking up overtime or by the provider himself. This ensured continuity of care for people.
- The provider continued to undertake checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Records continued to be place to show when people needed to take any prescribed medicines and we saw the provider had regular audits and checks in place to make sure medicines were managed safely.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medicines had been administered.

- We found there had been one medicine error in the past year. In response, appropriate steps had been taken to safeguard people and ensure prompt healthcare support was obtained. No harm was caused to the persons involved.

Preventing and controlling infection

- The service was clean. Staff told us they undertook the cleaning tasks.
- The provider had installed 'easy clean' flooring in some communal areas and a 'bleachable' carpet which enabled effective cleaning.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the provider ensured lessons were learned where needed.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Most people had lived at the service for many years and their support needs were well known to the staff team.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively.
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.
- Recently recruited staff were supported by more experienced staff, so people and their relatives could be assured care was being delivered by competent staff, who knew people's care needs and preferences well.
- One member of staff told us about their induction, "The experienced staff showed me everything very slowly. They have explained what people's non-verbal communication means. My induction felt so comfortable and unrushed. Only when I was ready, did I work on my own."

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

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and were encouraged to take part in cooking their meals.
- Where people had specific needs and preferences relating to food this was provided.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. Where there was a health need, staff monitored people's weight and recorded this on the computerised care planning system.
- Staff or the provider sought the advice of specialist professionals when they identified a need.

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had a 'hospital passport' in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

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

- The building had been suitably adapted to meet the needs of people living there. The front of the property required redecoration and a decorative canopy was broken. This gave the front exterior an untidy appearance. The provider told us he had obtained quotes for repair and redecoration.
- Inside, the service was well maintained.
- People's bedrooms were personalised. They had belongings that reflected their interests.

- The garden area to the rear of the property was accessible, large and well maintained.
- The layout of the service provided people with areas for socialising or spending time quietly on their own as they wished.
- Picture boards reflecting information for people were in place in some communal areas.
- To pre-empt people's possible changing needs as they got older, the provider had invested in and installed a passenger lift to enable people to access the upper floor of the service.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments as needed and continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated for staff to follow.
- People's healthcare needs were monitored by staff to ensure any changes in their needs were responded to promptly and the appropriate advice and treatment was accessed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in MCA and DoLS and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them.
- Where necessary, the provider had applied to the local authority for DoLS to keep people safe.
- Appropriate applications had been made and all required documentation was in place.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us how the staff were caring towards them saying, "I love my staff, my keyworker takes me to church, we sing together. I listen to her and she listens to me."
- Another person's relative commented about the caring nature of the staff telling us, "I have seen how the staff interact with other [people]. It is full of respect, kindness, they are not rushing anyone."
- A healthcare professional told us, "Staff at Silversprings have a warm, flexible and considerate manner towards the [people] they support. They have thoughtfully considered the ways of supporting each person dependent on their needs. It was evident that their manner as a staff team puts [people] at ease."
- Not all of the people who lived at the service were able to tell us about their experiences and views of the service. We observed how people were being supported to see if staff were caring towards them.
- Staff, and the registered manager, showed us that they knew people's needs and preferences well. During our inspection visit we heard laughter and positive interactions between people and staff.
- Support plans included information about people's personal, cultural and religious beliefs and staff were familiar with these.
- People were supported to follow religions of their choice and different cultural and religious beliefs were respected.
- People were able to follow their specific religious practices and staff were familiar with the details of what this entailed and how to support people.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support wherever possible.
- Some people had complex communication needs and it was challenging to always involve them in making decisions about their care however staff supported people to be involved as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. We observed staff involving people with everyday tasks where possible.
- People were encouraged to be independent. We saw a person taking part in a baking session and mixing the ingredients themselves.
- One member of staff told us, "People are generally all very independent and need minimal support. They are able to do much for themselves. We help with little things."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place, which reflected their current needs. The provider had invested in an online care planning system that enabled records to be easily accessed and summarised where needed.
- Detailed daily records were kept by staff. Recordings of people's support and well-being were made throughout the day and night which staff accessed for good communication for the benefit of people being supported.
- People had opportunities to take part in a range of activities.
- People were supported, where required, to access the community to participate in activities such as shopping and lunch out in the community.
- One relative told us, "[People] seem very busy, they do go out very often. The [service] is well located close to the high street so it's a walking distance to everything. Outings are well managed by staff, they have good ideas about what will be of interest and I know my relative loves it."
- One person was supported to use a virtual assistant to access information such as the football scores, time or downloading music. This use of technology enabled the person to retrieve this information without the need of staff support, enabling them to be more independent.
- We were told by the person, "I listen to music in the night when I can't sleep. [Virtual assistant] helps and I listen in on the results of the football."
- The provider had installed a touchscreen computer in the lounge so people could use it to access the internet for online videos and social interaction as well as education. We found staff had supported people to develop the skills to navigate the internet.
- One relative said, "My relative learned to use the computer, staff helped and [person] learned to play simple games and watch clips with animals."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- Relatives and staff, we spoke with told us all the staff and the provider were approachable and if they had any concerns, they would raise them.
- Relatives were aware of how to complain, however they all told us they had no reason to.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of our visit.
- The provider told us that some people had funeral plans in place that their relatives had supported them with.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's relatives were complimentary about the running of the home and the standards of care. One relative said, "I would describe the ethos of this place as caring about every single person equally, cherishing their unique needs."
- Another person's relative commented, "This is a supportive environment with lovely people, which make this homely place. [People] and staff are working well together as family, they are all knitted together and there is a special bond, we feel, between them."
- Staff told us they liked working at the service and felt that they were well supported by the provider. One staff member said, "[Provider] is always around or if not, he is always at the end of the phone for us."

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

- The provider ensured that staff were well trained and were aware of their roles and responsibilities.
- The provider understood the obligations of their registration.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). The notifications we received from the provider enabled us to understand events and actions taken following an event or incident within the service.
- The provider had good oversight of the service and promoted effective monitoring and accountability.
- A comprehensive range of audits and reviews in place which focused on positive outcomes for people. There was an emphasis on review, analysis and continually looking for ways to improve the service for the benefit of people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service.
- Regular feedback was sought from people who used the service and their relatives.
- The provider had sourced an independent company to complete an impartial quality assurance survey of key stake holders. The provider explained how the responses had been analysed independently. This was used to inform the provider how well the service operated.

Continuous learning and improving care

- The provider told us how he kept up to date with best practice and developments. For example, they attended events, particularly local workshops held by the local authority for care providers.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care.