

Mr David Austin

Silverdale Residential Home

Inspection report

Silverdale
8 Buregate Road
Felixstowe
Suffolk
IP11 2DE
Tel: 01394 278424

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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

Silverdale Residential Home provides accommodation and personal care for up to eight people with learning disabilities.

There were seven people living in the service when we inspected on 27 August 2015. This was an unannounced inspection.

There was a registered manager in post. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

There were enough staff to meet people's needs. Staff were trained and supported to meet the needs of the

Summary of findings

people who used the service. Staff were available when people needed assistance. Checks were made on staff before they started to work in the service to ensure that they were suitable to support the people using the service.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

There were procedures in place which guided staff in safeguarding the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People's nutritional needs were being assessed and met.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service's quality assurance system identified shortfalls and these were addressed. As a result the quality of the service continued to improve.

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.

Systems were in place to keep people safe. There were enough staff to meet people's needs. Recruitment systems were robust.

Staff knew how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good



Summary of findings

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Silverdale Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 27 August 2015, was unannounced and was undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with three members of care staff, including the deputy manager. We looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, “I do feel safe living here.”

Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. There had been no safeguarding referrals made about the service provided in the last 12 months. There was guidance for staff to refer to which identified what they should do if they were concerned that a person was being abused or was at risk of being abused.

People’s care records included risk assessments which provided staff with guidance on how the risks in their daily living and accessing the community, were minimised. People’s risk assessments were reviewed and updated when their needs had changed and risks had increased. This showed that the risks in people’s lives were assessed and plans were in place to reduce them.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire.

People told us that there were enough staff available to meet their needs. One person said, “They are here when I need help.” Staff were attentive to people’s needs and provided requests for assistance in a timely manner.

A staff member told us about the staffing arrangements in the service which was confirmed in records and our observations. Staff were available when people needed assistance. Staff told us that more staff worked in the service if people’s needs increased such as if they were ill, or if they had appointments to attend.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person told us about the medicines that they took and what they took them for. They said that when the staff assisted them with their medicines, “They don’t get on to me, they just give me time.” We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People’s medicines were kept safely but available to people when they were needed.

Is the service effective?

Our findings

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We saw that the staff training was effective because they communicated in an effective and caring manner with people, such as maintaining eye contact and responding to their comments. Staff were knowledgeable about their work role, people's individual needs, and how they were met.

Staff told us that they felt supported in their role and had supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their laundry.

Staff had an understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). There was guidance on DoLS available for staff on the notice board in the office. A staff member told us that no referrals had been made to the local authority as required to ensure that any restrictions on people were lawful. This was because people had the capacity to make decisions about their lives and the staff knew who to contact if there were any concerns about specific decisions that people needed assistance with.

Care plans identified people's capacity to make decisions. Records included information which identified that people

had consented to the care provided as identified in their care plans. Where people may require assistance to make specific decisions there was clear guidance of how this was to be provided. Such as how to explain options to people in a way that they understood, check their decisions with them, and the arrangements for decisions being made in their best interests if they were unable or reluctant to make decisions.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "They [staff] help me to make my meals." Another person commented that they were trying to eat healthy food and keep their weight down. This was confirmed in our observations at lunchtime. We saw that the meal time was a positive social occasion. People were supported to prepare their meals and chose what they wanted to eat. Where people needed assistance with their meals this was done by staff in a caring manner. Records and observations showed where people required equipment to maintain their independence whilst eating.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People's records showed that people's dietary needs were assessed. Where issues had been identified guidance and support had been sought from health professionals. This showed that the service had taken action to ensure people's dietary needs were met.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided.

Records showed that a system was in place to record issues and concerns of people's wellbeing. This meant that issues were identified and support was sought for people where needed. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. We saw a letter sent to the service from a health professional which identified the good practice and care that they had provided to a person when they were ill.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “The staff treat me nice, we get on.” Another person laughed and commented, “Don’t worry about me, I get on to them [staff] I do.” They told us how they liked to joke with the staff team.

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including laughing and chatting to them. People were clearly comfortable with the staff. There was lots of laughter and fun interaction between the staff and people.

People told us that they felt the staff listened to what they said and that they felt that their choices, independence,

privacy and dignity was promoted and respected. One person said, “I do what I want to do, I just need [another professional] to help me.” A staff member told us that the person was waiting to be provided with a professional from another service to be assigned to them. This was confirmed by the person and records.

We saw that staff respected people’s privacy and dignity. For example when staff spoke with people about their needs, including their finances and how they were feeling, this was done in a discreet way. People were supported to manage their own laundry and we saw two people ironing with the support from a staff member. This was done in a caring manner which respected people’s independence and dignity. One person told us that they enjoyed doing the ironing and looking after their own clothing. People’s records identified the areas of their care that people could attend to independently and how this should be respected.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, “You don’t need to worry about anything here, everything is alright, I am alright.” We saw that staff were responsive to people’s individual needs which showed that they knew them well. Staff responded promptly when they noted a person’s ability to mobilise had deteriorated, such as suggesting they sit for a while and holding their hands when they walked to a chair. The staff member told us that they had sought guidance from health professionals. This was confirmed in records and there was detailed guidance for staff on how to support this person.

Records provided staff with information about how to meet people’s needs. The records were detailed and provided the staff with the guidance that they needed to support people to meet their needs and preferences. The records detailed people’s diverse needs, including how they communicated, and how these were met. People’s specific needs relating to their conditions were detailed and identified how the conditions affected their daily lives, warning signs for staff to be aware of and actions that staff should take to minimise risks. Where people had particular behaviours that may challenge others, there was clear guidance in place for staff how to safeguard people, support them in a caring way and identify and minimise the risks of triggers to these behaviours. Care plans were routinely updated when changes had occurred and people’s preferences had changed. The records showed that people’s care was assessed and planned for and that the service responded promptly to any changes in people’s wellbeing, such as deterioration in their mental and physical health.

Staff knew about people and their individual needs, likes and dislikes, and how their requirements and preferences were met. We saw staff updating daily notes about people’s wellbeing and what they had done during the day throughout our inspection. This provided staff with information about each person on a daily basis.

People said that they were supported to participate in activities and events which interested them. One person told us what they did each day and if they told the staff that they wanted to do something that they would help them to do it. Another person told us about their holidays and how they always chose where they wanted to go. Another told us how they did chores in the service and that everyone had jobs that they liked doing. We spoke with one person who was planning to prepare cooking apples and told us what they wanted to cook with them. We later saw them looking at a recipe book for ideas. This showed that people maintained their independence and assisted in their daily living.

We saw people participating in a range of activities throughout the day of our visit. This included sitting in the garden, going out to the local shops and services, watching television and writing.

There were no formal group activities planned as they were done on an individual basis. However, people did some activities together, such as planning to go out for breakfast the weekend after our visit.

People told us that they could have visitors when they wanted them, which reduced the risks of them becoming isolated or lonely.

People told us that they knew who to speak with if they needed to make a complaint and could speak with staff if they were concerned about anything. One person said, “I would just tell them [staff].” Where people had made comments about the care they were provided with, these were recorded in their care records along with the actions taken to show that their views were valued and acted on.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. There had been no complaints made in the last twelve months. A staff member told us that if there were any received these would be addressed promptly and used to improve the service.

Is the service well-led?

Our findings

There was an open culture in the service. People gave positive comments about the management and leadership of the service. People told us that they could speak with the provider, registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. Staff told us that because the service was small any issues were managed before they could escalate.

People were involved in developing the service and were provided with the opportunity to share their views. This was done on a day to day and on an individual basis. For example, daily discussions between staff and people about their choices were recorded and acted on. People planned the menu together and the chores that they wanted to do in their home.

Staff told us that the provider and registered manager were approachable, supportive and listened to what they said. They told us that they felt supported and if any issues arose they were dealt with promptly. Staff understood their roles and responsibilities in providing good quality and safe care to people.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Checks were made in areas such as medicines and the environment. Where shortfalls were identified actions were taken to address them. Records and discussions staff showed that incidents were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring.