

## Silver Threads Care Home

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### 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

The inspection took place on 13 and 23 July 2015 and was unannounced.

At our last inspection on 4 November 2013 we found the service was meeting all the legal requirements and regulations associated with the Health and Social Care Act 2008.

Silver Threads provides care and accommodation for up to 14 older people who require personal care. The home does not provide nursing care. On our visits there were 13 people living in the home.

The service had a registered manager who was also the registered provider. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 and associated regulations about how the service is run. The registered manager was supported by a deputy manager.

People living at the home felt very safe, well cared for and comfortable. They described the service as having a warm, friendly and homely atmosphere. They were complimentary of the staff group.

Risks to people were assessed and reviewed. Medicines were managed safely. People were treated with dignity and respect; staff were caring and compassionate towards them. People were treated as individuals and

# Summary of findings

care was planned and delivered in a person centred way. Staff knew people very well, their preferred routines and how they liked to be cared for. Relatives were welcomed and felt part of their family member's care; open and caring relationships had developed with the management and staff.

People made choices about their daily lives and their care and were supported by sufficient numbers of staff to remain independent. They undertook hobbies or interests if they wished.

The service was well led and promoted an open and inclusive culture. Staff felt valued, supported and part of a team. People, relatives and staff had confidence in the management team. The home had a range of quality monitoring systems in place which helped drive improvement at the service.

People's views were sought and improvements made in response to any concerns or issues raised.

# 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.

Risks to people had been identified and systems put in place to reduce the risk.

People were supported by enough staff so they could receive care in a timely way.

Medicines were well managed and audited to ensure people got their right medicines at the right time.

People were protected because recruitment practices were robust.

Staff knew about their responsibilities to safeguard people and to report suspected abuse.

Good



### Is the service effective?

The service was effective.

People were supported by experienced staff who were trained, supported and supervised to carry out their roles effectively.

Staff recognised changes in people's health and sought specialist advice when needed.

Consent to care and support was considered and acted upon. Staff demonstrated an understanding and working within the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink in an unhurried and relaxed way. Menus were planned on people's likes and dislikes and choices offered.

Good



### Is the service caring?

The service was caring.

People lived in a service with a homely and inclusive atmosphere and were positive about the caring attitudes of staff.

People were supported by staff who promoted independence, respected their dignity and maintained their privacy.

Staff were kind and compassionate towards people and formed caring relationships with them and their families.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and there were detailed care plans in place to inform staff about care and treatment.

Staff knew people well, understood their needs and treated them as individuals.

People felt confident to raise any concerns and that they would be listened to and acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The registered manager was also the registered provider. There were clear lines of responsibility. The culture was open, friendly and welcoming.

People, relatives and staff had confidence in the management team and said the home was well run.

Staff understood their roles and responsibilities. They felt valued and supported by the management team.

People, relatives, visitors and professionals views were sought and taken into account in how the service was run.

The service had a variety of systems in place to monitor the quality of care which ensured continued improvement.

Good



# Silver Threads Care 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 checked 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included notifications sent to us by the service and other information received from other sources, such as health or social care professionals. A notification is information about important events which the service is required to tell us by law. This information helped us to plan our inspection.

The inspection took place on 13 and 23 July 2015 and was unannounced. The inspection was completed by one

inspector who was accompanied on the first visit by 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 service.

During our visits, there were 13 people living at the service. Time was spent seeing how people spent their day, as well as the care and support provided by the staff team. We spoke with people, relatives and staff. This included 13 people, eight relatives, six staff, the deputy manager and the registered manager. The registered manager was also the registered provider of the service.

We looked at the care records of three people who lived at the home. These records included initial assessments, care plans, risk assessments, health records and daily care records. We looked at policies and procedures associated with the running of the service and other records including maintenance reports, fire logs, quality assurance and auditing records. We looked at three staff files and training records.

We observed the midday medicines round and checked the recording and storage of medicines administered in the home.

# Is the service safe?

## Our findings

People and their relatives said they felt very safe at Silver Threads. Comments from people included: "I'm perfectly happy. I couldn't manage on my own, but here I feel safe", "If I need help I ring the call bell... somebody comes at once... I feel very safe" and "The staff get to know us, what we like, what we do... carers are not ever too far away. It's really like a family atmosphere; I'm very safe here." Relatives commented: "My mum is so much better now she is here. They (the staff) help her so much...", "The most important thing is it is a homely atmosphere here... it's to do with being safe, very safe" and "It's very home from home."

Safeguarding vulnerable adults' policies and procedures were in place to ensure a consistent approach was taken in line with multi-agency working. Staff had received training and had a good understanding of the various types of abuse. They knew how to recognise these and the correct action to take if they needed to report any concerns. They were confident management would take action if they reported any concerns to them. The registered manager and deputy manager were aware of their responsibilities to report safeguarding issues to the local authority and Care Quality Commission (CQC). Staff comments included: "I would go to my manager, then the provider and then outside if necessary", "I would go to the top if I had to" and "I would report to my supervisor, the manager, Care Direct and the CQC." People, relatives and visitors had access to information displayed in various areas of the home on how to raise issues outside the service if they wished.

Risks were managed in a safe and appropriate way. Assessments were in place in people's care plans to identify how to reduce any risks; these included detailed and up to date information which enabled staff to manage the risks in a consistent way. Where a risk had been identified, measures had been put in place to reduce the risk. For example, where people were at risk of skin damage, their assessment included clear details about the sort of equipment needed. Where accidents or incidents had occurred, these had been appropriately documented and investigated. Where these investigations found any changes were necessary, these had been addressed and resolved by management.

Management ensured risk assessments of the premises were routinely carried out and kept up to date. Safety

checks, servicing and maintenance of equipment were carried out in accordance with the relevant legislation and guidance. Fire safety records were up to date and a risk assessment was in place.

People were looked after by suitable staff because the provider followed robust recruitment procedures. Recruitment files showed staff had completed an application form detailing their employment history. Each staff member had two references obtained and a Disclosure and Barring Service (DBS) check completed. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with vulnerable people. The provider had updated the staff application forms to ensure all gaps in employment history were discussed at interview. The service had a low staff turnover and the majority of staff had worked for the service for many years. This meant staff knew people and their families well; this was reflected in the positive comments received throughout our visits.

There were sufficient numbers of staff on duty who had the right skills, experience and knowledge to meet people's needs throughout the day and night. Care staff were supported by the deputy manager, registered manager, cook and domestic staff. People said staff always responded quickly when they requested help or support. They commented: "There are enough staff to look after me. If I want any help I ring the bell if I'm in my room, if I'm in the lounge there is a call bell in there. I feel very safe and well looked after", "Staff respect me... there are enough staff here... if I use the call bell someone comes at once" and "It's very nice here, very relaxed. There are enough staff to look after me... they are helpful... we all get on well together." During our visits, care staff were relaxed; they responded promptly to people and treated them with kindness and respect when they gave help or support. Relatives confirmed there was always enough staff when they visited. Two relatives commented: "Staff always take the right action; they (people) are looked after properly" and "the staff?... they are extremely patient and kind. I've nothing bad to say about any of them." All staff spoken with said they enjoyed working at Silver Threads and felt lucky to be working there.

People received their medicines safely and when needed. The service used a monitored dosage system (MDS) to reduce the risk of incorrect medicines being given. We saw medicines were taken from the original MDS system on

## Is the service safe?

each occasion it was due and secondary dispensed into a named dosage pot. Although not recommended practice, this process was safe because medicines were given to people only at the time of administration; the same staff member had removed the medicine, gave it out and signed for it on the medicine administration record (MAR). The MAR charts were completed and signed for appropriately. All staff who gave handled medicines had received the appropriate training. A refrigerator for medicines needing

cold storage was available and temperatures maintained. Medicine audits had been undertaken by management and the dispensing pharmacist; these had picked up any areas for improvement which had been addressed and resolved.

Systems were in place to make sure people were safe in the event of a fire. A personal evacuation plan had been drawn up for each person.

There was a secure entry door which led into the hallway. This was not designed to restrict people from leaving the home, but to ensure visitors were unable to enter without staff's knowledge. This meant people were kept safe.

# Is the service effective?

## Our findings

People were supported to have their needs met by staff who understood them and had received training and support to work effectively. Staff confirmed they had been offered training in all aspects of their work and were given opportunities to discuss their role in supervision sessions with management. All staff commented how they work together as a team and all enjoyed their work; this was evident in the interactions they had with people and the conversations we heard during our visits. People commented: “The staff get to know us, what we like, what we do...it’s like a family atmosphere”, “People here look after me. The staff are kind...they care for me...I’m happy here, nice place, people work hard and do well for me” and “It’s nice here, very relaxed. There are enough staff to look after me...they are helpful...we all get on well together.”

Relatives spoke about staff being skilled and knowledgeable about people’s needs. One relative described how their family member had particular needs which were needed to be met in a certain way; they explained how staff did this which enhanced the person’s well-being and kept them comfortable and happy. They commented “The staff have been extremely patient and kind...they know how to treat people...I am very impressed with them.” Other relatives commented “They (the staff) know the little details which is good”, “I feel mum is being cared for and the staff genuinely love the residents” and “Staff look after mum just like I would.”

New members of staff already employed had received induction training which was based on a nationally recognised tool and included Common Induction Standards (CIS). However, management had prepared Care Certificate training packs for any new staff beginning work at the service; this was now recognised as current best practice for staff training. Staff confirmed they worked alongside experienced staff until they felt confident and competent to work on their own.

Staff and management knew people and their families well. They spoke warmly of the people they cared for and were able to explain individual people’s needs and personalities. All relatives spoken with said there was very good communication between them and staff and were always kept up to date. One commented “They always keep us informed; communication is good.”

Staff had undertaken some training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However, management had arranged further training to enhance their practice. Where people lacked the mental capacity to make decisions staff were guided by the principles of the MCA to ensure decisions were made in the person’s best interests. Completed mental capacity assessments needed to be more detailed to show the specific decisions the capacity assessment had been completed for. However, staff were able to describe how they worked to ensure consent was gained before any support or care was given. One relative commented how staff knew their family member well; they described the manner and way in which staff gained consent from them which was described as “kind, patient and caring.” People said staff always asked before they carried out any care or support. Where people were unable to communicate their wishes verbally, staff had a good understanding of their non-verbal cues such as body language and facial expressions. Where people were unable to give consent, best interest decisions had been made.

Staff had knowledge of DoLS and understood they should not deprive anyone of their liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person. A ruling by the Supreme Court judgement made in April 2014 made it clear if a person was lacking capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service, they are likely to be deprived of their liberty. The provider explained they were in the process of making several applications to the DoLS assessors for specific people to ensure they were providing the right care and support in the least restrictive way.

People were supported to eat and drink and maintain a healthy balanced diet. Systems were in place to ensure those who were at risk of poor nutritional intake were monitored and supported to eat and drink at regular intervals. Records were kept of food served and how much people had eaten. Food was prepared and cooked by different cooks who each had their own “speciality” dishes. The cooks used a list of people’s ‘likes and dislikes’, any allergies or special diets in the kitchen. The cook on duty knew people’s food preferences very well and the type and quantity of food each person liked. Food was homemade as much as possible, for example soups and desserts. Menu



## Is the service effective?

plans were varied and food was changed to suit the weather, season and people's requests. Management had introduced a fresh fruit platter for people to have with their mid-morning drinks and included fresh fruit salad on the menu twice a week to encourage people to have 'healthy eating'. People were very complimentary of the food. Comments included: "The food is very good. I've no complaints. If they had something I didn't like, they would find me something else...they don't mind" and "The food is good...most meals are excellent but if I want something else, I only have to ask" and "The food is very nice...I don't

get much that I don't like but if I do, they will always give me something else." We chatted with people over lunch. This was an unhurried, calm and pleasant experience which people enjoyed.

People were supported to maintain good health and when required had access to external healthcare services. People's care plans included information about their past and current healthcare needs. Information was available about other health care involvement such as specialist nurses and doctors. Care records detailed where specialist advice had been sought such as a speech and language therapist (SALT) and the community psychiatric nurse (CPN).

# Is the service caring?

## Our findings

People were happy and comfortable in the home. We saw lots of examples of staff providing support and care with kindness, compassion and respect. Staff spent time chatting easily with people and enjoyed sharing conversations with interest and humour. Everyone we spoke with complemented and praised the management and staff who supported them. People had a sense of positive well-being and their comments included; "People here look after me well. The staff are really kind, they care for me...Staff do everything to make us comfortable...I'm really happy here", "staff treat me with respect, everyone is kind...they are all such lovely people (staff)" and "Staff are good to me, they look after me well. People are kind and gentle...if they move me from one place to another, they are always gentle...they really care."

Relatives spoke very highly of all the staff and management. Their comments included: "They (staff) treat mum like I would...not just mum's health but they care for her well-being...the staff genuinely love the residents", "Staff are caring and there is a family feel of the place...staff stay and it's consistent...they relate to people with kindness" and "Staff are extremely patient and know how to treat people with kindness...they know the little details which are good." One relative said "We wished we had found this place earlier" and another said "We would be devastated if this place closed."

Staff felt happy in their work and felt committed to the people they looked after. Comments included: "People are all looked after here...well cared for", "It's beautiful here...love the work..." and "We are all part of a family."

Throughout our visits, staff and management were not rushed in their interactions with people; they worked in a calm and polite way and ensured people were supported at a pace that suited them. They ensured people were settled and comfortable before they left them for example asking people if they were warm enough, would they like a foot stool, would they like a drink, would they like the TV on.

People in the home were smartly dressed and well cared for. People told us staff respected their wishes and choices. Comments included: "I've been here 5 years...everyone is kind...staff are helpful, treat me with respect...the young girls are very kind...the staff are very nice, they all get on

well together", "Staff are kind, they treat me with respect...I couldn't ask for anything else...this is a really nice place...I wouldn't want to be anywhere else" and "People here look after me. The staff are kind...they care for me...I'm happy here, nice place, people work hard and do well for me."

People and relatives said staff treated people with dignity and privacy and were polite and respectful. Two relatives said: "They treat my mum with absolute dignity. There is not stress when they wash her, they make sure of her personal hygiene but they take time with her. She is always clean, tidy, clothes are clean" and "They treat her like I do with kindness and caring."

Staff had developed close working relationships with visitors who felt included in their family member's care. People told us how important it was for them to maintain contact with their family and friends. There was a constant stream of visitors, some accompanied by young children; all were openly welcomed and offered plenty of refreshments. Relatives said they were always made to feel welcome at whatever time they visited. One said: "We are always welcomed and greeted with a smile and offered hot and cold drinks." Visitors spent time with their relatives in various parts of the home including the dining room, lounge, bedrooms or taking part in the activity sessions. and felt part of the 'family feel' of the service. One said "It's just like visiting someone at home. When it's their birthdays, staff make a real fuss. They have a birthday cake with candles, little treats...everyone joins in...the family comes."

People said routines were flexible; they were involved in choices about aspects of their care and about where and how they spent their time. They said staff treated them with privacy and dignity and we saw examples of this during our visits. For example, when someone needed help to go to the toilet, staff spoke with them in a quiet way, being careful not to let people overhear them, but ensuring the person had the help they needed. One person liked to stay in their room; each time a staff member passed they waved and acknowledged them. They asked if they needed anything.

Care records showed people's wishes in relation to their end of life care had been discussed and preferences recorded. Records included advance directives and treatment escalation plans (TEP).

# Is the service responsive?

## Our findings

People were encouraged to visit Silver Threads before moving in. They were offered the opportunity to spend time there, have a meal and an overnight stay. They were given written information which included a brochure, terms and conditions, a service user guide and a contract of residency. This gave them a chance to decide whether Silver Threads was the right place for them to live and gain an understanding of how the service operated.

An initial assessment was carried out and the information transferred into a care plan. People's care plans were organised, detailed and informative. They were person-centred and contained extensive detailed personal histories of each person. These included information about their families, where they lived, what their employment was, what interests and hobbies they had, what pets they had and what type of holidays they liked to take. Families were encouraged to write a history if their relative was unable to. The information given helped staff get to know the person as much as possible and gave them lots of information about them as individuals to help them relate to them. People explained how they received personalised care from staff. Several explained how staff took the time to apply their favourite creams or moisturisers. One commented "I don't like to bath or shower...the staff wash me...I have moisturiser after. They are so kind, they treat me with respect."

Care plans contained clear instructions for staff to be as independent as possible, whilst providing information on the type of support required. For example, two care plans informed staff "Allow independence when goes in to shower" and "Does not like hair washing – likes hairdresser to do it". Information about people's choices and preferences were recorded such as what specific times they like to get up and go to bed, their food preferences, how many pillows they liked, whether they liked the light on and how they like to spend their time during the day. One person commented "I can please myself...I can stay where I want to...they even know I don't like pie crust." This meant staff knew important details which mattered to people.

Care plans contained detailed daily records of the care provided and were regularly reviewed. People and their relatives were involved in care planning and were asked for their views and opinions.

People and relatives knew how to make a complaint and the process was displayed in various areas of the home. It was also included in the information pack given to people when they first come to live at Silver Threads. People said they would talk to the deputy manager or registered manager if they had any concerns or complaints and all felt they would be listened to. Comments included "Any complaints I'd tell the manager...he's on the ball", "If I had a complaint I would tell my family. They would see the manager and I'm sure they would take it seriously" and "If I had a complaint I would tell the manager. I've never had any reason to complain about anything." Relatives commented "I can't think of anything else that my mum would want that she hasn't got. I have nothing to complain about...you can talk to staff before an issue gets to be a complaint", "People here are happy...I've never come here and seen anyone unhappy...there's a proper complaints book but I've never heard that anyone's ever had a complaint about anything." No complaints had been received since the last inspection.

One family were very complimentary about how the service had handled the transition of their relative from a previous service to Silver Threads. This person had lived at the previous service for many years and relatives were "really concerned" and apprehensive about the move. However, they could not speak highly enough of how staff had managed this move and how their family member's life had changed in a positive way.

Relatives gave examples of how their relative stayed in their bedroom, did not like having their hair washed or their nails done. Management at Silver Threads had researched the hair washing concern and had purchased a specifically designed individual shower cap which alleviates the need for water to go on to a person's face. This person now has their hair regularly washed; we saw their nails were painted a bright colour and they took part in the afternoon games session as well as ate their lunch at the table with other people. Relatives felt the changes in the person's behaviour were as a result of how the service had worked hard to respond to their needs which had now enhanced their life. They commented: "Cannot speak highly enough of the deputy manager...so impressed" and "wished they had found this place earlier."

Information about people was shared effectively between staff. At each shift change, there was a handover meeting. We saw one handover where information was passed over

## Is the service responsive?

to the shift coming on duty by the deputy manager. This meant staff received up to date information about people's needs before their shift started. Staff said they had a handover at every shift and found the information helpful to keep them up to date.

People were supported and encouraged to take part in activities if they wished. There was no detailed calendar of activities available to advise people of what had been planned. However, activities took place each afternoon by a care worker and included games, exercise, puzzles and crafts. Outside entertainers visited on occasions. People were happy with the activities on offer and some did not

take part in them but preferred to stay in their bedrooms. Other people undertook their own activities such as knitting, shopping, visiting the local pub or the seafront. We saw lively and enjoyable games take place during our visits, with a sense of rivalry; people supported or encouraged each other worked together as a group.

Relatives said there were enough activities of offer. One commented people "never got lost" at Silver Threads; therefore did not feel people had to be engaged in formal activities as they were stimulated by interactions from staff throughout the day.

# Is the service well-led?

## Our findings

The service was run by the registered manager who was also the registered provider. They were in day to day charge of the home. They had a clear vision and ethos of what the service provided which was homely, person centred and caring. Their aim was to treat and look after people to the best of their ability and “make them feel our home is their home.” They were supported by a deputy manager who spent their time working with staff, caring for people and monitoring care practice within the home. There was a clear definition of their roles and they worked together to ensure the smooth running of the service. People knew the management team very well and one commented “It’s a well-run place.” This created a positive and happy atmosphere which people appreciated.

Staff were clear about the vision of the management team and described their approach as open and inclusive. Staff felt appreciated, motivated and part of a team. Comments included: “I feel part of a team...it’s lovely...feel part of a team...opinions are welcomed”, “feel listened to by both X and X...they are good and treat us like family...I am supported and could go to them if I had a problem” and “I enjoy working here...I am very lucky to work here...people are looked after and well cared for.”

Relatives were also complimentary of the management team and felt they were visible, open and communicated well. Comments included: “It’s very open, highly efficient, I can’t big X (deputy manager) up enough...am very impressed with them and X (registered manager) is very efficient” and “The staff get on well together...they are a happy team.”

Regular quality assurance surveys were sent out and opinions of the service welcomed. The last surveys sent to people, relatives, visiting professionals and staff had been carried out in May, June and July 2015. The results of these had been analysed which showed the majority of people were positive about the service and felt an “excellent” service was provided. Comments from relatives included “My father is well cared for, comfortable and above all happy in Silver Threads. This is a tribute to the care he receives in this excellent homely environment”, “This has been mum’s home for many years and we would not want her to be anywhere else. She is part of a family here...the ethos of the home is constant and we are so appreciative of that” and “My granddad has all his needs met...is always respected and treated with dignity by all the staff.” The provider had followed up any comments given which they felt needed further explanation.

There was good partnership working with the local GP’s and other health and social care professionals. However, there had been one instance where there had been miscommunication between the community nurses which the service had acknowledged and since resolved.

The management team understood their role and responsibilities and had ensured the CQC were kept informed of the information required. They were aware of the recent regulatory changes in the CQC and used national websites to keep up to date with practice changes.

Systems were in place to audit the service which included records, premises, cleaning, medicines and equipment. This ensured people and staff were kept safe and a system of continued improvement was in place. The home was well maintained inside and outside.