

Silverlea Care Home Limited

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Inspection report

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West Yorkshire
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Tel: 01274663201

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11 June 2019

13 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Silverlea Care Home is a residential home situated in Bradford. The home provides accommodation and personal care for older people and people living with dementia. At the time of this inspection there were 10 people living at the home.

People's experience of using this service:

Systems to monitor and check the service were in place but some of these needed to be more thorough to ensure the service consistently met the required standards.

People's care needs were assessed, and they received good quality person centred care from staff who knew them well. The registered manager was in the process of updating care plans. However, we found some care plans required more detail to ensure they reflected people's needs and involvement. We found there were limited opportunities for meaningful individualised activities. We have made a recommendation about improving the range of opportunities available to people.

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 supported this practise. Improvements were needed to documentation to fully evidence compliance with the Mental Capacity Act (MCA). We have made a recommendation about updating documentation to reflect people's involvement.

People and their relatives praised the standard of the care at home. People said they felt safe and they were supported by a consistent and experienced team. People said staff were kind and caring. One person said, "It's the best place you can stay. I'll tell anyone. The ladies are all lovely here."

Staff were knowledgeable and received training, supervision and support to carry out their roles effectively. Staff were committed to providing person centred care and promoting people's independence.

Medicines were safely managed. There were very close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

The registered manager provided people with leadership and promoted an open and inclusive team culture. There was a warm and welcoming atmosphere throughout the home.

More information is in the full report.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 19 June 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. Please see the effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches in relation to safe governance and audit processes.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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?

Requires Improvement ●

The service was not always responsive

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Silverlea Care Home Limited

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 was carried out by one inspector on 11 June 2019 and 13 June 2019.

Service and service type:

Silverlea is a 'care home providing accommodation for up to 35 people. People in care homes receive accommodation and personal care as a single package under one contractual arrangement. 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:

The inspection was unannounced on both days.

What we did:

We reviewed information we had received about the service since the last inspection.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams in Bradford.

We spoke with the registered manager and deputy manager.

We spoke with five care staff and the cook.

We spoke with five service users and two relatives.

We spoke with a visiting health care professional.

We reviewed three people's care records and other records and audits relating to the management of the service.

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 requires improvement. 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 the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Concerns were identified about fire safety and we contacted the West Yorkshire Fire and Rescue Service.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The Fire Officer visited the service and made recommendations. We saw these had been addressed promptly by the provider. Actions included increasing the number of fire doors and improving emergency lighting. We saw the fire system had been well maintained. A detailed fire risk assessment was in place including regular documented checks.
- Each person had a personal evacuation plan (PEEP) and staff knew what action to take in a fire.
- The premises were well maintained and suitable for its intended purpose. Detailed safety checks had been introduced since the last inspection and we saw action was taken when issues were identified. The home employed a handy person and we saw minor repairs were completed promptly by them.
- Risks to people's health and safety were assessed. Staff understood people's needs well and how to manage any risk they were exposed to. However, more information needed to be recorded to demonstrate people or their relatives had been involved in the risk assessment process.
- Accidents and incidents were recorded and there was a monthly analysis undertaken to identify any themes or trends. We saw care plans were updated after incidents.

Using medicines safely

- Medicines systems were organised, and people were receiving their medication when they should.
- Detailed weekly audits of medication were completed.
- We observed staff supporting people with medicines in a patient and relaxed manner.
- Designated staff received regular training, but this did not include medicine competency assessments in line with best practise guidelines. We spoke with the registered manager about this and they told us these would be introduced.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and secure living in the home. They looked relaxed and comfortable in the company of staff. One relative said, "[Person} is really looked after. I am happy [person] is safe."

- Staff received safeguarding training and they had an understanding about how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- Records and receipts were kept of financial transactions where the service supported people with personal monies.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Safe staffing levels were maintained, and we observed people received timely support. Staff had time to sit and socialise with people. The number of staff on duty was regularly reviewed to reflect how many people were staying at the home. Staff turnover was very low which meant people received experienced support from a well-established team.
- People and relatives said there were enough staff and praised the consistency of support. One person said, "Staff are always around to help you." Another person said, "It's the same staff most of the time and they are all lovely."

Preventing and controlling infection

- Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.
- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.
- The home was clean and tidy.

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.

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

- People's needs were assessed before they moved into the home.
- People's care plans described the support required. We found some care plans could be improved by including more detail and person-centred information. The care planning system was currently under review and some people's plans contained more comprehensive information. We discussed this with the registered manager and we were confident all the care plans would be updated to reflect the improved level of detail.
- Staff said care plans were updated and changes were communicated at handovers. The staff we spoke with were able to describe the best way to support individuals and we observed staff following guidance from care plans.

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

- People's care plans contained information about their health needs. Records showed people saw a range of health professionals. Staff understood people's changing health needs and the importance of raising concerns if changes were noted. We saw referrals had been made for further support when there had been changes in people's mental health and mobility.
- People and relatives said communication was good and messages passed on. One relative told us about recent changes to a person's health which included an adverse reaction to medication. They said the home monitored the changes very closely and liaised with the GP and community matron. This meant the person received effective and timely support.
- The service worked closely with health care professionals and the local pharmacy to meet people's care needs. The district nurse team visited the home twice a week.
- A visiting health professional praised the home. They said, "We think it's amazing. Residents are really well cared for. If we ask for information they always have it to hand and know how people are doing."

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They told us they received a range of face to face training. This provided them with the skills to provide effective care. Many of the staff team had worked at the home for a long period of time and had been supported to achieve qualifications. We spoke with a new member of staff who praised the training and induction they had received.
- In addition to standard training the registered manager arranged additional practical learning activities. They told us about a recent "sip and swallow session." This involved role play and eating different foods and

textures. The aim of this was to increase staff understanding and skills when assisting people with feeding and swallowing difficulties.

- Records confirmed staff received regular supervision and notes included a range of discussion topics. The registered manager also completed a practical observation prior to each supervision session and discussed this as part of the one to one meeting. Staff said they felt well supported in their role.

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

- People spoke positively about the food. People told us they enjoyed "take away" night on a Friday. This involved themed international menus. One person said they did not like this, but they were able to order an alternative meal of their choice.
- At our last inspection we saw people did not receive individualised support at mealtimes. We observed breakfast and lunch on both days of the inspection and the choice of food looked appetising. The mealtime experience was a relaxed and sociable. There was a choice of dining areas. Where people needed assistance, they were supported in a kind and friendly manner. People were able to order the breakfast of their choice daily. We saw warm and cold drinks and snacks were readily available and refreshed.
- People's nutritional needs were assessed and met by the service.
- People's weights and details of food and fluids intake were closely monitored when this was part of their care plan.
- The cook had a good understanding of people's dietary needs and individual preferences. Menus showed a choice and variety of meals. We saw they had made an alternative low sugar fruit crumble for people who lived with diabetes.

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

- The building was adapted to meet people's needs. There were a range of spacious communal lounge and dining areas in the home and people could move around freely. The home had recently converted a first-floor bedroom into an additional lounge and kitchen diner. We saw fresh flowers, soft furnishings and ornaments which created a homely and comfortable environment. Dementia friendly signage helped people who lived at the home orientate themselves.
- People could choose whether to have a bath or a shower.
- People's bedrooms were spacious and personalised. One person's room had recently been redecorated and they had chosen their own wallpaper, lighting and décor.
- A safe patio to the front of the building provided a seating area with views over the local park and boating lake.
- Refurbishment was ongoing to ensure people were provided with high quality accommodation.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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)
- The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- When required the service had submitted relevant DoLS applications to the local authority.
- Most people using the service had capacity to make decisions and this was recorded in their care plans. People's consent was sought for care and treatment. However, it was not clear how people had been

involved in formulating and reviewing care plans. Information about people's capacity to make decisions needed better integrating into their care plan. Where people lacked capacity to make decisions for themselves clearer information assessing their capacity and showing decisions had been made in their best interests needed to be recorded.

- We observed staff asking for consent from people before they provided support or care. Care was delivered in the least restrictive way possible.

- The registered manager understood the principles of MCA and how to protect people's rights.

We recommend the service seek advice and guidance from a reputable source, about working within the principles of MCA.

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 good. At this inspection this key question has remained 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's comments about their care included, "Excellent, a very high standard." Another person described the staff by saying, "They are all lovely."
- Staff promoted a positive and caring culture. Staff we spoke with expressed their pride about working at the home and the quality of care they provided. They knew people's history and preferences and used this knowledge to support them in the way they wanted.
- Staff and people shared jokes and laughed together. It was clear staff had developed trusting relationships with people and they knew each other well. We saw staff treating people with kindness and compassion. One staff member said, "For me it is very important we communicate with kindness and respect and build up relationships."
- We observed one person who was anxious and upset. Staff sat with them and offered activities and the option to go to a different lounge. The person declined but staff sat with them gently stroking their hand and chatting. The person became less anxious and engaged in the conversation.

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

- Staff had formed good relationships with people who used the service and engaged positively with people. One staff member said, "It's nice and everybody is friendly like a family."
- People said they felt listened to and staff acted on their wishes. Throughout the day we heard staff asking people if they needed anything and listening patiently to their responses.
- Staff were committed to working in partnership with relatives and friends of people. One relative said, "I feel very involved. I have recently been involved in decisions and my views were taken into account."
- People had completed a survey about their views and the feedback was generally good.

Respecting and promoting people's privacy, dignity and independence

- Staff were conscious of maintaining people's privacy and dignity including knocking on doors before entering and providing clothing protectors at mealtimes. We saw one staff member helping a person to transfer from a wheelchair to a chair. They discretely and gently adjusted the person's clothing to protect their dignity.
- People looked very well presented and cared for.
- We saw care plans promoted people's independence. A staff member told us one person's health condition meant her abilities fluctuated but encouragement and support were given to ensure they were

able to maintain as much independence as possible.

- Visitors were welcomed into the home. The atmosphere was calm and relaxed.

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 remained requires improvement.

This meant people's needs were not always met.

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

- People and relatives said good person-centred care was provided by the service.
- People's care needs were assessed, and a range of care plans put in place. We saw people received personalised care from staff who knew them well. The care planning system was currently under review and we identified some plans had insufficient detail and person-centred information. For example, in one care plan it stated a person was easily confused and anxious and called out for reassurance. The care plan did not include specific details and information about what actions helped to reassure the person. We discussed this with the registered manager and deputy manager. The management team told us they were in the process of transferring information to a new format. They were receptive to feedback and demonstrated commitment to improve the information.
- Recognised guidance was used to inform practise. This included screening tools for falls, nutritional risk and skin integrity. We saw these were reviewed regularly and monitoring information completed.
- Care plans were reviewed monthly but there was not clear information about how people had been involved in this. Care plans and reviews needed to better evidence the involvement of people and/or their representatives.

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 communication needs by assessing them. Care documentation explained what communication aids people required. We saw one person being supported to put their reading glasses on when they were looking at a magazine. The home also had a range of large print and talking books.

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

- The home did not employ an activities coordinator. We saw two people went out to external day services and people playing cards and using adult colouring books. Parties were planned for birthdays and other celebrations. There were occasional visits from local school children and a hairdresser visited weekly. One relative said, "They go above and beyond for birthday celebrations."
- We reviewed records of people's activities and we did not see evidence of a wide range of person-centred individualised opportunities for people. There was a lack of information in people's care plans about their

social needs and access to meaningful activities. One person said, "I get bored sometimes. I want to do more." A relative also commented on the limited range of opportunities for people. We recommend the provider reviews the options for people to be able to participate in personalised activities and community opportunities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. There had been no recorded complaints.
- People and relatives told us they knew how to complain and would feel comfortable talking to staff or the manager if they had any concerns.
- We saw the home had received a range of thank you cards and compliments.

End of life care and support

- People's end of life wishes were discussed and we saw basic information was documented. The registered manager told us some people did not want to discuss this but there was no record of the conversation.
- The service welcomed people at any time and we saw examples of extra staff being available to people if needed at the end of their life.
- A visiting health professional said, "I've just been to see a [person] at the end of their life. All the information is there. When someone's ill they make the residents the priority."
- We saw thank you cards and letters from relatives. One said, "Thank you for the wonderful way you cared for [person.] The love, dedication, devotion and care from you all which is second to none made her last days comfortable, tranquil and dignified."

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 requires improvement. At this inspection this key question remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person centred care.

At our last inspection systems were not in place to effectively assess and monitor the service. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

- Governance systems had been improved. We saw a range of audits had been completed monthly by the registered manager. These included checks on medication, health and safety and the environment. Issues identified were addressed promptly. We were updated on recent improvements to the building and future refurbishment and development plans. However, there were no recorded audits on care plans and we found they required more work to ensure they consistently reflected peoples' needs and wishes.
- The provider-maintained oversight of safety checks on the premises. However, there was no evidence of any provider audits to monitor the service and performance of the management team. We were concerned about the repeated breach found at this inspection.

We found no evidence people had been harmed however, systems were not in place or robust enough to demonstrate audits were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was "hands on" and we saw they had positive relationships with staff and people.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- We found a warm and inclusive atmosphere within the home with people and staff interacting very well with each other.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a good knowledge of the service.
- Staff praised the home and the way it was run. Staff worked well together and demonstrated teamwork

and flexibility. They said they were happy working for the provider.

- Staff spoke highly of the registered manager and deputy manager. They said they were visible and had an "open door" culture. One staff member said "They [managers] are really good, very approachable, understanding and supportive."

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

- People and relative's views were sought about the running of the home. Comments in surveys included, "We are always greeted with a smile" and "staff are very amenable and welcoming."
- The management team had a visible presence where people or relatives could approach freely. One relative said, "[Manager] is always available."
- Staff meetings were held regularly. Records showed there was an opportunity for quality issues to be discussed and for staff to share ideas.

Continuous learning and improving care;

Working in partnership with others

- The registered manager and deputy manager were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service. They understood their legal responsibilities and were committed to learning and improving care.
- The service worked in close partnership with health professionals.
- The service shared some good practise with other homes owned by the same provider. The registered manager attended local provider forums run by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not identified to ensure risks were consistently assessed and mitigated.