HC-One Limited

Silverwood (Rotherham)

Inspection report

Flanderwell Lane
Sunnyside
Rotherham
South Yorkshire
S66 3QT

Tel: 01709532022
Website: www.hc-one.co.uk/homes/silverwood-sunnyside/

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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

This inspection took place on 3 January 2018 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Silverwood is situated approximately six miles from Rotherham. It is a purpose built home providing care for up to 64 people. The home is registered to provide accommodation for persons who require nursing or personal care. The home has bedrooms on the first and ground level of the building. The ground level provides care to people with a diagnosis of dementia. There is ample parking and gardens to the rear of the building. On the day of our inspection there were 57 people living in the home.

There was no registered manager in place for the service. The home had a manager who was in the process of registering with the Care Quality Commission (CQC). 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.

Our last inspection at Silverwood took place on 16 and 17 December 2015. The home was rated 'Good'. At this inspection we found the service remained 'Good'.

People who used the service told us they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received.

We found people received care that was in line with their assessed risks and care plans.

The registered provider had a policy and procedure in place for the safe management of medicines. Staff were working in accordance with this policy which assisted in keeping people safe and well.

There were sufficient numbers of staff available to keep people safe and there were effective staff recruitment and selection procedures in place. Staff were appropriately trained and supervised to provide care and support to people who used the service.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

People were provided with access to relevant healthcare professionals to support their health needs.

The relationships we saw between people who used the service, their relatives and friends and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People's privacy, dignity and independence were maintained by staff that were caring and respectful.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to join in with social activities they were interested in and time was spent with some people on a one to one basis. There was a plan in place to enhance and improve the range and quality of activities made available to people.

People and their relatives had been asked their opinion of the quality of the service via surveys and by the regular meetings with the managers.

Staff said communication in the home was good and they always felt able to make suggestions. There were meetings held for all staff and additional meetings for groups of staff, for example, senior care workers.

There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Silverwood (Rotherham)

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 registered 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 3 January 2018 and was unannounced. The inspection team consisted of one adult social care inspector and two experts 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. The experts by experience had experience in caring for older people and people living with dementia.

Prior to our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and all the information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch (Rotherham) and other stakeholders for any relevant information they held about Silverwood. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Rotherham local authority contract officers, commissioners and the safeguarding team and Healthwatch (Rotherham).

In order to understand what people's experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in a lounge/dining room area of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us.

During the visit we spoke with nine people who used the service, eight of their relatives and friends and the manager. We spoke with 10 staff including, senior care workers, care workers and ancillary staff. We also spoke with three visiting healthcare professional. We looked at five care plans, four staff files and records associated with the monitoring of the service.

Good

Is the service safe?

Our findings

People told us they were well cared for and had no worries or concerns. Their comments included, "Of course I feel safe here, the staff good" and "I couldn't manage without them [staff]. They keep me safe."

All but one relative spoken with were positive about the standard of care and safe treatment provided by the service. Several compared this home favourably with others they had viewed.

One relative spoken with told us they were waiting for their family member to be transferred to another home because the home felt they were not able to meet the persons needs. They said they understood this but wished it was possible to stay at Silverwood because, "The people here are wonderful."

The relatives of one person were pleased to have the opportunity to talk to us about an incident which resulted in a fracture following a fall. They were happy to explain this because they wished lessons to be learned from the event. They told us they had received an apology from the manager and assurances of an extensive review of this event and related systems. We discussed this case extensively with the manager and explored issues such as risk assessment, falls prevention and Duty of Candour. The manager's response to the incident was appropriately open and demonstrated a willingness to learn how to avoid repetition and that they had learned from the experience.

On the day of the inspection we saw one person suffer a fall whilst mobilising. We found the staff immediately went to cover them, to protect their dignity and reassure the person while another staff member rang for an ambulance. We looked at the person's care plan and found they had a risk assessment in place due to their risk of falling. We saw staff had involved the falls team who were carrying out regular visits to the person. In the person's room we saw sensor mats on their chair and bed which alerted staff when the person tried to mobilise. When the ambulance staff arrived, staff prepared the person to go to hospital and escorted them. Another staff member contacted the person NOK to inform them of the accident.

While preparing the person for transfer to hospital we had the opportunity to speak to one of the paramedics and asked if they had any concerns about the number of falls at the home. They said they did not have a large number and were about average. They said staff were always good at sending for them if needed.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the manager to ensure appropriate action had been taken.

We saw each person had individual risk assessments for such things as moving and handling and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments. We saw staff had the skills to support people safely for example when using hoists.

Safeguarding and whistleblowing policies and procedures were available for staff to refer to. Staff spoken with were aware of their responsibilities in reporting any safeguarding concerns they had to the managers at the home.

Visitors, staff and healthcare professionals told us there were enough staff most of the time and they had no complaints. We observed there were plenty of staff visible throughout the home and if anyone called for help or used their call button they were attended to immediately. Staff rotas confirmed there was consistently enough staff on duty to meet people's needs and promote their well-being.

A robust recruitment and selection process was in place that ensured staff employed had the right skills to support people who used the service. We looked at four staff files. Each contained a minimum of two references, one being from their last employer, a full employment history, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

We found there were safe arrangements in place for managing people's medicines. We saw staff supported people to take their medicines appropriately and explained to them what medicine they were taking and why. Weekly and monthly medicine audits were completed by senior staff and staff also checked Medication Administration Charts (MAR) daily so that any errors or omissions could be dealt with immediately. The MAR sheets were in good order and clearly recorded when medicines had been administered or the reason they were not administered. Medicines were kept in treatment rooms on each floor, which were all, kept safely locked and were well organised.

The home provided a welcoming and safe environment. Rooms and corridors were spacious, clean, well-furnished and presented no unsafe features. Bedrooms were a good size, with adjustable height beds, and no unpleasant odours. Natural lighting was good through modern double-glazed windows. Electric lighting was also good and particularly so through LED lighting in corridors.

Staff told us, 'Fire marshals (designated staff) were on duty on each shift and said they understood emergency evacuation procedures, which they rehearsed frequently. Fire records checked confirmed this.

People said they were cared for in an extremely clean and hygienic environment at all times. One healthcare professional told us, "All areas of the home are clean and tidy. There always seems to be staff cleaning and tidying up."

Good

Is the service effective?

Our findings

People told us they enjoyed the food and they were given enough to eat. Their comments included, "I am happy here. The food is fine. There is plenty to eat" and ""This home is better than another I experienced. I cannot fault the meals. My son is happier that I am eating better than when I lived on my own."

We sat with people during the breakfast and lunchtime meals. We saw people were offered a choice of drinks and food and staff knew people's likes and dislikes, which was also recorded in their care plan. Where there were concerns about people's weight, staff were aware of this and we found any specialised dietary requirements were catered for. Some people required assistance to eat which was provided to people on the dementia unit; however we did observe some people in the other dining room were uncertain in using knives and forks and individual assistance with feeding was not given to these people. This was feedback to the manager for her to review.

We saw one person who carried a large doll around and was reluctant to put it down so they could eat. A staff member placed a chair at the side of the person and said, "Shall we put her here so she can see you eat your dinner." This pacified the person and when the meal came they were happy to sit and enjoy their meal.

Other people were served individually in their rooms or lounges, with assistance where required. The meals looked appetising, nutritious and well cooked. If people did not like one of the two main courses individual food was prepared for them. The home had a high reputation for its catering, with the catering staff winning awards within this large national group of care homes. The latest food hygiene inspection rating, was recently awarded as five star (Excellent). The local 'Diet Advice Service' was used for advice regarding particular individual needs.

Menu choices were made the previous day. Some people, when asked, were unable to remember what they had chosen. However when this was the case people were once again allowed to choose what meal they preferred. Drinks and snacks were available constantly and individually as requested or required. In afternoons an alcoholic drink was offered and a cake was baked for each person on their birthday. We also saw areas in the home with readily available drinks and snacks for anyone living in the home or visiting. Relatives and healthcare professionals told us this was a real "homely touch" and that they enjoyed sitting with people, having a drink and snack, "Like they would have done in their own home."

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. The manager was aware of the need to use best interest's processes to assist in the support of people who lacked capacity to make significant decisions for themselves.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people living in the home were subject to a DoLS authorisation and others had applications pending. The manager had a clear record of all decisions made and when these decisions needed to be reviewed.

Where Deprivation of Liberty Safeguards decisions had been approved, we found the necessary consideration and consultation had taken place. This had included the involvement of families, multi-disciplinary teams and independent advocates, where appropriate.

Documentation in people's care records showed when decisions had been made about a person's care, where they lacked capacity to decide at that time, these had been made in the person's best interests. The senior staff we spoke with had a good understanding of their responsibilities under the Act and people we spoke with told us staff asked for their consent to any care and treatment offered, and respected their choices. We also saw evidence of this in people's records.

The care staff we spoke with knew people well and when asked could tell us about individual's specific needs. People's care plans showed their day to day health needs were being met. We saw people had been assessed for equipment so that they could remain independent, for example, walking aids and eating and drinking aids. Care plans included the support they needed to promote their physical, mental and social needs and promote their independence.

People had access to healthcare professionals who visited the home and held surgeries regularly. One visiting healthcare professional told us, "Liaison between us and the staff is good and we have confidence in the senior care staff to know when to request a visit from us."

Following induction there was a system in place to provide staff with training to ensure they had the required skills and knowledge to carry out their role. We looked at the training matrix which showed the training staff had undertaken. We saw staff had completed courses in such things as fire safety, food hygiene, health and safety and nutrition and hydration. Staff told us they were prompted by the manager to complete and refresh their training at the required intervals. The matrix kept by the manager flagged up any staff that were due any courses and we saw these had been booked in for completion. One staff member told us, "I have worked at other places; I thought I would try something different, but they were not as good as this, they care about people and their staff. I'm doing a foundation degree and so work part-time, they always make sure I get Thursday and Friday off to attend college. I used to work nights which I loved but needed to come on days for college and they were great about it."

Staff told us they felt well supported by the manager and other senior staff. Staff were aware of supervisions and appraisals and were able to recall having these, although they were unclear about the frequency. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We saw there was a plan in place to ensure all staff were receiving supervision and appraisal as per the registered provider's policy. The manager told us although there was some work to do to catch up they were confident they would be on target to achieve this within the next few months.

A secure garden area in the quadrangle centre of the home was well maintained and had good seating. One person (a smoker) was observed using this area, in inclement weather. However, there was no shelter for smokers from wind and rain. The manager had acknowledged this and was in the process of taking action to address this. She was confident the registered provider would make such investment. It was evident, and reported, throughout the home that resources were invested where needed.

Good

Is the service caring?

Our findings

People told us, "I have always liked living here. It is a friendly place. I do some singing" and "The people are nice, both staff and other residents."

We saw people living in the home with varying needs and saw a caring and considerate staff team who gave extra time and patience to people where needed. We saw staff were constantly alert to people's needs and we observed good engagement communication. We observed a skilled and effective staff member using assuring language and humour to engage with a confused and disoriented person.

We observed staff treated people with dignity and respect and engaged appropriately in conversation. Interactions between staff and people were appropriately respectful and encouraged people to make their own decisions about their care.

Relatives spoken with said they had approached the manager's about various matters and felt they were listened to. Their comments included, "I am not upset about the care my mum gets, they are very good here and when it's my turn I hope I can be in here. It's just I don't like leaving her anywhere. She's clean, and well fed, staff are kind with her and couldn't be better. I think there is not enough one to one which would be nice. I have not been asked about her end of life plans, but I suppose they will ask when it's needed," "If I wanted to complain I know who to talk to but I haven't needed to and I can come to see [Name] anytime which is nice," " I am a friend of [Name] from church. [Name] spends almost all of her time in her room because she does not like to mix socially. She will not take part in activities. She has no family. We looked at two other homes before deciding on this one. We gained positive first impressions and liked the physical layout. The care is good but ideally there would be more staff to sit with [Name] in her room and chat. I realise this may not be affordable" and "I have seen lots of homes in this area and this is the best. The care is very good and one carer [Name] is exceptional. My cousin, a nurse, is also happy with the care at this home."

All staff we met were happy, relaxed and promoted a positive and safe environment. All enjoyed their jobs and most had been at the home for a number of years. They explained that they found their roles fulfilling and despite availability of other work in the area they preferred working at Silverwood because of the positive atmosphere and proximity to where they lived. One staff member told us, "I like the interaction with residents and giving back."

We spoke with an agency support worker who was providing one to one support for a person who was waiting to be transferred to a more suitable home that would be more able to meet the person's individual needs. They told us, "This place is very good and people are very kind and caring. I have been to many homes because of my job, this is one of the best. It is very clean and staff are very helpful."

There was no restriction on visiting times, and the number of visitors seen was substantial, with some relatives visiting daily and one person staying at the home for a number of nights at a time as they travelled long distance to see their loved one. This person had been provided with a recliner chair so they could stay with their partner throughout the night. The manager told us she would speak to the person and ask if they

would like them to purchase a portable bed which could be placed in the person's room and provide more comfort.

Good

Is the service responsive?

Our findings

The Activities/Wellbeing Co-ordinator spoken with was keen to explore all options for engaging people, despite reluctance to participate by many people. The co-ordinator had reviewed the activity programme with the manager and produced an extended programme of activities. Both agreed there was scope for sharing best practice on activities within the registered providers care group. The manager had particular ambitions to extend the "wellbeing strategy", especially though the use of new technology (the home had Wi-Fi throughout). Wider discussion of what was meant by "wellbeing" were planned to identify further activities for adding enjoyment and enrichment of peoples' lives, particularly for focus on supporting people with dementia and those who had limited social engagement skill or motivation. One relative told us, "[Name] seldom leaves their room, but from choice rather than not being given encouragement."

The range of activities provided included table top gardening, singing, crafts, skittles, carpet bowls and visiting performers (these achieved the highest attendance, of 40 plus), primary school children's choir, church services, and a visiting catholic priest. Some people had been taken out in the home's minibus which had limited capacity and required staff to accompany people. One person told us, "I walk around the home to exercise my legs. I took part in a quiz last night." Another person said, "I do some singing."

The visiting hairdresser on three days per week was very popular. Around 30 people per week used the service. The hairdresser cut and styled hair in rooms for those people who were cared for in bed. Gents' barbering was also provided. Such was the popularity of the hairdressing service, as both a personal grooming service and of social interest to other people; the home was re-modelling a large corner area to create an enlarged hair salon, adjacent to and viewed from a café/bistro area. This imaginative reconfiguration was expected to be very well used.

Relatives and friends spoken with told us they had visited the home before admitting their relative. They told us this home was typically chosen as, "It was superior to other local homes."

Care plans seen confirmed people were assessed by the manager prior to being offered a place at the home. Following this initial assessment care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Care plans ensured staff knew how to manage specific health conditions.

We saw all care plans were reviewed and updated regularly by senior staff. We did not see evidence that people and where appropriate, their relatives had been involved in reviewing and updating care plans. The manager told us they did involve people and their relatives, but were not very good at recording and evidencing this. The manager said she would look at how this could be recorded, within the plans, to confirm people's involvement.

We found concerns and complaints were taken seriously, explored and responded to in good time. People, relatives and friends told us they were able to discuss any worries or concerns they had with either the manager or any of the staff. Throughout 2017 the home had received six complaints/concerns. We saw these

had been thoroughly investigated and each complainant had received a written response. All these were resolved and we saw evidence of actions taken to ensure there was no repeat of the persons concern.

The manager and staff had a strong commitment to supporting people and their relatives before and after death. When people were at the end of their life the manager ensured other healthcare professionals and relatives were consulted. This ensured people received appropriate care and support by the appropriate people. Where appropriate, Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment and best interest decision, had been made by the appropriate people.

Good

Is the service well-led?

Our findings

Since the last inspection a new manager was in post and was in the process of registering with CQC. Both people living in the home and their relatives and friends were clear that the care and support received by people was good and they had no complaints. The manager advocated strongly the "home-grown" philosophy and was supporting staff for higher role responsibilities. In the role as manager she displayed positive leadership characteristics.

The general atmosphere of the home was friendly, comfortable, warm and safe.

Staff displayed enthusiasm and liking for their roles, citing their commitment and dedication to providing an excellent service for the people who used the service.

All staff spoken with spoke highly of the organisation of the home. Staff comments included, "Both the housekeeper and manager are approachable and listen to our issues," "I have worked for the company for 15 years. It is the best large care group in the area," "I enjoy working here. Both residents and staff are lovely. I always have a good day when I am at work," "I am working towards being a senior carer. The manager is very supportive of this. I have settled down here better than any other care job. Everyone is really nice and the manager is approachable on anything," "I always wanted to work in care. I like the variety much better than in retail where I was previously. It is rewarding doing this work. The home is flexible about hours which is good as a single parent" and "HC1 (the owners of the home) is the best care group I have worked for. The team gives support. I think we could learn from other care homes in the group. I enjoy the feedback from residents."

The manager's response to a recent serious incident was appropriately open and demonstrated willingness to learn how to avoid repetition. The manager had also shown an appropriate response to the relatively low take-up of activities by many people.

The manager continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service. Regular audits and quality assurance checks were completed covering all aspects of the service, for example, care plans, medicines, complaints and health and safety. Documentation showed the management team took steps to learn from events such as accidents and incidents and put measures in place so that they were less likely to happen again. For example, following an audit of recent incidents/accidents the manager had found most incidents/accidents were occurring during the afternoon period. The manager's analysis of this was because this was when people started to become anxious or agitated resulting in them moving around the home more. Therefore there was a plan in place to provide more social activities for people during the afternoon in order to occupy and closely monitor people to help keep them safe.

The manager also completed a 'Resident of the day' audit. This was completed five days each week for a different person. The manager, care staff, activity worker, maintenance and catering staff would look at all aspects of the persons care and wellbeing. For example, their care plan, their bedroom, their laundry, diet

and involvement in activities. Any improvements identified were then acted upon and signed off by the manager when it was confirmed as completed.

Our findings during the inspection showed the audits were effective in practice to maintain a good quality service.

Senior managers carried out regular monitoring visits to the service and identified areas for improvement with action plans that were signed off when completed.
The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed.