

Handsale Limited

Handsale Limited - Silver Trees

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Handsale Limited – Silver Trees is a nursing home. It provides accommodation and nursing care for up to 62 older people, some who were living with dementia. At the time of the inspection there were 57 people living at the service.

People's experience of using this service: People enjoyed the variety of activities provided and going out of the service with staff shopping or for walks. People spoke positively about the food provided. Mealtimes were relaxed and sociable.

People were well cared for and had their needs met. Staff were kind, caring and knew people well. The use of agency staff had reduced significantly due to successful recruitment. Changes in the staff team had brought new ideas and positive changes. Staff said the atmosphere and culture had improved as a result.

The environment had been considered to support people needs. People were supported to maintain their independence and make their own decisions.

Visitors were welcomed at the service. The service was clean and tidy. We highlighted some refurbishment needed in communal bathrooms.

Feedback was sought from people, relatives and staff through a variety of systems such as surveys, meetings and a suggestions box. Actions taken in response to feedback was displayed in the entrance area. Relatives said the service communicated well with them. People felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on CQC website at www.cqc.org.uk
Rating at last inspection: Good (November 2016)

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

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Handsale Limited - Silver Trees

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 two inspectors, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people.

Service and service type:

Handsale Limited – Silver Trees is a care home. People in care homes receive accommodation and nursing or personal care. 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 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.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with 11 people living at the service and five relatives. We spoke with fourteen members of staff. This included the registered manager, senior staff, care staff, domestic and catering staff. We reviewed nine people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risk assessments were in place for areas such as mobility, skin integrity and eating and drinking. These gave guidance on how staff should support people safely.
- We observed staff supporting people in line with their risk assessment. For example, two people who were at high risk of developing pressure ulcers had the identified equipment in place to support them. Pressure relieving mattresses were set to the correct level and people were repositioned as directed.
- Equipment and the environment were assessed to minimise risks and regular monitoring occurred. However, these checks had not identified some refurbishment requirements in a number of communal bathrooms. The registered manager said this would be addressed.
- Fire systems and equipment were checked. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed, for example when people declined to take them or they were no longer required.
- Medicines were administered by staff who had their competency assessed on an annual basis to make sure their practice was safe. People received their medicines as prescribed.
- People were encouraged to manage their own medicines where able. Two people who were managing their own medicines had risk assessments in place for this.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. A staff member said, "There is enough staff here." One staff member commented that previously staffing had been, "A bit up and down," and that things had improved.
- The service had successfully recruited and reduced the number of agency staff significantly. Relatives commented positively on the reduction in agency staff.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe and well looked after."
- Staff demonstrated sound knowledge in regard to safeguarding adults. Staff were clear on the potential signs of abuse and how to report concerns.
- Staff received regularly training in safeguarding adults.
- Referrals had been made to the local safeguarding authority when appropriate.

Preventing and controlling infection

- The service was clean and tidy. We observed staff adhere to infection control policies, such as wearing personal protective equipment when appropriate.
- Cleaning schedules were in place for staff to follow. A relative said, "I find it is nice and clean."
- Systems were in place for laundry to ensure infection control risks were minimised.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to learn from incidents and to reduce reoccurrence. Areas were analysed such as falls to determine any patterns or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- New staff completed an induction. This involved mandatory training, orientation to the service and shadowing a more experienced staff member.
- Staff received training in areas relevant to their role. Such as infection control, moving and handling and fire safety. One person said, "Staff get proper training." A relative said, "Staff are competent."
- Staff had regular supervisions with their line manager. One staff member said these were, "Helpful and useful."

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

- People spoke positively about the food provided by the service. One person said, "The food is very good." Catering staff engaged with people to gain feedback about the food choice and quality.
- There was a variety of choice at mealtimes. One person said, "I get a choice." People could choose where to take their meals.
- Mealtimes in communal areas were relaxed and sociable. We observed people talking with each other and enjoying themselves. One person said, "I have friends, we all get on."
- Where necessary, staff recorded people's intake of food and fluid. People's weights and body mass indexes were recorded and monitored on a monthly basis unless otherwise stipulated.
- Risk assessments identified people needs around eating and drinking, for example if a person had a risk of choking. Some people who used the service required soft textured foods; we saw that these were provided as required.
- Information was accessible to staff about food allergies and specific diets.

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

- People were referred to speech and language therapists, dieticians and GPs if staff had any concerns about people's well-being.

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

- Signs were in place on doors to orientate and inform people.
- Areas of the service had been decorated in different styles to accommodate different tastes.
- People had access to a garden. One person said, "In the better weather we go out in the garden."
- People told us their rooms had been decorated in a personalised way. People had brought some of their own furniture and pictures.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate. An overview monitored their status with the local authority.
- People's capacity to make specific decisions had been considered.
- Conditions relating to one person's DoLS authorisations had been met. However, we highlighted to the registered manager that clearer evidence of this would be beneficial. They said this would be addressed.

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

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support.
- We observed that consent to care was sought before support was delivered. For example, when people wished to receive personal care.
- Staff had a clear understanding of the MCA and gave examples of how they supported people in their decision making.

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

- People were supported to access healthcare. One person said, "I have to get out to the hospital. They organise it and come with me."
- The service had developed good relationships with other health professionals. A staff member said, "We've got a good relationship with all the professionals and it really helps."
- Records confirmed people had access to a GP, physiotherapist and occupational therapist.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "Staff are very friendly and helpful." Another person said, "My only wish is that I had moved earlier, it is so much easier."
- People and relatives said that staffing was now more consistent. One relative said, "They did lose some staff, but they have recruited and there are new staff."
- Staff ensured they spent time with people. We observed that staff were cheerful and engaging with people. One person said, "Staff do more for you than necessary, they are very good and attentive."
- The service had received eight compliments in 2019. One compliment read, 'Thank you all very much for the kindness and care you have shown [Name of person]. She really enjoyed living at Silver Trees, she liked the company of staff and residents, the activities and the meals. We really appreciate the way everyone has gone out of their way to make her feel so special and loved.'

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

- We observed people were asked and consulted about their care. For example, a staff member asked a person if they wished to attend an activity. The staff member respected the person's decision.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. For example, one staff member explained the steps they took during personal care. We did observe however, three occasions when staff walked into people's rooms who had the door open without knocking or being invited in. We highlighted this to the registered manager.
- People were encouraged and supported to be independent. For example, at lunchtime people were offered support when needed. For example, staff offered to cut up someone's food. We observed people moving around the service independently. One person said, "I would recommend it, everyone is kind and helpful."
- People's visitors were welcomed at the service and there were no restrictions.

Is the service responsive?

Our findings

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

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

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

- The service had recently introduced an electronic care planning system. Staff were still learning to use this system effectively. This meant we found some inaccuracies in care plans due to how and where information was recorded. For example, the support needs in relation to mobility for one person were documented inconsistently in different parts of the care plan. However, staff we spoke knew people's needs well.
- Care plans contained information about people's life history, previous employment, interest and relationships.
- Care plans described people's preferences and routines. For example, one person's care plan recorded the television show they enjoyed watching every day and what time it was on.
- People told us they enjoyed the activities provided, such as bingo, armchair exercises, shopping, walks, musical entertainment and painting. One person said, "I go to musical events and church. I lead a full life." Another person said, "I go out and about with staff."
- People told us how the activities supported their social relationships. One person said, "The musical entertainment is good. I have made friends with people [through the activity]."
- Excursions were being planned around special activities people wanted to do.

Improving care quality in response to complaints or concerns

- The service had received six complaints in the last 12 months. Complaints were investigated and responded to in line with the provider's policy. Actions were taken and complaints were reflected upon for learning with staff.
- People and relatives said they felt comfortable to raise concerns with senior staff members. One person said, "[Staff] are very approachable."

End of life care and support

- People's preferences at the end of their life had been documented. For example, one person wished to have bright flowers and people wearing bright clothing at their funeral. However, for one person no plan had been completed and it was not clear if the person did not wish to record this information or had not been consulted.
- The service had received many compliments from family members into the support the service and staff had shown them. A relative said, "The kindness shown to us as a family made what was a very difficult time for us all that little bit easier."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- Systems were in place to monitor and review the quality of the service. This included audits of areas such as accidents, complaints and medicines. A new care plan audit had been introduced which reviewed care plans in detail. These were identifying the inaccuracies.
- The provider had displayed their assessment rating at the service and on their website.
- Notifications of important events were submitted to CQC as required.

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

- People, relatives and staff said the registered manager and other managers were approachable. We were told changes in the staff team had brought news ideas and positive changes.
- The service openly shared information with interested people such as the number of safeguarding referrals, falls and complaints it had investigated each month by displaying these on a noticeboard in the entrance area.
- A daily 'heads of department' meeting was held to ensure information was communicated effectively.
- Systems were in place to communicate within the service. Staff handover records contained key information about people's needs.
- Staff told us the culture and atmosphere of the service had improved.

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

- People told us their opinions were sought. One person said, "[Name of manager] asks my opinion."
- A comments box was available for anyone to leave feedback about the service.
- Relatives engagement meetings were held so family members could speak to different staff members in an informal setting.
- A survey was completed with people, staff and professionals. The actions taken were displayed on the board in the foyer area showing, 'You said, we did.' For example, improving the garden area and having a post box for people.

Continuous learning and improving care

- Meetings were held with people and staff. One staff member said, "I've been to staff meetings and if you bring things up they are put in to place the best they can."

- Staff told us the culture and atmosphere of the service had improved.
- A 'Resident of the day' scheme was in place to gain feedback from people and monitor the quality of service in different areas of care and support.
- Different topics were chosen weekly and a display board created to share information and knowledge for people, staff and visitors around topics such as swallowing difficulties, infection control and safeguarding.

Working in partnership with others

- The service had recognised staff's contribution to the service through an appreciation day.
- The service linked with educational organisations to provide student placements to those training in health and social care.