

# Community Integrated Care Silver Street

## 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

Silver Street provides respite for adults with a learning disability and/or physical disability, in the South Yorkshire area. The service can support up to six people. At the time of this inspection two people were using the service.

### People's experience of using this service and what we found

The provider had systems in place to safeguard people from the risk of abuse. Staff were knowledgeable about recognising and responding to abuse. Risks associated with people's care had been identified and plans were in place to ensure risks were minimised. Accidents and incidents were analysed to ensure trends and patterns were identified to reduce future incidents.

Medicines were managed in a safe way and people received their medicines as prescribed. The premises were maintained, and routine maintenance checks were carried out, equipment had been serviced and was safe to use. There were sufficient staff available to meet the needs of people who used the service.

We observed staff interacting with people in a caring and sensitive way. Staff were friendly and knew people well.

People's needs were assessed, and care was provided in line with their preferences. Staff were skilled at communicating with people and identifying any changes in mood. People had access to a healthy and balanced diet and dietary needs were met. Staff were trained and supported to carry out their role effectively. People had access to regular day services and activities while staying at the service. The service had a minibus to facilitate outings to various places of interest.

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 in the service supported this practice.

There were effective quality assurance processes in place to monitor care and safety and to plan ongoing improvements. The provider had a complaints procedure to receive and act on complaints. This was also available in an easy to read format.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting they were meeting the underpinning principles

of Right support, right care, right culture.

Right support:

- There was a positive culture throughout the service which focused on providing care that was personalised.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture:

- The ethos, values, attitudes of the registered manager and the care staff ensured people using the service had choice, dignity and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with CQC on 11/07/2019 and this is the first inspection.

Why we inspected

This was a planned inspection of a newly registered service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silver Street on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Silver Street

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector

#### Service and service type

Silver Street respite service is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection we spoke with two people who were using the service. As these discussions were limited, we also used our observations and discussions with relatives and staff to help form our judgement. We also spoke with four relatives and three members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were aware of safeguarding and whistleblowing procedures and had training on this subject.
- Relatives we spoke with told us their family members were safe using the service. One relative said, "[Persons name] goes into Silver Street happy and comes home happy."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and managed to keep people safe.
- People had risk assessments in place for things such as moving and handling, choking, and finances.
- Staff we spoke with were knowledgeable on how to manage risks and ensured people's safety.
- The provider had systems in place to ensure the building and premises were safely maintained.

Staffing and recruitment

- Staffing was provided based on the differing needs of people who used the service. We spent time observing staff interacting with people who used the service. We found there were enough staff to meet people's needs and where people needed one to one staffing this was maintained.
- Staff we spoke with told us there were always enough staff available to meet people's needs.
- The provider had a recruitment policy which helped with the safe recruitment of staff. We saw the policy was followed.

Using medicines safely

- The provider had systems in place to ensure people received their medicines as prescribed.
- Medication policies and procedures were followed, and robust audit systems were in place to ensure medicines management was safe.
- Staff received training in medication management and administration, to ensure they maintained the skills to administer medicines safely,

Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections.
- The provider was meeting shielding and social distancing rules.
- The provider was admitting people safely to the service.
- The provider was using PPE effectively and safely.
- The provider was accessing testing for people using the service and staff.

- The provider was promoting safety through the layout and hygiene practices of the premises.
- The provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored and analysed to ensure lessons were learned and incidents minimised.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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, and care and support were person-centred and delivered in line with people's preferences and choices.
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their role effectively.
- Staff we spoke with told us the training they received gave them the skills and knowledge required.
- We saw supervision sessions took place regularly and staff told us they felt valued and involved and had a say in the development of the service. They felt their contributions and ideas mattered and were taken seriously.

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

- People were supported to maintain a healthy and balanced diet.
- Where people required specialist diets, these were provided.
- People's food choices and preferences were considered and met.

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

- People had access to healthcare professionals when required.
- We looked at care plans and saw when healthcare advice had been given, staff had followed it to ensure people were supported appropriately.

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

- The environment was designed to meet people's needs. All rooms were on ground level and sufficiently spacious to allow the use of specialist equipment and wide enough to enable access for people using wheelchairs.
- There were overhead tracking hoists in all the rooms and a specialist bath was available to everyone who accessed the service.
- There was a board with photographs of all the staff so people could recognise which staff were on duty.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidelines of the MCA and DoLS applications had been made. When restrictions on people changed, staff notified the relevant people, by applying for an updated authorisation.
- Staff were knowledgeable about how to ensure the rights of people who were not able to make or communicate their decisions were protected.
- Where people lacked capacity, decisions had been made in their best interest.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were aware of and supported people's diverse needs. Staff had built close, trusting relationships with people over time.
- We observed staff interacting with people and found they were friendly and caring. They involved people by assisting people to make choices about their care and support.
- Relatives we spoke with were complimentary about the care their family member received. Comments from relatives included, "They take on board everything we say, they listen and do everything to the letter," and, "Oh yes, the staff are kind and caring."

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

- During our observations we saw people involved in making decisions about their care. Staff always explained the tasks they carried out, why it was required and gave reassurances during any care and support provided.
- The registered provider and registered manager continually sought feedback about the service through surveys, meetings and reviews, involving other professionals, relatives and people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People spent time in their own rooms when they wished to. When staff provided personal care, they made sure bedroom and bathroom doors were shut. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- Relatives we spoke with told us their family members were really happy to go to Silver Street and felt staff maintained their privacy and dignity. One relative said, "[Person's name] always comes home and looks clean and well cared for."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and support which met their needs and considered their preferences.
- People and their families and relevant others were involved in developing support plans. Support plans also incorporated people's preferences and choices
- The care people were provided with was in line with their, choices, decisions and preferences. We observed staff interacting with people and saw the care and support was individualised.

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.

- Information was presented to people in a way they could understand. For example, pictures and photographs were used as a way of communication.
- Some people who used the service could not verbally communicate but staff understood how to recognise what people wanted. This was done by use of facial expressions and body language.

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

- People had planned regular activities schedules in their support plans. This included attending day centres and visits out in the community.
- One relative said, "I know [person's name] happy because once [person's name] gets there [person's name] fine and [person's name] is not ringing up and saying they are bored."

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure people could raise concerns about the service.
- The service had not received and complaints, but relatives we spoke with felt they could talk to staff if there was a problem and they would act on it.

End of life care and support

- Due to the nature of the service, no one currently had a plan in place for the care they wanted at the end of their lives.
- The manager told us this would be discussed with each person, and those close to them when the need

arose.

- Staff had end of life care training to ensure where needed people had a comfortable and dignified death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive team culture. The registered manager and the staff team were committed to providing a service which met people's individual needs and preferences and was person centred.
- Both staff and relatives spoke highly of the management team. One relative said, "You can talk to any of the managers or staff. They know what's going on and will address things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately

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

- The provider had effective quality assurance systems to monitor the quality and safety of the service and to identify any areas for improvement.
- The registered manager kept monthly audits of the service, which focused on quality and safety. These then fed into the providers auditing visits.
- The management team worked on shift to support people when needed. One staff member said, "We have a good staff team, they all know what they are doing and work as a team. Together they are solid, they are a credit to the service."

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

- People who used the service and their relatives were consulted and said they were listened to.
- Relatives told us managers were responsive if they had any concerns and took the necessary action to address them.

Continuous learning and improving care

- The provider had a system in place to continually learn and improve the service.
- The management team carried out audits such as medication, infection control and health and safety, to ensure any issues were identified. Action plans were then drawn up to address any concerns.

#### Working in partnership with others

- Staff worked in partnership with other health and social care professionals.
- Staff had developed good links, such as with, community nursing teams, specialist epilepsy nurses and learning disability nurses. This enabled people to access specialist support to meet their needs, reduce risks and staff to access guidance on current best practice.