

Mr David Austin

Silverdale Residential Home

Inspection report

Silverdale
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Date of inspection visit:
05 November 2018

Date of publication:
27 November 2018

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

Silverdale Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Silverdale Residential Home provides care for up to eight adults with a learning disability and/or mental health conditions and/or dementia.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of our comprehensive unannounced inspection visit on 23 October 2018, there were seven people using the service.

At our previous inspection of 11 October 2017, this service was rated requires improvement overall, and in each of the key questions. There were breaches of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 12: Safe care and treatment, Regulation 17: Good governance, Regulation 11: Need for consent and Regulation 18: Staffing. Improvements were needed in how the service assessed and monitored the service provided, maintaining people's care records, policies and procedures were out of date, and staff training. At this inspection of 5 November 2018, we found improvements had been made and the service was no longer in breach of Regulation.

There was a registered manager in place. 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. Recent events require registration changes, this is being addressed by the service.

People received a safe service. There were systems in place designed to reduce the risks of abuse and avoidable harm. Where incidents happened, the service learned from these to drive improvement. Risks to people were identified and guidance for staff in place to mitigate these. People were supported with their medicines in a safe way. Staff were available to support people and the systems to recruit staff safely were robust. Infection control systems were in place.

People received an effective service. People were supported by staff who were trained and supported to meet their needs. People had access to health professionals when needed. Staff worked with other professionals involved in people's care. People's nutritional needs were assessed and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The environment was well maintained and suitable for the people using the service.

People received a caring service. People shared positive relationships with staff. People's privacy, independence and dignity was respected. People were listened to in relation to their choices, and they and their relatives, where appropriate, were involved in their care planning.

People received a responsive service. There were systems in place to assess, plan and meet people's individual needs and preferences. People's had access to social activities to reduce the risks of isolation and boredom. There was a complaints procedure in place.

People received a service which was well-led. The service provided was assessed and monitored to provide people with a good quality service. Where shortfalls were identified actions were taken to improve. People's views about the service and these were valued and listened to. As a result, the service continued to improve.

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.

Risks to people were assessed and mitigated. This included risks in the environment and in their daily living and risks associated with abuse.

There were systems in place to manage people's medicines safely.

Staff were available when people needed assistance.
Recruitment of staff was done safely.

The service had infection control policies and procedures which were designed to reduce risks to people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their needs.

People's nutritional needs were assessed and met. People were supported to access services which ensured they received ongoing healthcare support.

People's capacity to make their own decisions was assessed.

The environment was suitable for the people who used the service.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Staff treated with people with kindness and they knew people well. Staff and people shared positive relationships.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, planned for and met. People's end of life decisions were documented.

There were systems in place to support people to participate in social activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Good ●

The service was well-led.

The service had quality assurance systems to identify shortfalls, address them and learn from them.

The service provided an open culture. People's views about the service were listened to and acted on to drive improvement.

Silverdale Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 5 November 2018 and was undertaken by one inspector and a dental inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people who used the service. We also observed the interaction between staff and people. We spoke with the manager and three members of care staff, one of these was also one of the service's owners.

We looked at records in relation to four people's care. We looked at records relating to the management of the service, two new staff recruitment records and staff training.

Is the service safe?

Our findings

At our previous inspection of 11 October 2017, this key question was rated requires improvement. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed in how the service assessed and mitigated risk and training provided to staff in safeguarding adults from abuse. The provider wrote to us and told us what actions they were taking to address the shortfalls. At this inspection of 5 November 2018, we found improvements had been made and the service was no longer in breach of regulation and people were provided with a safe service.

Improvements had been made in the provision of training for staff in safeguarding. Two staff members told us that they had received this training since our last inspection. This was confirmed by records we reviewed, which showed that all staff had been provided with this training. The service's policies and procedures were all reviewed and up to date to provide guidance for staff. Discussions with staff and the manager demonstrated they had an understanding of different types of abuse and when they needed to raise safeguarding referrals to the appropriate authorities. Where safeguarding concerns had been raised, the service learned from these to drive improvement and reduce the risks of them happening again. This included developing a communication system and improving how they worked with other professionals.

Improvements had been made in the available guidance for staff in case of an emergency, such as flooding. This included actions they should take to seek advice from other professionals and how they should support people to evacuate the service.

People's care records included guidance for staff on how the risks in people's daily lives were reduced. This included risks associated with falls, mobility, accessing the community and developing pressure ulcers. At our last inspection, a person had been admitted to the service and there were no risk assessments in place, this had now been addressed.

Staff had been trained in how to safely support people with behaviours that may be a risk to the person, staff and others. Where incidents had happened, the service had taken action to reduce future risks. This included seeking guidance from social care professionals and raising safeguarding referrals.

People told us that they felt safe living in the service. We observed that staff assisted people safely during our inspection visit. One person prepared vegetables for lunch, the staff member stayed with the person and checked that they were safe throughout.

Risks to people injuring themselves or others were limited because equipment, including hoists and portable electrical appliances had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were undertaken to ensure that staff were aware of the support that people needed should the service need evacuating. Each person had a personal evacuation plan in place to provide guidance on how they should be supported. Checks were undertaken to reduce the risks of legionella in the water, this included temperature checks and flushing of little used outlets.

There were systems in place to provide staff to meet people's needs. During our inspection we saw that staff were available to support people when needed. The manager told us that if people's needs changed the staffing levels could be adjusted to meet their increased needs.

The service continued to undertake checks on new staff before they were employed by the service. We reviewed two new staff member's recruitment records which showed that checks included if prospective staff members were of good character and suitable to work with the people who used the service.

The service continued to manage people's medicines safely. We observed a staff member support a person with their medicines, this was done politely and safely. The staff member explained to the person what their medicines were for and observed the person taking them before they signed the medicines administration record (MAR) to evidence they had been taken. MARs demonstrated that people had received their medicines as prescribed. Staff had received training in medicines. There were systems in place to administer, store, dispose of and order medicines. Regular checks were undertaken, these included stock balance and audits. This supported staff to identify any shortfalls and take prompt action to address them.

The service was visibly clean. Staff had received training in infection control and food hygiene. There were disposable gloves that staff could use to reduce the risks of cross contamination. We observed staff using good infection control processes when supporting people with their medicines, this included washing their hands, using gloves and clean pots to pop the medicines into from the monitored dosage system blister packs.

Is the service effective?

Our findings

At our previous inspection of 11 October 2017, this key question was rated requires improvement. There was a breach of Regulation 18: Staffing and Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed in how the service ensured staff were provided with the training they needed to meet people's needs effectively and in the service's policies and procedures relating to The Mental Capacity Act 2005. The provider wrote to us and told us what actions they were taking to address the shortfalls. At this inspection of 5 November 2018, we found improvements had been made and the service was no longer in breach of regulation and people were provided with an effective service.

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's care records included if they had capacity to make their own decisions. This included any assistance they required, in their best interests, to make specific decisions. There were no people who required a DoLS to be in place. The manager explained how they had previously made a DoLS referral for a person who used to use the service, which showed they understood when these should be made. The service's policies and procedures had been reviewed and updated, which included MCA and DoLS. Training provided to staff incorporated the MCA and DoLS. Specific training in this subject was planned. We observed that people were asked for their consent during our inspection, such as if they needed any assistance. Staff understood that consent would always be received and people's care records guided staff in how this should be asked for. People's care records identified that people had consented to the care they were provided with.

Improvements had been made in how staff were provided with training to meet the needs of the people who used the service. The manager told us they had purchased a new training package. Since our last inspection, staff had completed training including moving and handling, dementia, safeguarding, infection control, food hygiene, challenging behaviour and medicines. The manager told us that each time the staff team completed a set training course, they were provided with another to complete. This was an ongoing process and further training was planned, such as end of life care. The process for induction had been improved and there was a record in place of the training new staff had completed and the guidance they had received from the management team since they had started in their new role.

Staff told us that they felt supported in the service and could speak with a member of the management team when they wanted to. There were no formal documented supervisions in place. The manager told us that staff were supervised daily, because the service was small and they could observe and guide staff where required.

People told us that they chose what they wanted to eat and that they got enough food and drink. There was a menu in place which people had decided on as a group. We observed discussions between a person and staff member about their choices of vegetables during their meal. The person wanted something different to the planned menu and they had what they wanted. Drinks were available to people when they wanted them to reduce the risks of dehydration. People were provided with drinks, and could make their own where able, when they wanted them. One person told us that the staff recorded in their records when they had drinks. People's records included information about how their dietary needs had been assessed and how their specific needs were met. Staff understood people's specific dietary needs and how they were met, this included the support people required if they were at risk of losing weight.

Before people started to use the service, their care needs were assessed, and planned for holistically. This included their physical, mental and social needs and protected characteristics relating to equality, such as disability. Before people started using the service they could attend visits to ensure a smooth transition. The service worked with other professionals involved in people's care to ensure they received a consistent and effective service. This included health care professionals.

People had their health needs met and they were supported to see health professionals if needed. If there were concerns about a person's wellbeing, health professionals were contacted, with the person's consent. People's care records identified their health needs and how they were met, this included their mouth and dental care.

The environment was suitable for the people who used the service. There were communal areas that people could use, including a lounge, dining room, kitchen and utility room. There was a small secure garden that people could access. We saw that people moved freely around the service and could access all the communal areas. There were showers and bathrooms which gave people a choice of bathing facilities. Stair lifts were available for people to use if required. People told us that their bedroom was their own personal space and they had chosen how their bedrooms and communal areas were decorated.

Is the service caring?

Our findings

At our previous inspection of 11 October 2017, this key question was rated requires improvement. This was because improvements were needed in how the service ensured people's privacy. At this inspection of 5 November 2018, we found improvements had been made and the key question was rated good.

At our last inspection we saw that a communal toilet had a hole in the door, which did not respect people's privacy. This had been addressed and the hole was covered and a new lock had been installed. This ensured that people's privacy when using the facility was respected. People told us that their privacy was respected and that the staff knocked on their bedroom doors before entering.

People told us that they got on well with the staff. One person said, "They are good, we can have a laugh." There was a relaxed and friendly atmosphere in the service. People and staff shared positive relationships and knew each other well. Staff interacted with people in a positive and caring way. People responded to staff well and there was lots of light hearted banter and laughter. Staff we spoke with talked about people in a caring and compassionate way. One person had a birthday at the time of our visit and the staff had got them a birthday cake and gifts, the staff were planning a celebration tea for that evening. This showed that the person mattered and was cared for. Another example of how the staff cared for people was, a person showed us their personal mug which a staff member had bought them from holiday.

People's care plans guided staff to ensure people's privacy, independence and dignity was respected. During our inspection we saw that people's independence was promoted and respected. This included, people made their own drinks where they were able. One person said, "I can make my drink." They also told us that for lunch they were going to, "Do the potatoes." We saw that they peeled the potatoes for lunch, with encouragement from staff. Another person told us how they were responsible for keeping their own bedroom clean and tidy and were helped by staff.

People told us that the staff listened to their choices about what they wanted to do and the staff acted in accordance with their wishes. This was confirmed in our observations. People's records showed that they made choices about their daily lives and how they wanted to be cared for, with input from their family, where appropriate. This was documented and guidance in place for staff to respect these choices.

Is the service responsive?

Our findings

At our previous inspection of 11 October 2017, this key question was rated requires improvement. There was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed in people's care records, because one person did not have a care plan in place. The provider wrote to us to tell us how they were addressing the shortfalls. At this inspection of 5 November 2018, we found improvements had been made and the service was no longer in breach of regulation and people were provided with a responsive service.

The person who had not had a care plan in place which showed how their needs were planned for and met, had been addressed and was now in place. People's care records, which were kept on a computerised system, demonstrated that they received care which was tailor made to their individual needs. Some people who had conditions which may affect their wellbeing, had care plans which identified how their conditions affected their daily lives. It gave information of any warning signs staff should be aware of, such as signs and indicators of becoming unwell associated with their condition. The daily records identified the support provided to each person every day and their wellbeing.

People told us that they were happy living in the service. People told us about the activities they did, which they chose. This included holidays, swimming and going out in the community for meals and shopping. One person showed us their collection of books and art supplies and what they had completed. Another person said that they went out in the community independently. They listed the things they did and enjoyed doing. Another person said that they liked to relax and watch television. There were photographs around the service which showed them enjoying the social activities they told us about. People's records showed what activities they enjoyed, their interests and activities they had participated in. Some people attended work and day services which they chose to do.

There was a complaints procedure and policy in place which was accessible to people using the service and others, including relatives and visitors. The policy and procedure had been reviewed and updated to show the ways that complaints would be addressed. There had been no formal complaints recently made. The manager told us that if any concerns were received these were addressed immediately which reduced the need for formal complaints.

There were no people in the service receiving end of life care. People's records included their choices of the care and support they required should they become ill or at the end of their lives. This included where they wanted to be cared for, such as in hospital or remain at the service, who should be contacted if they became ill and any arrangements they had made for the event of their death. The manager told us plans were in place to provide end of life care training to staff.

Is the service well-led?

Our findings

At our previous inspection of 11 October 2017, this service was rated requires improvement overall, and in this key question. There were breaches of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 12: Safe care and treatment, Regulation 17: Good governance, Regulation 11: Need for consent and Regulation 18: Staffing. Improvements were needed in how the service assessed and monitored the service provided, maintaining people's care records, policies and procedures were out of date, and staff training. The provider wrote to us to tell us how they were addressing the shortfalls identified. At this inspection of 5 November 2018, we found improvements had been made and the service was no longer in breach of regulation and the service and this key question was now rated good.

There was a registered manager in place. However, there had been some recent changes relating to the provider and the registered manager. We were notified of this by the service, as required, and actions were being taken to address the changes. In the interim we were assured that there were systems in place to ensure the smooth running of the family run service and people continued to receive the care and support they needed. The service had a manager and deputy manager in place who oversaw the management duties in the service.

The Provider Information Return (PIR) demonstrated that the provider had a clear understanding of their roles and responsibilities in providing people with good quality care. They had identified areas for continuous improvement.

Since our last inspection the service's policies and procedures had been reviewed and updated. They provided clear up to date guidance for staff. A tablet computer had been purchased and the policies and procedures had been downloaded to provided staff with easy access to the new documents. The office had been redecorated and refurbished, all records relating to the running of the service had been put in individual files and were easy to find.

Improvements had been made in the monitoring of the service. Records demonstrated that checks were undertaken in areas such as infection control, the environment and people's care records. Where shortfalls were identified these were addressed, such as identified repairs in the environment.

People were involved in developing the service and were provided with the opportunity to share their views. The service was small and people could speak with staff and the management team when they chose to. A person and a staff member told us about changes that had happened in the service as a result of their comments, this included the times when the main meal was served.

Quality assurance questionnaires had been developed and introduced. Surveys had been sent to staff and community professionals to gain their views about the service. Further questionnaires were in the process of being given to people who use the service and sent out to relatives.

Several of the staff had worked in the service for many years. Staff told us that they felt supported and could raise any concerns or suggestions when they needed to. This included in the daily handover meetings, where staff passed over important information about people's wellbeing at the end of their shift to the staff coming onto shift. Their comments were listened to and acted on. The manager told us how they had improved communication following comments received from staff. This included the development of an e mail system to keep staff updated with any changes in the service.

The staff member told us how they had links with the community and how people who used the service were supported to access the community. The service was in the town centre so people could access it easily, including shops and restaurants.

The service continued to work with other professionals involved in people's care, this included health and social care professionals.