

Vesta Care Limited

Silverdene Residential Home

Inspection report

709-711 Moston Lane
Moston, Manchester M40 5QD
Tel: 0161 682 4901
Website: www.vestacare.co.uk

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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 

Overall summary

This inspection of Silverdene Residential Home took place on 12 November 2014. The inspection was unannounced. At the previous inspection in December 2013 we had found that the provider was not meeting the regulation relating to records. On this occasion we found that measures had been taken to rectify this and that the provider was now meeting the requirements of the regulation.

Silverdene is a small care home that provides accommodation for up to twelve people of different ages who have a learning disability and/or dementia. It has three units on the same site: the main house can

accommodate up to seven people; and there is a bungalow for three people and a separate annex for two people. On the day of our visit there were eleven people living in Silverdene.

Silverdene had a registered manager, and also a home manager who ran the service on a day-to-day basis. The registered manager was present usually three days a week. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that the service had a high level of input from its managers. There was a system of auditing and monitoring of the care delivered. There was an emphasis on keeping people safe, although we observed there had been quite a high number of accidents within the home.

Staff were well trained including in safeguarding and the Mental Capacity Act 2005. The people living in Silverdene had a variety of needs and abilities, and staff were equipped to support them all appropriately.

People and their relatives were involved in care reviews and were able to influence the way the service was run.

We found the service cared well for people but that there were some unresolved issues about relationships between people living in the home.

Summary of findings

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 was safe.

Staffing levels were adequate and there were good checks on recruitment.

Relationships between people living in the home were monitored to ensure that people were protected. Staff were trained in safeguarding vulnerable adults.

Medication was delivered safely and monitored carefully.

Good



Is the service effective?

The service was effective.

Meals were appetising and enjoyable.

There was good liaison with other services providing health care.

Staff were trained in the Mental Capacity Act 2005 and the service had acted correctly in making an application under the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Staff had good caring relationships with people living in the home.

Care records were thorough and person-centred, and relatives were involved in the review.

Privacy was important although we witnessed one example where a person's privacy could have been better respected.

Good



Is the service responsive?

The service was responsive.

Both people and their relatives were given opportunities to contribute their ideas, although there were no formal meetings with relatives.

Complaints and other issues were responded to appropriately.

Activities suited to the individual were available.

Good



Is the service well-led?

The service was well-led.

There was a high level of management involvement.

The managers ensured that staff were well supported.

Audits were conducted effectively in various areas.

Good



Silverdene 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.

The inspection on 12 November 2014 was unannounced, which meant that the service did not know in advance that we were coming.

This inspection was conducted by an inspector in adult social care, 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. On this occasion the expert by experience had experience of caring for an adult relative who had a learning disability and complex needs.

Before the inspection we studied information submitted by the service at our request. We call this the "Provider Information Return" (PIR). We also examined a series of notifications of incidents which the service had sent us.

We talked with nine of the eleven people who were living in Silverdene, both in groups and individually. We talked with five members of staff, including the registered manager and the acting manager. We also met the head of operational services. After the day of the inspection we contacted by telephone two relatives of people living in Silverdene to ask them about the standards of care.

During the inspection we looked at two care files in detail. We examined other records and correspondence. We asked for some information to be sent to us after the inspection, which it was. We spoke with a health professional who was visiting the service. We also contacted an officer of Manchester City Council responsible for monitoring the service.

Is the service safe?

Our findings

The three units of Silverdene each had a core staff team, and staff members tended to work in a particular unit, although they could move between units if needed. This meant that people living in Silverdene got to know the same members of staff, which provided continuity and security. Staff confirmed that they worked with the same people for a period and then rotated.

The two smaller units, where two people and three people respectively were living, each had one member of staff during the day time and one member of staff at night. However, the registered manager told us and staff confirmed that if there was any incident or other need staff could instantly summon help from the main house. We saw that the three buildings were very close to each other. The main house always had at least two staff on duty in the day time. In addition the home manager and the cook were usually present. On the day of our visit we saw the staff were able to respond to people's needs quickly. Two people we spoke with confirmed that staff were always on hand and they said the staff were very helpful at all times.

People we spoke with expressed confidence that the staff were looking after them well. One person said: "Yes, I like living here, the staff are good to me.. No, they never get angry." Another comment was: "No they never shout at me...yes, if I'm out the staff stay with me and never leave me on my own... I like the staff." Staff also told us that the safety of people they were caring for was a top priority. One relative confirmed this: "(my family member) has a really good relationship with the staff. They are always very concerned for their safety." Another relative said: "(my family member) to us seems very safe there."

Another relative we spoke with stated that their family member was kept safe: "They meet their needs and respect their choices, but keep them safe." The relative added that special steps were taken to ensure safety: "(My family member) has lukewarm drinks but not hot any more to avoid being scalded like in some places in the past. They will not have cold drinks either, and the staff really know things like this that make a big difference to their safety."

We looked at a staff recruitment file and saw that all the necessary checks had been done. These checks are required in the regulations to ensure that a member of staff

is suitable and qualified. We noticed that one of the references had been written by the home manager, and discussed with them and the registered manager the need to obtain references from an independent source.

We knew from notifications received in the months leading up to the inspection that there had been a number of incidents of friction and arguments between residents. These had been reported to us appropriately and we were aware of actions taken to try to reduce tensions.

During our inspection we became aware of a difficult relationship between two people who were living in close proximity. One of the people was particularly concerned about this relationship, stating: "They're a pain in the neck, we don't get on that well...they sometimes make me nervous and have nipped my arm in the past." In a quarterly review of this person's care needs, carried out a week before the inspection, staff had recorded this person's answer to the question "Do you feel safe?". They replied: "The only time I feel unsafe is when my housemate is irritable and starts shouting and banging doors."

We discussed this situation with staff in the unit and with the home manager and the registered manager. They said they were fully aware of it and took active measures to reduce potential conflict between the two people. It was not however feasible to move either of them at this point. Indeed the person who had told us their concerns confirmed that they wanted to stay living at the home despite the tension they felt about the other person. We considered that the service was aware of the issue and was active in reducing the possibility of bullying or abuse.

Staff were trained in safeguarding. We obtained a copy of the training matrix - a record of training undertaken by all staff. We saw that all the care staff had received training in the safeguarding of vulnerable adults, most of them within the past 12 months although in some cases up to two years previously. The one exception was a recently recruited member of staff who had been in post two months. This person however had experience in other care homes and understood the principles of safeguarding. They told us they would not hesitate to report any sign or suspicion of abuse to the home manager or to other managers, or if necessary to the relevant authorities.

We knew from notifications received before the inspection that the service reported safeguarding concerns both to the Care Quality Commission (CQC) and to the local authority,

Is the service safe?

Manchester City Council. We knew also that where necessary the service made changes to improve safety and to stop incidents or accidents recurring. For example, an extra lock was put on a side gate after a person had gone through it alone, in order to prevent a similar occurrence.

We looked at the log of accidents for the last six months and saw that there had been quite a high number of accidents, ten¹⁰ within the last six months. These included three falls in the kitchen and conservatory of the main house. There were two steps leading steeply down from the kitchen to the conservatory. There was a short handrail on the wall to assist people to come down safely. This was a risk to people living in the home, staff and visitors alike, albeit not one which could be easily mitigated. Staff were clearly aware of the risk and assisted people when needed. However, the people living in this part of Silverdene were independently mobile and could use the steps on their own.

Medication was kept in locked cabinets in rooms inside each of the three units. A member of staff assured us that the room in one unit was always shut and locked when staff were not around (for example if they went to fetch a meal from the kitchen). This unit also had a secure cabinet for controlled drugs, which was secured to the wall.

(Controlled drugs are a special category of drugs which are required to be kept and monitored very carefully.) We saw that the record of these drugs were signed by two members of staff on most occasions. Staff explained that there were not always two members of staff present when the drug was administered. The regulations do not specify that there must always be two members of staff present, but it is best practice for two to sign whenever possible. We saw that the stock of these controlled drugs was checked on every handover to a new member of staff, usually once a day, which showed the drugs were being monitored carefully.

Everyone living in Silverdene was assisted to take their medication. One person told us about how they received their medication: "They watch me take my medication. I don't know what it's for." We saw Medication Administration Records (MARs) for two people which recorded that medication had been given. There were no gaps and we saw the records were kept accurately. The management observed staff administering medication periodically and we saw the forms recording these observations. This meant there was a procedure to ensure that staff were administering medication safely. All staff had received training in medication, although this was over two years earlier in the case of one member of staff.

Is the service effective?

Our findings

Meals for all three units in Silverdene were cooked in the kitchen of the main house. Staff carried their meals out to the people in the other two units. The kitchen was a focal point in the house, because of the layout. People had to walk through the kitchen to get to the conservatory, which was both a dining room and a gathering point. This meant that people could take a keen interest in the cooking. Staff told us that the cook met with people daily to discuss menu choices and involve them in meal planning. We saw people asking what was for lunch.

We were initially concerned that lunch was served very late on the day of our visit - at nearly 2pm. However, it was explained that this was in part caused by our presence, because one of us had been talking to the cook. We were assured that normally lunch was served earlier. The meal looked appetising and people enjoyed it.

One person told us: "The food is 10 out of 10." Two other people told us they had enough to eat, and had a choice of things to eat and hot or cold drinks available at any time. A relative commented about the food: "The food is done how they like and just gets cut up and the staff help them eat things." Another relative said: "Their meals seem very good and varied. They are eating well."

We received critical feedback from one person who said that the food did not always match their needs, as they were diabetic. This person also said they had a love of cooking but they were prevented from cooking as they would like to, because they were not allowed access to the cutlery they needed. We discussed this person's needs with the home manager and registered manager.

One relative said: "If (my family member) is poorly they get the doctor. The staff keep an eye on their health. The staff send for an ambulance if they have a seizure and they try to nip other things in the bud like a recent water infection that got treated very quickly." We also saw from care records that access to healthcare was obtained promptly. This included accessing psychological support when needed. Notes were kept of meetings attended, which enabled staff and other professionals to track each person's health provision. We saw good records were kept of visits to Silverdene by doctors and other health professionals, and also of people's visits to attend appointments, with doctors, dentists and opticians.

We spoke with a district nurse who was attending two people on the day of our visit. They stated that there was good liaison with the staff and management at the home, and they had no concerns about the standard of healthcare.

We saw on care files that people's consent was sought for aspects of care. For example there was a consent form, signed by the person concerned, to agree to not having a lock on their bedroom door. However, we saw forms assessing people's mental capacity on only one person's file. Under the Mental Capacity Act 2005 and associated legislation, if there is a view that someone may not be able to consent to a particular aspect of care or treatment, then a mental capacity assessment should be made. A decision should then be made only following a meeting to decide if the proposed care or treatment is in that person's best interests. If a person's liberty is to be restricted, then an application should be made under the Deprivation of Liberty Safeguards (DoLS) for authorisation.

In the case of one person an application for an 'urgent' DoLS authorisation had been made earlier in 2014. This is where the service imposes a restriction and seeks urgent authorisation for seven days pending a more permanent 'standard' authorisation. This urgent authorisation had been extended once. The registered manager notified us at the time that an application for a DoLS authorisation had been made. There was no evidence on the file that a standard authorisation had been granted. This meant that the restriction was being imposed without the correct authorisation in place. We discussed this with the registered manager and home manager. We were aware that Manchester City Council had a backlog of applications, partly due to a Supreme Court judgment in March 2014. The fact that the DoLS application was still awaiting authorisation was outside the control of the provider. We considered that Silverdene was acting responsibly in limiting the person's liberty in their own best interests.

One relative told us that the "Staff seem very well trained to me." We looked at the staff training matrix which recorded all the training received by staff within the last two years. Nearly all staff had completed training in essential areas, including the Mental Capacity Act 2005. Other topics had been taken by some of the staff. For example, nine out of 16 staff had been trained in emergency first aid. The provider employed a training manager who delivered some of the

Is the service effective?

training in person and brought in other training providers. One new recruit mentioned there were some areas on which they had requested training. The head of operational services told us that provision of this training was being discussed.

Is the service caring?

Our findings

The people living in the main house at Silverdene were young adults with a range of learning disabilities. Those living in the other two units were older adults, some of them elderly. The people therefore had a variety of needs, both physical and psychological, and care needed to be suited to each person's individual needs. Staff tended to work in one of the units, but rotated periodically and could be called upon to move to a different unit if required. This meant that staff needed to be adaptable and work with a wide variety of needs. Staff told us, and it was clear from the interactions we saw, that they had equally good caring relationships with all of the people living in Silverdene.

We learnt that the service had been instrumental in bringing about a positive change in one person's family relationships. The proactive role of the home in this development had been commented on favourably by the people involved and by a social worker. This demonstrated a positive caring approach by the management staff.

The Provider Information Return (PIR) mentioned that Makaton was available to be used to assist people who were unable to communicate verbally. Makaton is a system which enables people to use signs and symbols to communicate. When we asked one member of staff about Makaton they were unaware of what it was for. However, all of the current residents were able to communicate verbally, to different degrees.

One person told us that staff were friendly and respectful of their house, and that the three residents in their unit just treated it as their own home.

A relative referred to some problems that their family member had previously experienced, and added: "They do take these issues very seriously though.. I'm confident (my family member) is well looked after." The relative added: "The home have given us relief about their long-term care. Their needs are being catered for."

We looked at care records for two people in detail. Each person's record was in two sections: the working file which contained daily records, their support plan and related

documents, and secondly their personal file which contained more permanent information. We saw that the support plans were person-centred, which means that they focussed on the needs of the individual and explained the care that was needed from their point of view. For example, there was a document entitled "What's important to me" which described the type of care and how it should be delivered, from the person's own perspective.

We asked people whether they knew about their care files and what they contained. Only one person could positively state what their care file was and what it was for. However there was evidence in other people's files that they had been involved in developing their care plan. Relatives confirmed that they were involved in care planning. One said: "We've been very involved right from the start. We can talk with them about everything and we can discuss anything." Another said: "We are kept involved and given the upcoming review dates... If I cannot attend they still send me the minutes in a letter and I can respond. We have been fully involved every step of the way." This showed that the service encouraged relatives to be actively involved in the planning and delivery of care, if necessary on behalf of their family members.

The PIR stated that people's privacy was respected: "We make it clear to staff and other residents that each bedroom is somebody's private space and people can only go in if they are invited in." In general we saw that staff treated people living in Silverdene respectfully. We did however witness one example where the principle of not entering a bedroom without being invited was not adhered to. While we were talking with one person, a member of staff knocked on the door but then walked in. The member of staff then gave the person some rather confidential information about a medical appointment in our presence. The person stated that this was a typical example of staff knocking and then entering their room. We mentioned this to the registered manager and home manager who put the issue into context, by explaining some history issues about the person concerned. They told us there were guidelines to staff always to knock and wait to be invited before entering.

Is the service responsive?

Our findings

The Provider Information Return (PIR) stated that residents' meetings were held every six weeks. These were opportunities for people to speak about their wishes and any issues about life in Silverdene. It was stated that an action plan was agreed at each meeting to ensure that people's preferences were honoured. At this inspection we enquired about these meetings. We were told that one had taken place recently but they had not been as regular as intended. However, relatives told us, and this was backed up by our observations, that there was good two way communication between staff and people living in the home.

There had not been any formal meetings with relatives. The management told us that they were in regular touch with a number of relatives. One relative said: "We visit the home quite regularly and are always made welcome. The staff and the managers are very approachable. They will take our concerns very seriously and they go out of their way to meet up with us and keep us very up to date." These views were endorsed by another relative we spoke with. Nevertheless the opportunity of a relatives' meeting might allow relatives to express views or ideas about the service which might benefit people living in Silverdene.

The provider had not issued a questionnaire and there was no comment box for relatives or other visitors to express their views about the service.

A file of 'complaints and compliments' was kept in the office. We saw only two complaints had been recorded during 2014. They both related to the welfare of people living in the home. We saw that they had been responded

to promptly. The nature of the complaints was different so no learning points could be drawn. We also saw that four compliments had been recorded. One person stated: "The building itself is like home from home."

We saw a letter received from an occupational therapist who made recommendations about the bed and shower chair being used by someone in the home. The letter was dated around a month before our inspection. The registered manager and the home manager told us a new shower chair had arrived and was waiting to be assembled, and a new bed was on order. This showed that the service responded to information and advice received.

One of the people living in Silverdene expressed to us a number of complaints about their diet, their care plan and about privacy issues. They said they complained regularly but did not feel the staff took these complaints seriously enough. No complaints by this individual were recorded in the complaints file, where only written complaints were recorded. We discussed this person's needs with the home manager and registered manager at the end of the inspection.

Activities took place both inside and outside the home. We saw that activities were tailored to the needs and abilities of individuals. Some people enjoyed jigsaws and similar games. Others were engaged in crafts such as painting. There were also regular activities outside the home. Two people described to us a recent shopping trip which they had evidently enjoyed. One person was able to go out on their own; others needed to be accompanied and one person required close supervision. Staff commented that at times the opportunities to take individuals or small groups out were limited by the numbers of staff available. This comment was endorsed by one of the managers we spoke with.

Is the service well-led?

Our findings

For a small service Silverdene had a high level of management input. There was a home manager who ran the home on a day to day basis, and an assistant manager. There was a registered manager who was present three days a week. A head of operational services had recently been appointed. They told us their function was to take a strategic view of the operation and development of the service, particularly in relation to plans for expansion. There was also a training manager for the provider, and a head of health and safety who had responsibility for those aspects at Silverdene. In addition the two directors of the provider took an active interest in Silverdene, we understood, although we did not meet them on the day of our inspection.

One of the benefits of having this level of management support was that staff had ready access to management when they needed. One member of staff told us: "Management are very approachable, they always step in to help. But they also give you enough responsibility." The managers and senior care workers shared the duties of a 24 hour on call system, which meant that staff could call them at any time, including weekends.

At staff meetings staff were encouraged to submit items for the agenda and to raise issues freely. This meant that they were able to contribute ideas and suggestions for the improvement of the service. Staff also told us that the management were flexible over shifts. For example, staff were often rostered to work a sleep-in night shift followed by a day shift. If they had a disturbed night then the managers would try to arrange for someone else to take the day shift. One member of staff confirmed to us that exactly this had happened to them. This showed that the management was proactive in supporting staff, which in turn would have a beneficial impact on people living in the home.

The managers undertook regular audits of accidents and incidents, medication, health and safety, infection control and finances. They also carried out manual handling observations. We looked at the records of these audits to

confirm they had been carried out effectively. The record of accidents and incidents recorded 10 accidents of different kinds within the previous six months. These had happened in different places within the home, although several were in the area of the kitchen and conservatory. There was no analysis of these accidents or record of learning from them. On the forms used more recently there was space to record action taken and/or recommendations. We discussed with the registered manager the advantages of such an analysis. One of the accidents had resulted in the person using the service being taken to hospital, and should have been reported at the time to the Care Quality Commission.

We examined the medication audit file and saw that medication audits were conducted roughly every six months. These checked that MAR charts were correct and that medication had not been missed. This meant that the management could be confident that people were receiving the correct medication. We saw that where errors or omissions had been found corrective action had been taken to reduce the possibility of a recurrence. For example gaps had been left in relation to the administration of a cream on one person's MAR chart. The audit record instructed that staff were to be reminded to use the specified symbol on the chart to record that the person was out, rather than leave it blank. This level of scrutiny of the medication records indicated the effective involvement of management to improve the safe delivery of medication. We also saw records of the observation of medication administration.

We also looked at audits of care files. In one case the manager conducting the audit had recorded: "The file is not in the correct order and is untidy. This has been completed whilst the audit was being conducted." This showed that staff were encouraged to maintain the care files properly, and also that managers were proactive in improving standards.

Our observations were that Silverdene delivered a high quality of care tailored to quite a wide variety of needs within a small home. This was fostered by a strong level of management support and by systems which monitored and improved performance.