

Vesta Care (UK) Limited

Silverdene Residential

Home

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Silverdene Residential Home is a residential care home for people with a learning disability, autistic people and / or a physical disability. Accommodation is provided in two neighbouring detached properties and a bungalow located in the grounds of the other homes. The properties consist of the original older residential premises, a small bungalow and a more modern building that was split into two distinct areas. Each building has its' own kitchen, bathrooms and communal facilities. At the time of our inspection, 16 people were living at Silverdene. The home is registered to support up to 19 people.

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

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.

Based on our review of the safe, effective and well led key questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The service was developed and designed prior to the introduction of Right support, right care, right culture and is larger than current best practice guidance. The size of the service having a negative impact on people's lives was mitigated by the home having four distinct areas, each with their own staff team and facilities.

People were able to make their own choices, with support where needed. People received person-centred support and staff clearly explained how they promoted people's dignity, privacy and independence.

Risks were assessed and guidelines were in place to manage these risks, including if people became agitated. Staff knew how to report any concerns and incidents. Staff had the training to carry out their roles and had been safely recruited. Staff said they felt well supported by their colleagues and the management team. Regular supervision and team meetings were held, and staff were able to raise any ideas or concerns they had.

Current government guidelines for infection control, the use of PPE, COVID-19 testing for staff and visitors and vaccination as a condition of employment were being followed.

People received their medicines as prescribed. Their nutritional and health needs were being met. 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.

The quality assurance system had been improved, with action plans in place for any issues identified through the regular audits. The providers senior management team and directors had greater oversight of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 November 2019) and there was one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the quality assurance system was reviewed. At this inspection we found improvements had been made and the quality assurance systems were more robust.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 and 12 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. We looked at infection prevention and control measures under the Safe key question. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silverdene Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Silverdene Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 completed by one inspector. An Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Silverdene is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 that 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

We gave the service 24 hours' notice of the inspection. This was to check the current COVID-19 status at the

home following a recent outbreak and we wanted to be sure there would be people at home to speak with us.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine members of staff including the registered manager, head of operations, team leaders, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. An expert by experience spoke with five relatives by telephone. We looked at quality assurance records, training data, staff meeting minutes and surveys.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks people may face were identified and guidelines were in place to manage these risks.
- Positive Behaviour Support (PBS) plans were used to identify possible triggers where people may become anxious and identify strategies for staff to minimise these and support people if they became agitated. We saw physical restraint was not often used; however, one PBS did not detail the agreed restraint holds to be used if they were needed. We discussed this with the registered and deputy managers, who said they would speak with the PBS specialist to add these details.
- Staff were able to describe the strategies they used for each person and had completed training in positive behaviour support. Staff told us they felt they had the training and support to manage people's anxieties. One member of staff said, "I feel confident and safe when I come in to work."
- Equipment within the home was regularly checked by members of staff and was serviced in line with national guidance.

Using medicines safely

- People received their medicines as prescribed. Staff had annual medicines administration training and a competency assessment was completed to ensure they were given safely.
- Written guidelines were in place for when 'as required' medicines, for example pain relief, needed to be administered. These included how the person would communicate, either verbally or non-verbally, and why they needed the as required medicine to be given.
- Care staff did not always record when they applied topical creams. We saw there were no skin integrity issues at Silverdene. One person had been discharged by the district nurse team after moving to the home as their skin integrity had been consistently good.
- Thickeners were stored safely. However, their use was only recorded four times daily on the medicines administration record (MAR). People had thickened drinks more often than four times a day. There had not been any choking incidents at Silverdene.
- We discussed both these issues with the registered and deputy managers. A change was made during the inspection to the electronic care planning system so staff could record when they had applied topical creams and added thickener to a drink directly onto this system.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.
- There were enough staff on duty to meet people's needs. One person said, "I like the staff; they are always around." The staff were organised in separate teams which worked in the same part of the property to

ensure consistency of support for people. Staff were flexible to work or support in other parts of the home as needed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policies and procedures were in place for the reporting and investigating of any concerns. Staff knew what should be reported and how to do this. They said any concerns that had been raised had been acted upon by the registered manager.
- Relatives felt the home was safe for their relative. One relative said, "I have never had concerns about his safety" and another told us, "[Name] is safe as staff keep an eye on her."
- All incidents were recorded electronically and reviewed by the registered manager. The staff said they felt well supported by their colleagues and the registered manager following any incidents.

Preventing and controlling infection

- The home was visibly clean throughout. Regular checks were made by the team leaders to maintain the cleanliness of the home.
- Staff followed the current government guidance for using PPE and took part in regular testing for COVID-19. All visitors needed to have a lateral flow test prior to entering the building and use the appropriate PPE.
- We were assured that the provider was admitting people safely to the service.
- A recent COVID-19 outbreak had been effectively managed. Staff had only worked in one part of the home and people had been supported to isolate if they tested positive for COVID-19.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service did have effective measures in place to make sure this requirement was being met.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

At our last inspection the provider had not consistently worked within the requirements of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Silverdene was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions made where people had been assessed as not having capacity to make the decision, for example about taking their medicines. DoLS were in place where needed.
- Staff knew people well and explained how they offered them day to day choices. Relatives said people were supported to make their own choices. One relative said, "[Name] can make basic choices and the staff pick up on his mood and know how to present choices to him" and another told us, "[Name] can make their own choices and staff support him in this. When they were able to go out to the cinema he would want to manage paying for himself and they would encourage him."

Staff support: induction, training, skills and experience

- Staff said they felt well supported and received the training they needed for their role. A lot of training had moved to on-line training due to COVID-19 restrictions, although more face to face training sessions were now being arranged. Additional competency observations, for example medicines, had been completed in the last six months.
- When COVID-19 restrictions had been eased, the induction training had been re-visited for those staff

employed during the pandemic, to ensure they had the correct knowledge and were confident in all areas.

- Regular supervision and team meetings were held. Staff said these were useful and they were able to discuss people's needs and raise any ideas or concerns they may have.

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

- An assessment of people's support needs was completed before they moved to Silverdene. Where possible the registered manager met the person, their family and the person visited the home. This approach had been adapted during the COVID-19 pandemic to follow restrictions in place at the time.
- People's care and support needs were assessed and regularly reviewed. An electronic system was used for all care plans. Staff reported they liked this system and it was easy for them to use.

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

- People were supported to maintain their nutritional intake. A nutritional plan identified people's support needs for eating and drinking. People's food and fluid intake was monitored where needed.
- People said they liked the food and were able to make choices about what they had to eat. People's cultural dietary needs were being met.

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

- People were supported to maintain their health and wellbeing. A range of health and care professionals, for example learning disability team, psychiatrists, GP and district nurse team, were involved in supporting people's mental and physical health.
- Each person had a hospital passport. These provide staff in other health care settings important information about the person, their support needs and how they communicate.
- Relatives told us their relative received the support they needed to maintain their health, although they felt they were not always informed about any changes straight away. One relative said, "[Name] is hardly ever unwell, they keep me informed by letter or phone calls on any medical changes" and another told us, "On the whole they keep me informed about any appointments, even if not always about changes."

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

- The home was adapted to meet people's needs, with track hoists and accessible bathrooms in each separate part of the building. Communal space was more limited in the new build part of the house, which had an impact if people became anxious in the lounge area as other people had to leave this area and spend time in their bedrooms to remain safe. Other buildings had more communal areas people were able to use.
- People had personalised their rooms with their own belongings and photographs.
- There was a large accessible garden to the rear of the property which had been well used during the periods of lock down due to COVID-19 restrictions.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we recommended the provider reviewed their processes for assessing and assuring the quality and safety of the service. The provider had made improvements.

- The provider had introduced an improved quality assurance system. An audit calendar was now in place with a named person identified to carry out each audit. An improvement plan had been written for Silverdene and action had been taken where issues had been found.
- The provider also had greater oversight of their services through a series of registered manager meetings and director meetings. This enabled learning across all the provider's services and ensured the senior management team and directors had more information and awareness about their services.
- Further training and mentoring were planned for team leaders to develop their skills. Registered and deputy managers were being enrolled on a recognised management course.
- The local authority told us the service was working well with them on their quality assessments and had a good level of compliance.

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

- There was an experienced registered manager in place, who also managed a small property next door to Silverdene. They were supported by a deputy manager, team leaders and senior care staff who led each shift in the different parts of the home. A plan was in place to simplify this structure and amalgamate the team leader and senior roles.
- A new Head of Operations had been appointed who had oversight of all the provider's services. A training officer oversaw all staff training.
- The registered manager was aware of the possibility of a closed culture developing at Silverdene, especially during periods of COVID-19 restrictions. A closed culture may develop where there is limited links with external professionals and local communities. The registered and deputy managers and the team leaders on shift regularly moved between different parts of the home and could observe people were receiving the support they needed. People went out with support, and a range of professionals were regularly involved in people's care and support. Some families made regular visits to the home or people went to their family's house to visit.
- The registered manager was aware of the types of incidents that needed to be notified to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt well supported in their role and said they worked well together as a team. Seniors, team leaders and managers were visible and approachable. One member of staff said, "Staff are lovely, like a big family. We support each other and are there for each other."
- Staff knew people well and spoke about how they provided person-centred care for each person they supported. They felt having small staff teams for each area of the home meant they could provide better support as people had a consistent team of staff.
- The results of a recent staff survey had been mainly positive. An analysis of the feedback had taken place and steps taken to address the concerns some staff had raised. A monthly newsletter had started to improve the communication across the whole organisation.
- People were asked for their thoughts about Silverdene and activities they wanted to do in regular meetings and reviews.
- Relatives had confidence in the staff team and felt able to contact the registered manager if they needed to. One relative said, "The Manager is approachable and if you don't get her on the phone but leave a message she will phone back" and another told us, "The team work well together, they pass information on between each other so I don't have to always be repeating myself."

Working in partnership with others

- The home worked well with a range of professionals, including psychiatrists, speech and language team (SALT), community learning disability team, social workers and health services.