

Hometrust Care Limited

Silver Howe

Inspection report

Dalton Drive
Kendal
Cumbria
LA9 6AQ

Tel: 01539723955

Date of inspection visit:
19 February 2019

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18 March 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service: Silver Howe is a residential care home that provides personal care and accommodation for up to 30 people. The home is situated close to the town centre of Kendal and at the time of this inspection there were 27 people living here. The accommodation also includes a designated seven bed unit for people living with dementia.

People's experience of using this service:

There were sufficient numbers of suitably qualified staff to meet people's needs in a timely manner. People and their relatives told us there were always enough staff available to assist them. One person told us, "There always seems enough staff." Staff had completed training that enabled them to deliver good care and support to people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Medications were stored and managed safely and people received their medicines as they had been prescribed.

People's individual preferences for food and drink were catered for this also included people's specific health and dietary requirements. Staff gave the right level of support to those who required extra help in eating and drinking. One person told us, "The food is lovely. I enjoyed the fish pie, cake and custard, they make it all you know." We saw the dining experience was pleasant, sociable and very personalised.

Care provided to people respected their privacy, dignity and promoted their independence. It was clear from our observations that staff knew people's needs well. Kind and friendly interactions were observed taking place. One person told us, "It's a lovely safe place to live, the staff are lovely." Another person told us, "I am always well looked after and feel cared about."

There was an activities coordinator employed. There was a varied and individualised activity programme in place that ensured people lived a fulfilled life of their choosing.

A variety of audits were in place that demonstrated the service was monitored and safe for people to live in. Feedback about the service was regularly collected and 99% of people said they were very satisfied or satisfied with the service. A relative we spoke with told us the home had improved since our previous inspections.

More information is in the full report.

Rating at last inspection:

REQUIRES IMPROVEMENT (The date last report published was 19 March 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has improved to Good.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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 had improved and was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service had improved and was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Silver Howe

Detailed findings

Background to this inspection

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

Inspection team:

The inspection team consisted of three adult social care inspectors.

Service and service type:

Silver Howe 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 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:

This inspection was unannounced.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two relatives/visitors, five people who used the service, two staff members and the registered manager.
- We reviewed six people's care records, five staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the

information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- People living in the home and their relatives/visitors we spoke with told us it was a safe place to live. Staff had received induction and ongoing safeguarding training.
- Policies and procedures were available to guide staff on how to identify and report concerns. We saw, where necessary, appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Risks relating to people's care and treatment had been identified and managed safely. People's care records were current and gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting.
- All accidents and incidents were reviewed by the registered manager to ensure appropriate actions were taken. Records of the accidents and incidents that had occurred showed the appropriate treatment had been sought and the actions that had been taken to prevent reoccurrence. The risks were reassessed in order and where lessons had been learned these were shared throughout the staff team.
- We saw there was sufficient, suitable equipment to assist people who may have limited mobility and this had been regularly serviced.

Staffing and recruitment:

- At the last inspection we recommended that the provider reviewed the dependency needs of people to ensure the numbers of staff on each shift were sufficient to meet people's needs in a timely manner. At this inspection we saw that each person had their dependency level assessed and this influenced the numbers of staff required on each shift.
- People and visitors to the home told us they thought there were sufficient staff. Staff were visible about the home all day and call bells were answered promptly.
- We checked the recruitment files for five members of staff that had commenced employment since we last inspected. Application forms had been completed, references had been taken up and a formal interview arranged. All the checks of suitability to be employed to work with vulnerable people had been completed.

Using medicines safely:

- The recording of medicines administration and stock control was being managed safely.
- Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We observed people received their medicines safely and as prescribed. There were auditing systems in place to monitor the management of medications and the local pharmacy completed regular checks.

Preventing and controlling infection

- The home was clean and well maintained. Staff had received training on infection control and understood their responsibilities. We observed staff using appropriate protective wear to prevent cross infection.

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

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- At the last inspection we recommended the provider reviewed the best interest decision making process to ensure it followed the MCA guidance. During this inspection we saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority.
- We also saw improved records that showed best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.

Staff support: induction, training, skills and experience:

- We looked at the staff training records which showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training. Staff we spoke with told us they felt they could discuss their needs in an open manner with the registered manager and would be listened to and action taken to help them to develop.
- Staff attended regular meetings that supported them in their work. We saw minutes of the meetings held with staff and saw how through the meetings they could share their ideas about improving the service.

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

- People had been asked about their meal preferences and we saw that meals prepared catered for a variety of preferences and dietary needs. People we spoke with told us the food served was good. One person said, "The food is very good, nice cooking and a good choice."
- People could choose where to eat their meals and received the right level of assistance. The dining room was laid out in a very inviting manner. Staff told us most people chose to eat in the dining room.
- We saw that people had nutritional assessments completed to identify their needs and any risks they may

have when eating. Where necessary people had been referred to their GP or to a dietician.

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

- We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services.
- People received timely support to access healthcare services and professionals when they needed help. Information was shared with other agencies if people needed to access other services such as hospitals. The use of 'hospital passports' with key information helped to ensure people's care and support needs were met and the support given was consistent.

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

- There was a purpose built and designed unit (Bluebell unit) for people living with dementia. The registered manager and provider had used design ideas and current best practice guidance in the design and décor of the unit.
- We saw that the communal areas and bedrooms had undergone a process of refurbishment since our last inspection. People we spoke with told us they liked the changes that had been made. One person sat in the main lounge area told us, "It's [lounge] much quieter and brighter now. "
- We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

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

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

Ensuring people are well treated and supported; equality and diversity:

- People told us the staff treated them with kindness, respect and compassion and made many positive comments about them always being polite and helpful if they had a problem. One person told us, "Staff always make themselves available if I need their help."
- People told us they had been supported to maintain relationships that were important to them and in following the religions of their choice. Relatives told us how they could visit at any time and were made to feel very welcome. There were regular church services arranged for all denominations and one person told us they attended their church in the local community weekly.
- Everyone we spoke with said staff were kind and caring. One person told us, "I'm really happy here, I like it." Another person said, "I am always well looked after and feel cared about."

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

- Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.
- Where applicable independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support

Respecting and promoting people's privacy, dignity and independence:

- We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.
- We saw that the staff gave people time and encouragement to carry out tasks themselves. We also saw that, where appropriate, people were given the right level of support to complete tasks. The service promoted people to be as independent as possible.
- Staff clearly knew people well. We saw staff speaking to people pleasantly and respectfully with lots of appropriate hugs. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity.

Is the service responsive?

Our findings

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

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

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

- People told us they had been asked about their care needs and been involved in regular discussions and reviews. One relative told us, "We have just booked a review for next week."
- We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine if they could provide people with the right level of support they required.
- Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.
- There was a designated activities coordinator employed and a range of activities made available. We saw people could engage independently in activities of their choice. We saw that people were supported in doing their own social activities in the local community or with visiting friends and relatives.

Improving care quality in response to complaints or concerns:

- The home promoted an inclusive living environment where staff, people and their relatives were involved in how the home could be improved. We saw minutes of resident's and relative's meetings that showed that people's views had been acted on.
- The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures.

End of life care and support:

- No person using the service at the time of the inspection was receiving end of life care. Records we reviewed showed there were arrangements to ensure people were offered the opportunity to discuss their end of life preferences.
- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

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

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

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

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was evident staff knew people well and put these values into practice.
- The service regularly sought the views of people. People and staff were empowered to voice their opinions. The registered manager had an open-door policy and people told us they were happy to speak directly with her.
- Staff we spoke with were also happy with how the home was managed and described it as a lovely place to work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- Quality assurance systems were in place to ensure safety, quality and improvement were consistently monitored. There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learned.
- Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Notifications had been submitted to us. A notification is information about important events that the service is required to send us by law in a timely way. Previous inspection ratings had been displayed in the home and safeguarding concerns had been shared with the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People were regularly asked their views about the quality of the service provided. We saw how the registered manager collated and used this information to identify areas for improvement.
- The service had a compliments file in place which contained numerous positive comments from people who used the service and their family members about the service and staff members.
- We saw evidence that demonstrated the service consistently worked in partnership with the wider health and social care professional team. Care records showed the involvement of GPs, social workers, a variety of healthcare professionals.