

HC-One Limited

Silverwood (Nottingham)

Inspection report

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Beeston
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Silverwood (Nottingham) is a residential care home providing personal and nursing care for up to 80 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 74 people using the service. Silverwood (Nottingham) accommodates 80 people across two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing nursing care.

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

People were protected from this risk of neglect. Risks to people's health and safety had been assessed, monitored and reviewed. We noted some cupboards and rooms that needed to be locked were not. The registered manager took action to address this. There were enough staff to provide safe care. Medicines were managed safely. The home was clean and tidy, and action had been taken to reduce the risk of the spread of infection. Accidents and incidents were reviewed, and action taken to reduce the risk of recurrence.

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 service was well managed. The registered manager led by example and staff respected their open and honest approach. People liked the registered manager. They also liked living at Silverwood (Nottingham) and felt there was a "homely" atmosphere.

People, relatives and staff felt their opinions mattered and the registered manager listened to and acted on feedback. Robust auditing processes were in place, this helped to identify any areas of concern before they impacted people's health and safety. People and relatives would recommend this service to others.

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

Rating at last inspection

The last rating for this service was good (published 7 February 2020).

Why we inspected

The inspection was prompted in part due to the CQC receiving a high number of notifications relating to people's health and safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has remained as good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silverwood (Nottingham) 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Silverwood (Nottingham)

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 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

This inspection was completed by 2 inspectors 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

Service and service type

Silverwood (Nottingham) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Silverwood (Nottingham) is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 contacted Healthwatch about their views of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with care commissioners from the local authority and local clinical commissioning group.

We used all this information to plan our inspection.

During the inspection

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 spoke with 6 people who lived at the home and 3 relatives. We asked them about their experiences of the care provided. We spoke with 3 members of the care staff, a nurse, activities coordinator, deputy manager and the registered manager.

We reviewed a range of records. This included the care records for 6 people as well as supplementary notes, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People and relatives told us they or their family members felt safe living at the home. One person told us they felt safer at Silverwood (Nottingham) than at their home as they were unable to look after themselves. They said the staff understood how to care for them safely and this reassured them. A relative told us their family member used to feel unsafe and anxious in their own home; living at Silverwood (Nottingham) had made them feel safer.
- During our review we found the registered manager and/or the provider had reported all incidents as required. They had carried out thorough investigations to determine the cause of the safeguarding incidents and where needed had taken action to address any concerns. We found people were not at increased risk of harm at this service.
- Staff had received safeguarding adults training, they understood how to report concerns to the registered manager and/or the provider and also to the relevant authorities. They felt people were safe at the service.

Learning lessons when things go wrong

- Policies and procedures were in place and followed ensuring when an incident and/or accident occurred they were investigated and acted on appropriately.
- Due to the high number of statutory notifications we had received prior to the inspection we reviewed the incident/accident records that had occurred in the past 12 months. Records were thorough, reviewed by the registered manager and escalated to senior management where required.
- Other agencies such as the CQC were notified of serious incidents where required.
- We found people were not at increased risk harm of harm at this service.

Assessing risk, safety monitoring and management

- People were provided with care and treatment that met their assessed needs and reduced the risks to their health and safety.
- People and relatives told us they felt staff provided safe care and knew how to reduce the risk to people's safety. One person told us their mobility had improved since they moved to the service. Another person told us staff understood how to use equipment designed to help them move safely.
- Risks to people's health and safety were assessed and reviewed monthly. This included risks related to nutrition, choking and the development of pressure ulcers. Actions to reduce the risks were identified in people's care plans. Individual risk assessments were completed for using equipment such as a rotunda, wheelchairs and bed rails. Equipment was well maintained and serviced where required.
- Plans were in place to support people to evacuate the home safely in an emergency. We did note for one

person the plan had stated that the person may be resistant to evacuating due to their mental health. The guidance did not state how staff could encourage the person to leave. The registered manager told us they would address this and also review all other plans to ensure they contained the required information. Other plans we looked at were suitable for people's needs.

- We noted not all rooms and storage cupboards which had been identified by the provider as being required to be locked when not in use were locked. Although no materials or products were found that could cause people harm should they access these spaces, the registered manager agreed that they should have been locked and would address this with staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People were provided with safe care by an appropriate number of skilled and experienced staff.
- People told us staff were there when they needed them, including at night. People told us when they pressed their call bell, staff arrived quickly. Throughout our inspection we observed staff attending to people's needs in good time. This included when people asked for assistance to go to the toilet or to return to their bedrooms from communal spaces.
- Staff were recruited following a number of checks on their background such as; previous employment, education, criminal records and their right to work in the UK. This helped to reduce the risk of people receiving care from inappropriate staff.
- Nursing staff were available when required. Some of the nurses were from an agency; however, they worked at the service regularly, this ensured people received consistent care from nurses who understood their needs. Two newly employed nurses had been recruited and would be working at the service full time soon.

Using medicines safely

- People received their medicines safely.
- People told us they were happy with the way their medicines were managed. A person described the medicines process, "I have some as I wake up before breakfast and after." They continued by telling us they received their medicines at the right time each day.
- Medicines were stored safely. Unused medicines were disposed of safely. People's medicine administration records (used to record what medicines people had each day) were well completed.
- We observed trained staff support people with taking their medicines in a safe way and in accordance with recommended guidelines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The only restrictions on people receiving visitors at Silverwood (Nottingham) was during protected meals times. Visitors were encouraged to respect mealtimes and not visit during this time. However, if visitors did arrive during mealtimes, they were not refused entrance to the home.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care and support from staff that was person-centred and helped them to achieve positive outcomes.
- People and relatives told us staff understood how to provide care and support in a way that was best for them or their family member. A person told us they liked the "homely" feel to the home and staff had helped them to personalise their own bedroom, which they were grateful for. A relative said, "There seems a nice atmosphere here, staff are friendly to (my family member), and they are approachable."
- A staff member told us it was a nice place to work and the environment was nice. Another staff member said there was a "family orientated" culture at the service and they had been given time to get to know the people they cared for.
- Staff spoke positively about their roles and explained how they tried to improve people's lives. The registered manager told us they tried to empower their staff to think about their roles and how they could improve the quality of care people received.
- An example of staff doing so included the activities coordinator introducing a 'Stop at 3pm' process. This was where all staff at 3pm, including 'non-care' staff were to stop what they were doing and for 15 minutes were sit and talk with a person living at the home. This meant every day, even for a short period of time, every person had one to one conversation with a member of staff.
- The registered manager told us this had been extremely effective in reducing loneliness but also to gain people's views and to address any concern they may have.

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- All staff had a clear understanding of their roles and how they contributed to the on-going success of the service.
- The registered manager understood the regulatory requirements of their role. They ensured the CQC were notified of reportable incidents such as people who had sustained an injury and kept detailed records to

show what action they had taken to reduce the risk of recurrence.

- Senior staff such as the unit manager, nurses, senior care staff, housekeeper, and head chef had delegated responsibilities for their specific departments. They carried out audits and/or supervisions and reported their findings to the registered manager. Any actions were noted, and the registered manager worked with staff to find a solution before it impacted people's health and safety.
- The registered manager did, on occasions, work with care staff to provide care. They told us this enabled them to review staff performance by witnessing staff carrying out their role, but also to establish if there were any areas of concern such as; more staff needed at certain times. Staff told us they welcomed this approach, and felt the registered manager understood the day to day challenges of caring for people.

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

- People, relatives and staff were encouraged to become fully involved with the on-going development and improvement of this service.
- Some people told us they had recently been involved in a 'residents' meeting', where they were able to give their views about the home.
- We looked at the minutes for this meeting and saw people were asked for their views about the environment, food, laundry and activities. People spoke positively about all but had raised that they would like more staff to support with days out of the home and with activities within the home. We were informed that a 'well-being' lead was recruited, and their role was to develop activities but also to increase the number of day trips out of the home. This showed the registered manager listened to and acted on feedback.
- Staff told us the management team were very approachable and made themselves available for them. They had confidence, concerns and issues would be dealt with. A member of staff said that one of the positives about the home was that everything was well organised, and the communication was very good.

Continuous learning and improving care

- There was a culture of continuous learning, improving the quality of care and reducing the risk of harm to people.
- People told us they would recommend this service to others. One person said, "I already have, if family can't look after people, these do the next best thing." A relative said, "I would definitely recommend this place, the location, the staff and good communication."
- There were robust auditing procedures in place. The results of each audit fed into the 'Quality review and improvement dashboard'. This dashboard enabled the registered manager and senior management to monitor a variety of areas that could increase the risk to people's safety. This included, falls, medication, incidents, complaints and infection control.
- The registered manager told us they would include the checking of cupboards and doors were locked as part of their on-going auditing processes. (As referred to in the 'Safe' section of this report)
- Carehome.co.uk is a website where members of the public and people who use services can give their feedback about the quality of care provided. We noted Silverwood (Nottingham) had received an average of 9.9 out of 10 from 75 reviews. This would indicate a high level of satisfaction with the care provided.

Working in partnership with others

- Where required, the provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.