

Silva Care Limited

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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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 8, 9 and 10 March 2016. The provider was given notice as the location provides a domiciliary care service and we needed to be sure that a member of the management team would be available on the day.

Silva Care Ltd provides personal care and support to people with a learning disability in their own homes and in shared supported living services. A supported living service is one where people receive care and support to enable them to live independently. People have tenancy agreements with a landlord and receive their care and support from Silva Care Ltd.

As the housing and care arrangements are separate, people can choose to change their care provider and remain living in the same house. Silva Care Ltd also provides short breaks in five properties across Bristol. Each property can accommodate between four and five people. People can receive personal care from Silva Care Ltd or from their own personal assistant. They also provide outreach services supporting people with learning to access day care services. This part of the business does not fall within the scope of registration.

The registered manager told us the ethos of the services was to ensure that the stay was not just about giving family carers a break it was also very much about the person having a good time and have opportunities to go out, socialise, meet up with friends, and develop and maintain independence skills.

There was a registered manager in post, they were also one of the directors for the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people and there was very much joint working with them and family. Safe systems were in place to ensure that people received their medicines as prescribed.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff were genuinely caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported.

People were involved in the day to day running of the service. People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews, meetings and surveys and acted upon. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided. The service was committed to involving relatives in the delivery of care with good communication in place to ensure care was consistent when people moved from one service to home or to another service.

Regular coffee mornings were organised so family and friends could visit the services. The registered manager organised training on specific legislation so relatives could navigate the care system. Staff and the registered manager understood the importance of working closely with relatives and other professionals.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people felt included and their views were sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff to keep people safe. Staffing levels were tailored to the individual based on a comprehensive assessment. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed. Staff were aware of their responsibilities in protecting people in respect of cross infection.

Medicines were well managed with people receiving their medicines as prescribed.

Good 

Is the service effective?

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. They were involved in the planning of the menus and supported to make choices on what they wanted to eat and drink.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good 

Is the service caring?

Good 

The service was caring.

People received the care and support they needed and were treated with dignity and respect. People were supported to develop and maintain their independence. Small teams of staff supported people to ensure continuity and enable relationships to be built.

The service sought people's views and people were involved in decisions regarding their care and support. Every effort was made to make sure people were comfortable with the service they were receiving.

People were supported to develop and maintain relationships with family and friends. This was viewed as being integral to the success of the care of the person.

Is the service responsive?

Good ●

The service was responsive.

People's care was based around their individual needs and aspirations. Staff were creative in ways of ensuring people led active and fulfilling lives. People were supported to take part in regular activities. This included keeping in contact with friends and family.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans.

People could be confident that as they moved from one service to another, important information was shared to ensure continuity.

There were systems for people or their relatives to raise concerns.

Is the service well-led?

Good ●

The service was well led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The quality of the service was regularly reviewed by the provider/registered manager and staff. They were aware of what

needed to improve with an action plan in place with clear lines of accountability and timescales.

Silva Care Limited

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 8, 9 and 10 March 2016. We last visited the service on 24 January 2014 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law. We looked at monitoring reports completed by local authorities following visits they carried out.

Before the inspection we contacted two health and social care professionals who had contact with the service. We reviewed the information they gave us. We sent surveys to people who use the service, relatives, staff and visiting professionals. We received two from people who received a service, two from relatives, 95 from staff and 11 from visiting professionals. You can see what they told us in the findings of this report. We also contacted a relative by telephone after the inspection for feedback.

During the inspection we talked with eight people using the service. We observed a group activity that had been arranged with four people who were unable to communicate verbally with us. We spent time observing how they were cared for. We visited people at five different locations. This included three short break

services and two locations where people were supported people in their own homes which were supported living services. The provider had asked people if they were willing to speak to us prior to our visit. We talked with twelve staff including five managers, the quality assurance manager, a director and the registered manager.

We looked at the care records of ten people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service.

Our findings

People told us they felt safe when receiving a service. Those people we observed were actively seeking out staff to support them. From our observations people looked comfortable and relaxed with the staff supporting them. This demonstrated people felt secure in their surroundings and with the staff that supported them. One person told us they liked staying for short breaks and they felt safe. They told us about the relationships they had built with staff, naming particular staff they liked and about the friends they had made. Another person told us, that they were happy with the support they were receiving and liked all the staff that supported them. A relative told us, "I never worry when my daughter is staying with Silva Care, I know it was safe".

Everyone we spoke with told us there was always sufficient staff. Staffing was planned taking into consideration the needs of the people. Many of the people required one to one staffing with some two to one depending on the complexity of their care and support needs. A relative told us in the survey, "My daughter looks forward to her weekend once a month stay at Silva Care, I know that when my daughter's at respite she is safe and well supported by all the lovely staff which is helping her gain self-confidence and independence away from home".

People were cared for by suitable numbers of staff. Staffing was planned in conjunction with the local placing authority and local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs. A commissioner is a person or organisation that plans the services that are needed by the people who live in the area the organisation covers, and ensures that services are available. Sometimes the commissioners are the people who pay for the service, but not always.

The registered manager told us they would not accept any new people unless there were sufficient staff to support them. Recruitment was ongoing to enable new packages of care to be set up. The service was presently supporting 67 people in their own homes, supported living and short break services. They were supported by 122 staff. However there were in total 216 people being supported by 242 staff which included the outreach services.

Staff described the staffing arrangements that were in place. This was clearly described in the plan of care for each person and cross referenced with duty rotas we saw. The rotas showed there were sufficient staff working and supporting people. Some people required support 24 hours a day, while others only required support for parts of the day. The teams within Silva Care worked together to ensure people's needs and

requirements were met. Some of the outreach staff would assist in the short break services to offer continuity. This was because many of the people used both the outreach and short break services. Staff told us the staffing was flexible to meet the needs of the people and additional staff worked to support people if they were unwell or upset. An example was given to us where two people had become upset and additional night staff were rostered to help reduce people's anxiety and to keep them safe.

Staff told us people were mainly supported by staff who were familiar to them and had an understanding of their needs. The registered manager told us it was important that people were supported by familiar and regular staff. Each person had a small number of staff that supported them. This enabled the person to get to know the staff and the staff to know the person. A visiting health care professional told us, "Silva Care have a good reputation as they work hard to recruit and retain staff who are committed and motivated, meaning that their workforce is stable and reliable, with continuity that is rare but important in working in learning disabilities".

Care plans were in place which described how people were to be supported if they became upset or angry. These included information about any triggers that should be avoided and information about the best way to help prevent such reactions. These clearly described things from the person's perspective. Staff had been given training in this area. Staff described how they supported people in a positive way using distraction and de-escalation techniques. We were told staff had received training in supporting people with autism. Staff told us the training enabled them to support people as individuals. Staff understood it was important for people to feel safe and that each person was seen as an individual.

Staff told us most people with complex needs were supported on a one to one basis, so there were few incidents and accidents. This was because staff could adapt the environment or the activity to suit the person promptly.

The registered manager and two members of staff told us restraint was never used. Where incidents that challenged the service had taken place staff had completed records of what was happening before, during and after the situation/incident. This enabled the registered manager and senior staff to review and update the person's care plan. The registered manager told us they monitored the incident reports to ensure staff were consistent in their approach. Staff were given an opportunity to discuss and receive support with situations that may challenge them. It was evident from the discussions with staff that during these sessions learning took place. This was cascaded to the team to improve how further incidents could be responded to safely. The registered manager told us they regularly sought advice and guidance from the Bristol intensive support team (this is a team of professionals that support people who may challenge) and work alongside their families. Joint meetings were arranged with the family, Silva Care staff, health care professionals and the person. This ensured continuity and made sure the support was safe and effective for the person.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Clear records were kept of all medicines received and administered to people. Due to the nature of some of the services, for example the short break services, medicines were booked in when people arrived and booked out when they left. Stock counts were conducted on arrival and departure to check for any discrepancies. These records were able to show people were getting their medicines, when they needed them.

Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred these had been investigated. This included making contact with the person's GP and relative and re-checking staff competence.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed and had attended training. This was confirmed in the training records and from speaking with two members of staff. Audits were completed on the medication on a monthly basis. Any discrepancies in people's medicines had been reported and investigated by the registered manager.

Some people receiving a service needed support to keep their money safe and to help them with budgeting. There were suitable arrangements for keeping their money safe with records maintained of any transactions. Policies were in place to guide staff in respect of ensuring people's money was safe. Care documentation included how people were supported with their financial affairs.

Risk assessments were in place to keep people safe in their home and the community. Staff described how they kept people safe without restricting them and allowed them to have control over their life. There was a lone working policy for staff and each person had clear risk assessments that described their support needs and staffing that should be in place.

Where people had been involved in an incident or an accident, for example a fall, the staff recorded the cause, any injuries and the immediate actions or treatment. The records were checked by the registered manager after the accident or incident who then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. Where people had been injured a body map record was used to record any injuries. Staff were then able to check the healing process of the wound and monitor for any further bruising enabling them to take suitable action. For example a visit to the GP. Records confirmed that information was shared with the person's relative.

Staff confirmed they knew what to do in the event of an allegation of abuse being made. All staff completed safeguarding training twice a year which included completing a knowledge test. Staff were aware of the reporting process for allegations of abuse. There were policies and procedures to guide the staff on what to do if an allegation of abuse was made. The staff handbook included a copy of the safeguarding procedures and how staff could raise concerns using the whistle blowing policy. Relatives who completed our survey told us they believed that their relative was safe from abuse and or harm from the staff of the service.

Some people required staff assistance with moving and handling. Where people required equipment for moving and handling such as hoists and slings these were regularly checked for safety and well maintained. Staff had received training in the use of this equipment. The organisation had named staff that specifically assessed and supported people who required support with moving and handling. This ensured staff were supporting people safely and within the requirements of the health and safety legislation.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy.

There were safe recruitment and selection processes in place to protect people receiving a service. We looked at three staff files to check the appropriate checks had been carried out before they worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

The registered manager told us new staff were encouraged to spend time with people to enable the provider

to assess if they were suitable. In addition, relatives were invited to meet potential staff as part of the recruitment process. The registered manager told us they were supporting some people who use the service to take part in the interview process.

Our findings

We sent surveys to staff, people and visiting health and social care professionals. Everyone said they would recommend the service. The surveys confirmed staff were aware and confident in meeting the care and support needs of the people who used Silva Care Ltd. People told us they received care and support from familiar and consistent staff. They told us in the completed surveys that staff always turn up on time and stay the allocated time. Staff told us, they always contact the office to report if they were going to be late. Then the office staff would contact the person. People confirmed where care staff were late they were always kept informed.

Staff confirmed they had received an induction. This included working alongside more experienced staff in a supernumerary capacity, for a period of two weeks or longer until they felt confident and were competent. One member of staff told us, "I felt my induction was thorough and all staff members were very approachable and welcoming". The registered manager told us the induction had recently improved with the introduction of the Care Standards Certificate which staff complete within their first six months of employment. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers. In addition, all staff complete a corporate induction with the registered manager and then an induction to their place of work. The registered manager told us the corporate induction was important to enable them to get to know the staff and the staff to get to know them as the manager. The registered manager told us that during the corporate induction staff were told about the expectations, the values and the ethos of the service.

Staff confirmed they had received training relevant to their roles and the needs of the people they were supporting. Comments included, "There are lots of opportunities for staff to develop and they are always looking to develop existing skills" and, "Excellent company for training" and, "Managers are always available to help and have listened to issues and supported me well. Lots of good training opportunities and trainers with good knowledge and experience". A member of staff told us the registered manager always ensured staff had the appropriate skills and knowledge to support people effectively before people started receiving a service. They told us they worked closely with other professionals such as the community learning disability team or the Bristol intensive support team who will offer training on how to support people effectively.

Staff confirmed they had received training in supporting people with autism. They told us they had been really impressed with the training and how this had impacted on the way they supported people. It was clear from talking with staff that communication was a key part of their role and treating people as

individuals. They told us this had been emphasised during the training. A member of staff told us, "It's about supporting the person the way they want to be supported; no one should have to fit in with the service".

There was a training programme in place which was monitored by the registered manager and the human resources manager. All staff had to complete refresher training at regular intervals. Examples included dementia awareness, safeguarding, health and safety, first aid, safe medicines administration and moving and handling, deprivation of liberty safeguards and mental capacity. Specialist training was given to enable the staff to meet people's specific support and health care needs. This training included diabetes, epilepsy and managing behaviours that challenge. Individual training records were maintained for each staff member showing training was current or planned.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff. The registered manager monitored the frequency of supervisions and asked managers for an action plan if they were falling behind with the schedule. A manager told us the registered manager would help if there were significant gaps. Staff meetings were held monthly. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service. The registered manager told us staff meetings were also an opportunity to provide additional training to staff enabling them to reflect on their practice.

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.

Where people were being continually supervised and restricted in their freedom by staff, the registered manager had applied for authorisation to the Court of Protection to do so. The registered manager told us that if a person who lacked capacity to make a decision about their care and was being continually supervised there was an expectation that if they were receiving a service for a period longer than seven days then they would make an application to the Court of Protection for a Deprivation of Liberty Safeguard (DoLS).

Staff confirmed they had received training on MCA and DoLS and knew how this impacted on their day to day roles of supporting people. People were encouraged and supported on a daily basis to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and staff had a good understanding of the MCA and confirmed they had attended training on this topic. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected those decisions.

Best interest meetings were held where people lacked capacity around support with medicines, finances, activities such as a holiday and delivery of personal care. Records were maintained of these discussions, including who was involved and the outcome. Staff consulted with the person's relative, advocate where relevant and other health and social care professionals. Care plans included information on how the person communicated their wishes and how staff could get the best out of the person. For example using pictures and symbols and when the person was most receptive to having discussions about certain topics.

People had been asked for their written consent in respect of them being photographed. Either the person or the relative had signed to confirm they were happy for photographs to be taken. A person told us they were asked if they were happy to have pictures taken and for these to be displayed in the short break service as part of a collage.

People received assistance with preparing food and drinks. Information about this was recorded in people's support plans. The support plan reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right ingredients for what they wanted to prepare. Some people required their diet through a percutaneous endoscopic gastrostomy (PEG). PEG feeding is a means of delivering nutrition through a tube into the stomach. There were plans of care in place for each person drawn up by a nutritionist with clear records of how this was being delivered. Staff had received training in providing people's nutrition in this way.

Two people told us they were involved in the shopping and the food preparation and were supported to eat healthily. People told us they were able to choose what they wanted to eat and there were alternatives to the planned menu should they not like what was on offer in the short break services.

People received support with their health care needs. Staff said they had received training in subjects such as diabetes and epilepsy and felt confident supporting people with these conditions. People's records included information about the health care professionals they had contact with. Staff told us they often supported people to attend medical and hospital appointments along with relatives. This ensured continuity between services and when they were living at home with their parents. One person told us, they had been admitted into hospital and the staff had visited regularly as they had found the experience really scary. They felt the staff had the knowledge to help them in managing their condition and supported them with their medicines when they returned home.

The provider had developed an action plan for general improvements to the service. They had identified the need to develop health action plans for people and hospital passport. This would enable people to move from one service to another as this information could be shared ensuring continuity and effective care for the person.

Our findings

We sent surveys to staff, people, relatives and visiting health and social care professionals. People told us they were always treated with dignity and respect and always introduced to their care worker. People and their relatives told us the staff were kind and caring both in person and in the survey. Surveys completed by professionals told us the staff they met were always kind and caring. One visiting professional told us, "Silva Care cares about the service users and their relatives, respects them, and treats them as individuals. They are very passionate about their work and the people they work with".

Staff knew of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for people to respond. Staff engaged with people in meaningful discussions, one person was learning a new language. The staff member sat with the person discussing the new words they had learnt. Two people were discussing with staff a recent football game and another about their family. Staff evidently took an interest in the person, their hobbies and aspirations. Staff celebrated people's success, one person was praised for their recent weight loss and their commitment to following a healthy diet.

Staff talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff had evidently built up positive relationships with people. People were observed seeking out members of staff.

People told us there was always enough staff to support them and they spent time together. One person told us, "It is great; the staff are fun and support me when I need it". They told us they were building up their confidence in the kitchen and staff were always available to help. Another person told us as part of their support plan they cooked the evening meal when they stayed in the short break service. They were very proud of their achievements which was celebrated by the member of staff that was present. The staff member complimented the person on the meal they had cooked the night before. The person told us it was their aim to live in their own flat and the staff were supporting them in gaining the skills to be able to do this.

People were involved in planning their care and support. When planning the service the provider took into account the characteristics of staff people liked to be supported by. The views of people receiving the service were listened to and acted on. For example some people preferred staff of the same gender and another person had an interest in learning a new language so was supported by a Spanish member of staff. People had a small team of staff that supported them whilst in the short stay services or receiving care in

their own home. This ensured continuity and enabled the person to get to know the staff. To help staff to get to know people there was a one page profile on what was important to the person, what people admire about them and how the person liked to be supported. This included their likes and dislikes and activities they liked to take part in.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects, photographs and pictures and using Makaton to aid effective communication. Makaton is a sign language used by people with learning disability. One person had a pictorial activity board to aid communication with staff enabling them to make choices on how they spent their time.

People had information in their support plan on how they communicated. This enabled staff to understand what people were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. We saw staff acting appropriately when a person closed their eyes and promptly covered their head. It was evident this was how the person expressed that they no longer wanted to participate in the activity and this was respected. The person was supported to sit in a quiet area until they were ready to re-join in the activity.

People told us before they started staying at the short break services, staff had supported them to go out and purchase their own bedding and towels. Each person kept these at the service in a box with other special items such as photographs or ornaments, enabling them to personalise their bedrooms. One person had been supported to put small butterflies on the bedroom wall and another person sensory lights. The registered manager told us this was completed with everyone using the short break services and enabled people not only to personalise their bedroom for their length of stay and to help give the person a sense of belonging. This was funded by the provider. Where possible staff told us people stayed in the same bedroom each time they visited.

Staff knew they needed to spend time with people to be caring. Staff told us there were sufficient staff to enable them to spend time on a one to one basis with people. Personal care was not rushed enabling staff to spend quality time with people. A member of staff told us, "It takes as long as it takes". Another member of staff said, "Because you work with people throughout the day on a one to one basis it means you can spend quality time with them and not feel rushed, everything is done at the pace of the individual". The registered manager told us that if relationships were becoming too intense as a result of the one to one support provided, staff were supported to swap roles if this was beneficial for the person. Staff confirmed that people could spend time on their own in their bedrooms if they wanted privacy.

During our inspection we spent time with people and staff carrying out their activities. This included a sensory experience and people being supported to make a cake. Staff introduced us to people and informed and reassured them about why we were spending time with them. Staff were knowledgeable about people and gave us guidance on how best to communicate with them so that they did not become overly anxious. People appeared to enjoy the activities and were comfortable with the staff that supported them. The sensory experience was about encouraging touch and smell and included bubbles, non-toxicant hand washing foam and different items that people could touch and feel. Each person was supported by a member of staff. People were encouraged to take part in the activities and staff were clearly involving people by offering encouragement and praise. There was a sense of fun for the people and staff with a healthy banter taking place.

Staff recognised when people were unwell and provided them with assurance and assistance. One person had not gone to work because they were not feeling well, staff ensured the person had refreshments and

were observed asking them how they were feeling during our visit. The person told us the staff were all caring and they enjoyed coming for short breaks. They told us they had got to know the staff and made friends with other people who used the service. They told us they liked it when their friend stayed on the same night.

A visiting social care professional told us about feedback from one of their success stories. They said there had been a change in care provider to Silva Care, the parents highlighted that their daughter's life has been transformed. They said she had previously been difficult to communicate with and had behaviour that could be challenging, and now she was very engaged and happy, with improvements in both her behaviour and communication being visible. They told us this also had a very positive impact on their family life as a result. The registered manager told us it was very important to promote positive relationships with the relatives, as this was integral to the success of the care of the person. Regular meetings were held with relatives and the person to discuss progress and any changes required to the support of the person.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. We were told of an example of how one parent likes to receive regular text messages throughout the day and evening about their daughter whilst they staying in the short break service. Staff said this was very important to alleviate any anxiety for the parent and the person responsible for caring for the person would do this. This showed the staff not only cared for the individual but the family. Some people had a communication diary where staff recorded how the person was supported and what activities they had taken part in. This was so relatives could be kept informed about the care of their loved one.

People confirmed they could see their friends and family and they had regular contact in the supported living services. Monthly coffee mornings were organised for family and friends in each short stay service. The registered manager told us this was important as it enabled positive relationships to be built with friends and relatives and they could feel part of the service. The registered manager told us they were planning some training for relatives on the mental capacity act, direct payments, advocacy and the Care Act so they had the information required to navigate the care system.

A person told us they had recently accessed a site on the provider's page which was called 'My Silva Care'. They told us it was a social network site where they could post up interesting items and keep in touch with friends and know what was going on in Silva Care. The registered manager told us this also enabled people to meet with new people safely.



Our findings

Surveys received from staff, people, relatives and visiting health and social care professionals were positive about how the service responded to people's needs. People were confident that they were involved in decisions about their care and where relevant so were their relatives. Professionals were confident that their advice and instructions were carried out. A member of staff told us in the survey that, "I feel that one of our main strengths is our flexibility. We work in a person centred way and take into account our clients choices, rights and independence. We have a fleet of cars that are all different in size so we can provide an individual service to our clients. The timetable that our clients have is very flexible and can change very quickly if the client wants it to".

The registered manager told us they assessed people prior to a service being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. Care plans were obtained from social workers and other commissioners of the service. These clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. This was then transferred to the organisation's care planning documentation. The registered manager told us they would not agree to support people unless there was sufficient staff to respond to the person's care needs. This included any training required to support the person safely enabling them to respond effectively to meeting their needs.

A relative told us they had been unwell and the service had supported them with providing an additional short break service for their daughter during that period. They told us they had confidence in the service and had no worries about their daughter which in turn had aided their recovery. They were impressed how at very short notice the service had put in additional support.

The registered manager told us about the different services that were available to people which included support in people's home and short breaks. They also kept an emergency bed in the event of a person requiring additional support due to illness of carers or other events.

In response to demand the provider had set up a new service in November 2015 for short breaks for younger adults who wished to explore options of living more independently. Previously some of the people were using the other short stay services and it was recognised by the registered manager that actually a bespoke service for people wanting to live more independently was more appropriate. This showed the registered manager was responsive to people's needs and aspirations.

A member of staff told us, "We do not do 15 minute visits, it's all about meeting the needs of the person and what can you do in 15 minutes?" A survey of people receiving care at home confirmed staff arrived on time and stayed for the agreed time. One person stated, "Staff go over and above their duties, they recognise when things are not right". Another person responded, "Staff ring when they are late, they always ask if there is anything else they can do", and another relative stated, "My daughter thinks they are brilliant, if I have to attend a hospital appointment, I ask and they will support", and another person said, "I have sensitive hearing, staff need to be mindful of this". The registered manager had developed an action plan where comments were received that needed addressing. This included updating the person's care plan and speaking with staff about the improvements required ensuring they were responding to people's needs appropriately. This showed the service was responsive to the views of people who use the service. Another example was where a person preferred a male carer to support them. From reviewing the rota and speaking with staff it was evident this was accommodated.

Staff described to us how people liked to be supported and their preferred routines. Person centred support plans had been produced with each person which set out the support they would like to receive and needed. There was information about how care and support was to be provided, when and by whom. Care plans and risk assessments were of a good quality which clearly identified any risks and people's individual needs. Regular reviews took place with the person, relatives and other professionals where relevant. Daily records were maintained of the care provided. This meant people were receiving the support they needed.

We received positive feedback from a representative of a local school supporting a young adult through their transition to adult services. They told us, "The company takes a person-centred approach and encourages service users to improve, I am made to feel welcome at the respite homes even when I call 'out of hours' to make sure the young person from school is OK, these visits are sometimes planned and sometimes not. Recently staff from Silva Care attended an inset day at school to think about ways to move forward and liaise/make links in a more constructive way, staff also attended training we provide around intimate care. I am now getting included in newsletters alerting me to open mornings/coffee mornings this all helps with transition". Staff told us that communication is important between the different services whether that was with families, the outreach services or with college and school placements. Staff maintained a communication diary for some people to enable important information to be shared between these services and to keep families informed. This helped staff and others to respond to the changing needs of the person and ensure continuity when they move from one setting to another.

People's plans set out the support they required to meet their personal care needs. This included, support with bathing and showering. There was information about what the person could do for themselves; the plans also identified the need for staff to check with the person whether certain tasks had been undertaken and, to prompt them if not. This promoted the person's independence whilst also helping to ensure they maintained their personal care routine.

We saw from care records and speaking with people and staff that each person had the opportunity to take part in social activities in their homes, the short break service and in the community. People had access to activities that were important to them. For example, people were supported to go swimming, sing-alongs, music clubs, attend college, go for walks in the local area, cinema trips and attend local social groups.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints with clear timescales. People and their relatives were reminded about the complaints procedure in a monthly newsletter and during the monthly coffee mornings. A copy was also available on the company's web site. Where complaints had been made we saw clear outcomes were

recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

Staff when out and about carried business cards with the company's name and address. The registered manager told us this was important so staff could hand these out to the general public. An example was given where a person may become distressed when out with staff. To avoid embarrassment to the person if an explanation was required staff would hand the card to the member of the public. They could then contact the main office to either report their concerns or a simple explanation was given which did not compromise the person's confidentiality.

People's records were held securely in most of the services we visited. However, we noted that in one service the records for the people staying in the short break service were on a kitchen worktop. This meant that information about people was not secure and was accessible to others. This information was shared with the manager of the service and the registered manager and assurances were given this would be addressed immediately. We were also aware during our inspection that some staff were happy to discuss confidential information about people in front of others. The registered manager acknowledged this was not acceptable and would email all managers to remind staff about confidentiality.

Our findings

There was a registered manager in post. They were also one of the company's directors and owners. They had worked for the service for the past six years slowly building up the business of supporting people with a learning disability. They were passionate about supporting people with learning disabilities and described a strong value base with an emphasis on promoting people's rights and preferences. They demonstrated a commitment to providing people with a learning disability a high standard of care that was tailored to the person. They talked about the service being built around the person telling us it was not about the person fitting in with the service. They were committed to providing care that was individualised with a small consistent team in place for each person. It was clear the registered manager was involved in the care and was kept well informed by her team, as they understood the individual needs of the people they were caring for. When we arrived the registered manager was supporting and welcoming a person to the short break service that was on the same site as the office. The person was pleased to see the registered manager and was happy to be supported into the service with them and another member of staff.

A visiting health care professional told us, "I have always been impressed with the way the respite service supports my client and her family. The manager attends all meetings she's invited to in relation to my client and is able to share up to date information. My client has settled very well into the respite service which, I feel, is a result of competent and consistent staff and good management". Everyone who completed our survey prior to the inspection stated they would recommend the service to others. A relative told us, "Whilst this is a business, the management of the service are caring; it is not about the money. They have a good understanding of supporting people with a learning disability, they are excellent".

There was a clear management structure which included a board of directors, the registered manager, a quality assurance manager, a human resource manager, managers of individual services, senior care staff and care staff. The management structure was clearly described on the provider's web page. Letters had been sent to people and their families when there were any management changes. There was an on-call system in place for staff and people using the service for any out of office queries. From talking with staff they would have no hesitation in contacting their manager or the registered manager for advice. Staff were seen accessing the main office and engaging in discussions with the registered manager. The registered manager actively engaged with her team and encouraged them to be involved in the inspection process. For example the manager with responsibility for home care was contacted to share their experiences and knowledge of this part of the business.

Office staff provided advice and support for staff in relation to human resources, finance, training, health

and safety, quality and service user involvement. Staff told us there were opportunities to grow within the organisation and take on additional responsibilities such as a key worker role or senior carer and in some cases a managers role. One member of staff said, "I feel supported within my role and further opportunities for career development have been raised with me during supervision". Other staff told us about their recent promotions and how the registered manager had supported them in their career path.

Feedback from all the surveys were positive about the management of the service. Comments included, "Silva Care offer a person centred service to all the service users in their care, I feel supported by the rest of the team and my managers. The clients we support really seem to flourish in the service and I have noticed an improvement in all those that access the service" and, "I have worked for Silva care since August 2014 and have been 100% satisfied with the ethos of the company".

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day to day practice within their individual services. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the service. These were sent to the registered manager so they were kept informed of what was happening in each service. Minutes confirmed that periodically the registered manager would attend these meetings.

The registered manager and senior managers met up weekly and the board of directors met six monthly. In addition, companywide meetings were held with all staff every six weeks. As part of the team meetings there were action learning sets where staff were encouraged to reflect on their own practice. All staff without exception told us they felt they were supported well by the registered manager, managers and senior staff. Staff described a culture where they were confident to raise concerns and make suggestions for improvements. All staff told us they would have no hesitation in speaking with the registered manager or any of the directors of the company.

Systems were in place to regularly review the quality of the service. These were completed by either the registered manager, the quality assurance manager or a named member of staff. They included health and safety, medication, care planning, training, supervisions, appraisals and environment. Where there were any shortfalls the registered manager would request an action plan and regular updates on progress. This was confirmed in emails shown to us during the inspection. There was a comprehensive business plan which outlined improvements to the service, this was based on the five questions we ask. Is the service safe, effective, caring, responsive and well led? Some of these improvements had been described in this report. There were clear timescales and a description of the action required to enhance the service.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. One of these areas was about improving how people and their relatives were involved. Whilst people were asked for their views through surveys, they wanted to improve the format so it was more accessible to people with a learning disability. Staff confirmed a tool called 'widget' had been sought to aid these improvements along with photographs and pictures.

The organisation had introduced a new quality check which was called a 'sit and see'. The quality assurance manager told us this was where they spent time in each service observing the interactions between staff and people who use the service. Information was shared with the service in respect of good practice and where improvements may be required. The registered manager told they had recently employed the services of an external consultant. Their role was to review the medicine management across the service and monitor how

the organisation implements safeguards in respect of the Mental Capacity Act and the Deprivation of Liberty Safeguards through the Court of Protection. This showed there was a commitment to protecting the rights of people. The external consultant was supporting the service on developing health action plans for people. This was seen having a positive impact on people. As this information could be shared between one care setting to another ensuring that services were joined up to support the person consistently.

There were policies and procedures in place which covered all aspects relevant to operating a care service including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. There was a staff handbook which described the expectations of the service and key employment policies. This included the use of the company vehicles.

The registered manager told us how they ensured people were safe when using the company's vehicles. These were fitted with a tracker system to enable the management to monitor the driving standards when in use by staff. Each staff member had a key fob. Monthly reports were completed on who was the best driver and whether there were any driving errors. The top 3 drivers were rewarded and any discrepancies such as speeding were followed up. In addition, all vehicles had a contact number for the organisation so the general public could also report any concerns. Where concerns had been raised these had been fully investigated and action taken to address the concerns. This meant people could be assured the provider took seriously their safety when in company vehicles.

The registered manager told us they were planning to introduce an employee of the month award. This was where a member of staff had been nominated by other employees, relatives or professionals in going the extra mile. We saw the service had received many compliments and these were forwarded to the staff involved. Staff told us they felt valued and very much part of the organisation and the commitment to provide care that was person centred.

The registered manager was part of a number of networks that they told us were very useful in keeping themselves and staff up to date. This included a forum for registered managers, a positive behaviour management network and a care provider forum organised by the local Council. Two members of staff confirmed they could also attend these forums. They told us about how they had recently attended the positive behaviour network. They had found this very useful hearing from guest speakers including parents and psychologists. From this they had taken away learning, to include the family in discussions so they could better understand the person. A member of staff told us the registered manager will always support learning through attendance at seminars such as a recent conference on supporting people with autism, safeguarding and one about the Care Standards Act and the role of the Care Quality Commission in rating services. They told us two to three managers will attend and they will then cascade the learning to the other managers and staff in the organisation.

An analysis of incidents was completed by the senior management team. This helped the service to identify any trends. When incidents occurred, improvement plans were put in place to ensure the service learnt from the incidents. For example two people did not particularly like to enjoy each other's company so it was organised that they would not stay on the same night at the short break service. This ensured people received a service that was safe, effective and responsive to their needs and ensured improvements were made. All incidents and complaints were sent to the registered manager to help monitor whether suitable actions were taken.

We found the registered manager had submitted all required statutory notifications to the Commission such as allegations of abuse. When we had asked for additional information regarding these notifications, it had

been promptly provided by the service.