

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Abbeyfield Silverdale & District Society Limited

Cove House, Cove Road, Silverdale, Carnforth,  
LA5 0SG

Tel: 01524701219

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2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	The Abbeyfield Silverdale and District Society Limited
Registered Manager	Ms. Cheryl Rogers
Overview of the service	<p>Abbeyfield Silverdale is a residential home in the village of Silverdale. It is a large detached property in its own grounds in a residential area overlooking the sea.</p> <p>The home is set on two floors and accommodates up to twenty-two residents. There are large gardens surrounding the home which are accessible and used by people living there.</p> <p>There are a range of aids and adaptations suitable to meet the needs of people living there.</p> <p>Parking is available in the grounds of the home.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 9 October 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and talked with stakeholders.

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### What people told us and what we found

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We spoke with a range of people about the home. They included the manager and deputy manager, staff members and a number of people who lived at the home. There were no visitors during our time spent at the service. We received responses from external agencies including social services in order to gain a balanced overview of what people experienced.

People we spoke with told us they could express their views and were involved in decision making about their care. They told us they felt listened to when discussing their care needs. Staff confirmed with us they also involved relatives, where possible to ensure people received the right care and support. This was confirmed when we looked at two records, which included evidence of involvement in care planning and review. One person told us, "I think staff involve me in planning what I need here." Another told us, "Staff are always asking what I need."

When asked about routines in the home people we spoke with told us it was relaxed and, "Staff are always around when you need them."

We spent time in various parts of the home throughout the inspection where we saw staff talking with people in a respectful manner. We saw staff spent time with people on an individual basis. One staff member told us, "It's nice to be able to spend time with residents. They like it as well."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People using this service were able to express their views and were involved in decision making about the care being provided.

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### Reasons for our judgement

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Staff told us that they listened to people so they felt respected and their wishes were acknowledged. They told us they acted in people's best interest. One staff member told us, "I am proud to think we give a good standard of care to residents."

We saw there was a range of information available to people, which gave them advice and guidance about what they could expect about the service. This meant people had the information to make an informed choice about moving into the home.

Throughout the day we saw staff talking with people respectfully. We saw they spent time with them on an individual basis and were seen to listen to what people were saying. One staff member said, "It's important we respect residents and listen to them, this is their home." A resident we spoke with told us, "Very polite and patient, they are there for us whenever we need them."

Two records we looked at showed they were set out in a way which informed staff of people's needs and choices. The records contained a range of assessment information gathered from various sources, as well as taking into account what people felt they needed. This meant staff had the information they required to meet a persons needs.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

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**Reasons for our judgement**

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This home provided care and support to people who had a range of care needs, which staff were knowledgeable of and were seen to be able to respond to. Time spent making observations at Abbeyfield Silverdale, showed us how they approached care, and encouraged people to be as independent as possible. A staff comment included, "Making sure residents have what they need and keeping them as independent as possible, is what matters to us."

We looked at the care records of two people who lived at the home to see how their needs were being met and monitored. Care plans contained current information about how peoples, personal care, moving and handling, nutrition and mental health needs were being met. This meant staff had the knowledge and understanding of the support people required. Staff members we spoke with were knowledgeable about people's individual needs and how they were being met. Care records and risk assessments were up to date and reviewed on a regular basis.

The records we looked at showed there was evidence of monitoring and reviews taking place. This meant people had their needs checked regularly and any changes were recorded. One staff member told us, "We make sure when changes happen we record them and tell the staff team. It makes sure we know what is going on."

We saw evidence the home had a range of activities available to people. They included arts, crafts and trips in the community. People we spoke with told us they liked the range of activities available to them. One person told us, "If you look around there are photos of where we have been, and things we have made." By providing people with a range of activities meant the home was giving people the opportunity to take part in pastimes of their choice.

Records we looked at showed there were systems in place should an emergency occur. There were contact details for doctors, hospitals and emergency services. Staff we spoke with understood emergency procedures for the home, which confirmed they had arrangements in place to deal with any issues which may arise.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People lived in a service which was maintained and promoted their wellbeing.

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**Reasons for our judgement**

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Abbeyfield Silverdale is a large Victorian building set in its own grounds overlooking the sea. In order to maintain the property there was a designated maintenance employee. They were seen to be carrying out decoration of one of the rooms at the time of the inspection. In order to identify where maintenance needed to be focused, there were records to inform the maintenance team. This meant the homes maintenance was being managed to maintain standards. The manager told us any major work was undertaken by contractors. This was currently occurring with the replacement of the boiler and updating the central heating system.

The home had two floors. Communal areas were situated on the ground floor. There were some peoples rooms on the ground floor but the majority were on the first floor. We saw there were a range of aids and adaptations in place to meet the needs of people living at the home. In order to aid people's mobility there was a passenger lift to access the first floor. In addition to this there was a stair lift in place to assist people to the upper floor of they chose not to use the passenger lift.

The manager told us they had recently updated en suite facilities in sixteen rooms. This included incorporating 'wet rooms', so people had their own bathing facility. One person we spoke with told us, "It's much easier to have my shower now." We saw all rooms had en-suite facilities and those without the 'wet room' facilities had access to bathrooms, with adaptations to assist mobility. People could choose which bathing facility they required. One person told us, "I like my shower, but I like a bath now and then."

Rooms we looked at were of various sizes, but all provided people with the space to bring their own furniture items. All those we looked at had personal items including favourite pieces of furniture and personal items. One person we spoke with told us, "It's important for me to have these things around me."

Externally the home had large garden areas to the front and the rear. People told us they liked to sit out when the weather was nice. There was also a porch area with seating and cushions in place so people could use it whenever they chose to. People we spoke with told us they liked the location of the home as it overlooked the sea and the grounds were, 'very pleasant'.

We saw evidence of maintenance certificates in place to make sure the home complied with legal requirements relating to the operation of the premises. This meant people using

the service and staff were protected against the risks of unsafe premises.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for by staff who were fit and suitably trained to undertake their roles.

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### Reasons for our judgement

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We looked at how staff were recruited as there were recommendations to improve this in the previous report.

In order to see how the home had developed the recruitment system we viewed two staff files. We saw evidence of changes made which included, a recording system demonstrating the process of recruitment and when checks had been made and verified by the manager. This meant there was evidence staff were not in post until all fitness checks had been carried out.

Staff we spoke with told us they had not started working in the home until the manager was satisfied the checks were satisfactory.

We looked at how the home made sure staff had the knowledge and skills to carry out their roles. There was evidence of induction training records to show staff had undergone a three month training programme. This was regularly monitored by the manager and senior staff. They did this to make sure staff had reached a satisfactory level of competency.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

Appropriate systems were in place for monitoring the quality of service people received.

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### Reasons for our judgement

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In order to monitor and develop the service we saw there were systems in place to manage this. The manager at Abbeyfield Silverdale was supported by an executive committee made up of professionals with a variety of qualifications and experience. The management committee each had responsibilities in the monitoring and reporting on the service. This meant regular audits took place and the information was discussed at monthly meetings.

The manager told us they saw monitoring quality of the service was a major part of the business planning process. It meant they could target areas which had been identified, in order to develop the service around peoples needs.

We saw evidence of regular meetings for staff and residents taking place. People we spoke with told us they felt what they had to say, was listened to. One person told us, "We talk about things we might like to do especially going out on trips." Another said, "We get the opportunity to say what we think, most people have their say." The manager told us she thought meetings were important in sharing information.

We spoke with the manager about monitoring and recording events which affected people using the service. They told us they continually monitor the home, by way of effective communication and ensuring records are completed. The manager was aware of the requirement to inform the Care Quality Commission (CQC) of any events which may have adversely affected people using the service.

Service contracts were in place confirming the building was maintained and a safe place for people to stay.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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