

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

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	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

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safety, availability and suitability of equipment	9
Staffing	10
Assessing and monitoring the quality of service provision	12
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were 21 people living at Abbeyfield Silverdale when we inspected. To help us understand their experiences of living in there, we talked with people, observed the care they received and the way staff interacted with people.

People told us that they were happy at Abbeyfield Silverdale. They said that they received care and support when they wanted it. We saw that staff assisted people with personal care discretely and sensitively, in a timely manner. We heard staff talking with people in a kindly way.

We briefly observed people having their meal. The mealtime was relaxed and unhurried, with people able to take their time over their meal. We saw that staff were aware of the dietary needs of people living in the home. People said that the food was good and plentiful.

People told us that they had the aids and adaptations they needed. Equipment was maintained and regularly serviced.

We saw satisfactory numbers of staff on the inspection to respond to people's needs. People told us that staff assisted them in the way they wanted and when they wanted them to.

Systems were in place for monitoring the quality of the service people received. People living in the home and relatives told us that they were well supported by the senior staff team.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We talked with nine people in the home, individually or in groups. We also spoke with staff. People told us that they were pleased with the care they received at Abbeyfield Silverdale. They said that they received care and support when they wanted it. One person said, "The staff are wonderful. I am so happy here". Another person told us, "I wouldn't consider going anywhere else."

We observed staff interacting and engaging with people as they supported them. People living in the home were treated with respect and dignity. We heard staff talking with people in a kindly way. We saw staff supporting one person who was becoming distressed and anxious. Staff quietly and calmly listened and explained. One person told us, "I am very happy here. What is there not to like? The staff are excellent."

People told us that regular social and leisure activities such as, bingo, jigsaws, board games, pottery, yoga and exercise sessions were provided. There was also a computer available for people to use. People told us they also enjoyed spending time observing squirrels and birds in the garden.

Entertainers regularly visited the home. People told us they also had trips out in the home's transport as well as trips to the local shops. A visit to a local pantomime had been arranged for the evening of the inspection.

We talked with people who were making pots in a pottery session, which was held regularly. They said the sessions were enjoyable and that they made a variety of pottery items.

Staff respected people's differences and supported people in their personal lifestyles. People were smartly dressed, well groomed and wearing clean and comfortable clothing. The spiritual needs of people were met. Staff supported people to attend places of worship and to receive visiting ministers in the home.

We looked at the care records for three people. Senior staff assessed people's needs before they moved into the home. They were encouraged to visit the home if possible, before the move. However most people or their relatives were from the local area and were already familiar with it. Abbeyfield Silverdale trustees and staff, encouraged local people to be involved in the home.

Assessment information had been gathered prior to admission, involving people and their relatives. This meant that staff knew as a minimum, the basic needs of each person before admission.

Care plans were in place and of a satisfactory standard. These were person centred and informative. They were updated frequently and showed that people were involved in decisions about their care. They showed when and how the person wanted their care delivered. This assisted staff in providing appropriate care and support.

Risk assessments were in place and had been regularly updated to reflect the changes in support needed. Staff also completed informative entries in the daily reports.

We saw that changes in health were noted, records updated and the advice of other professionals sought. Visits to General Practitioners and other healthcare professionals and the advice given had been recorded. This showed that people were receiving appropriate health care.

Any accidents or incidents were recorded and acted upon. Falls were analysed and evaluated for any triggers to help reduce falls or for any lessons learnt. These measures assisted staff to support people effectively.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We arrived at lunch time and saw people having their meal in the dining room. We saw that the mealtime was unhurried and people were able to take their time with their meal. People living at Abbeyfield Silverdale told us that they enjoyed chatting together at mealtimes. Staff told us that they encouraged people to make mealtimes a relaxed and social occasion.

People told us how much they enjoyed the meals. One person said, "The meals are very nice. I am never hungry." Another person told us, "I really enjoy my meals. They are always plentiful."

We talked to the cook and other staff about mealtimes. We asked how they made sure that people received a healthy balanced diet. Staff were knowledgeable about the foods and drinks people liked and disliked. They were aware of the special diets people needed. They also knew how to fortify diets to assist people in gaining weight. However they said that no-one currently needed a fortified diet.

The main meal was provided at lunchtime and consisted of a cooked main meal and a sweet. The cook told us that people were offered at least two options at each meal. We also saw people being encouraged to have fluids on a regular basis.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We asked people if they had the equipment to help them remain as independent as possible. They told us that they had the aids and adaptations they needed. They also said that these were kept clean and in good repair.

We looked at the equipment used and the service records to check that it was regularly serviced. We saw that equipment was properly maintained and in good repair. Portable appliances testing (PAT testing) had been carried out to ensure that all electrical appliances were safe. There had been a slight delay on completing the homes usual gas check. However a date had been arranged for this to be carried out.

Contracts were in place to carry out regular servicing of equipment and records were kept of any visits. These included fire safety equipment, passenger and stair lifts and sling and hoists checks.

Staff told us that if any equipment was damaged or broken, repairs were quickly carried out. If it was not possible to repair equipment then it was replaced. This meant that staff had the equipment to provide appropriate care. It also allowed people to remain as independent as possible.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at staffing levels on the inspection and looked at recent rotas. Through these and the care records we saw there were enough staff to assist people as they wanted. We also saw satisfactory numbers of staff on the inspection to respond to people's needs.

There were usually four care staff on duty each morning shift and three care staff from mid-afternoon until late evening. Two waking care staff provided care at night. There were also domestic staff and a cook, cleaning the home and providing food and drinks to people. Senior staff showed us where extra hours had been made available. This was to support people had appointments or needed additional staff support.

There had been recent changes in senior staff. The trustees had reorganised the senior staffing in the home. The manager registered with the Care Quality Commission (CQC) had left the home. The manager who had replaced her was leaving the home shortly after the inspection.

A new general manager had started working at Abbeyfield Silverdale a few days before the inspection. She would have overall responsibility for the home and the organisation's sheltered housing (which did not need to be registered with CQC). A new care manager was being sought and interviews had been arranged. Once appointed, this person would apply to be the registered manager of the home.

During the inspection staff responded quickly and sensitively to any requests for assistance. They interacted effectively with people and spent time talking with them. People told us that the staff always came to them quickly when they asked for help. One person said, "The staff here are excellent. They really try their hardest to help you." Another person told us, "They are all lovely, so kind to everyone."

We spoke with staff who told us that they had enough time to support people well. They felt they also had the time to talk with people and encourage them in leisure activities. One member of staff told us, "We are always able to help people at their own pace. We never have to rush them. "

The staff we spoke with told us that they enjoyed working in the home. Most staff had

worked in the home for a long time. They felt that this helped them know how people liked being supported.

Staff said that they were given training which helped them care for people well. They told us they had attended training to assist with providing good end of life care. One member of staff told us, "The training helps us look after people well, so that they are happy here."

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Senior staff showed us the systems in place for monitoring the quality of the service people received. There were frequent audits of the home by the trustees of Abbeyfield Silverdale. The trustees were a group of professionals with varied skills, qualifications and experience. Their role as the executive committee was to steer the home in an appropriate way.

Senior staff also carried out regular checks. The areas monitored included, care, medication, health and safety checks, record keeping, equipment, infection control, management and maintenance audits.

Senior staff prepared reports monthly for the trustees. They also attended monthly executive committee meetings to discuss the running of the home with them. These measures ensured that everyone involved in the running of the home was aware of how the home was being managed.

Senior staff talked with people living in the home informally on a daily basis. They told us they checked if they were satisfied with the care provided and if they had ideas for any changes. People spoken with said that staff listened to them and would make changes if they wanted them. Staff also spoke regularly with people's families to get their views and ideas. This meant that staff knew what changes, if any people wanted in the home.

Staff had daily discussions about care in the home and met regularly to discuss any ideas, changes or improvements to care. There were also formal staff meetings. Staff received regular supervision and staff appraisal. This assisted staff in keeping up to date with any changes.

Staff told us that they felt that the recent changes in senior staff had not been well communicated. They said that this had been unnerving and they had not been kept informed of what was happening or why.

Most of the staff had worked at Abbeyfield Silverdale for a long time and knew people well. This meant that they knew how people wanted to be cared for. Staff said that despite the

recent changes and difficulties, people's care had not been affected.

People living at Abbeyfield Silverdale told us they were well supported by the trustees and staff. They told us that they were glad that the staff did not change often. One person told us, "We could tell them anything and they would sort it out." Another person said, "The staff all know us and we know them. It makes being looked after so much easier."

We saw evidence that staff received formal recorded supervision and appraisals. There were also regular staff meetings. These measures allowed each member of staff to look at the care practice in the home and ways to improve the care they gave to people.

Service contracts were in place confirming the building and equipment used in the home were maintained so that people were safe.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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