



**Bristol City Council
People Directorate
Quality Assurance Monitoring visit to:**

**Silva Care Limited
19b Osprey Court, Hawkfield Business Park, Whitchurch Bristol BS14 0BB**

Date of visit:	10/7 and 17/7 2015
Visiting Officers	Tracy Churchward-Dyer and Liz Haddow – Quality Assurance Officers (QAO) Lead officer's email address: tracy.churchward-dyer@bristol.gov.uk
Provider's Representative(s): (including job role)	Mildred Mhlanga – Manager of The Cherries Respite Service mildred.mhlanga@silvacare.org.uk Sue Downey – Supported Living Manager, Bramleys and Romney Road sue.downey@silviacare.org.uk Sharon Moore – Registered Manager sharon.moore@silvacare.org.uk
Provider Contract Representative:	Matt Moore- Owner/Director matt.moore@silvacare.org.uk Sharon Moore- Registered Manager/Nominated Individual sharon.moore@silvacare.org.uk and admin@silvacare.org.uk
Registration category	Silva Care Limited provides support to people in shared houses (supported living), people in their own homes and in Respite care services.
Number of Service Users funded by BCC	This data is not available due to the implementation of Bristol City Council's new contracting database, ContrOCC

Bristol City Council work to a Quality Monitoring frame work to ensure the service meets the minimum requirements as stipulated in the Service Specification. Visits are conducted to ensure that Silva Care Limited provides appropriate provision to Service Users placed under contract by Bristol City Council (BCC).

The following sources of information have been used as part of the Quality Monitoring Framework:

- Feedback from Staff interviews
- Feedback from Service User Interviews
- Evidence from documentation viewed during the visits.
- Feedback from other agencies and professionals (for example, social work teams)

Service Type

1. Contracted to provide Domiciliary Care and Community Support Services.

Service Provision

2. Silva Care Limited provides a variety of services for people with a learning difficulty. Within their Accommodation Based Services (ABS) they have Support Workers assigned to Service Users to enable them to access the community, attend college, engage in activities and develop a wide range of living skills.

They also provide Respite from two dwellings (located in Redland and Whitchurch). The Service located in Whitchurch was opened in September 2015.

Environment

3. Three properties were viewed (The Cherries, which provides respite, and two supported living schemes, The Brambleys, and 256 Romney Avenue)

All of the services were homely and clean. Tenants and Service Users appeared at ease and spoke about how they have been supported to either personalise their bedroom or of their enjoyment with using the garden trampoline at The Cherries.

Service Users

4. Care Plans:

1. Are service users consulted in all aspects of their care?

Service Users have a transitional period. This is an opportunity for the Service Users to visit to see what it is like in advance of care package being commissioned. This is agreed on an individual basis by the social care practitioner.

The Provider has a robust pre-admission/pre-assessment procedure. This includes the following:

- Opportunities for new Service Users to visit the service prior to them either moving into their nominated shared accommodation or their allocated respite service. This enables the staff to review the assessed needs with the Service User and for the Service User to have a look around the house and to meet with Service Users.
- During a Service User's Respite transition the Service User is encouraged to choose new bedding for their personal use as and when they stay at The Cherries. The staff said this also happens at their new respite service in Whitchurch.

There are robust scheduling systems used for their Respite service and for their Domiciliary care service. This identified that:

- Respite bookings are booked and confirmed in advance
- The Domiciliary service has Support Workers allocated to visit the Service User in line with their care and support plans.

2. Are provider care plans in place?

Five Service User's care files were viewed. This identified that:

- All had a profile about the Service User. The information gave a brief summary and included their preferences. For one Service User it included details about using Makaton to communicate.
- All captured how the Service User, Service User's next of kin had been involved in planning how the Service User is assisted and supported by staff.
- The Provider's care and support plans include risk assessments, with information on how

an identified risk is managed. For example, one Service User has a Peg Feed protocol which details what to do if it should become blocked; and if it should become dislodged then contact numbers of health professionals are prominently recorded in case of such emergencies.

5. Recording:

1. Do service user files hold relevant information?

The Provider is updating their care planning documentation and the Visiting Officers acknowledged that the new format is person centred. For example, it includes background history including diagnosed health needs, and involvement with their family. The new format also includes information in pictorial format which will be better able to meet the assessed communication needs of some Service Users.

Service Users' files included:

- Information about their assessed needs and details about their support network.
- Contact details for their healthcare professionals were also recorded.
- A profile at the front of the files had concise detail to enable the reader to have a brief overview.

Service Users photographs, for identification purposes, were in use. However, the Visiting Officer raised concerns with The Cherries Manager about one photograph as it was unclear if it could be used for identification purposes as it portrayed him wearing comedy glasses. It was said that he had chosen this photograph for his file and photographs are taken with consent. It is advisable to include details about why specific photographs are chosen by Service Users as a way to confirm it is displayed with their consent being reviewed. It is also advisable that there are photographs which provide a good likeness of the Service User to enable them to be identified. The Registered Manager fed back that there are different photographs for the use of identification purposes, which provide a good likeness of the Service User, these are included with the Medication Administration Record sheets and identification photographs are kept up to date.

ACTION: It is useful to include comments about why specific photographs have been included in a Service User's care and support file this will identify that consent has been reviewed.

All files contained information relevant with the Service User. This included:

- Details on what makes them happy
- Preferences and choices and how this will be communicated by the Service User as some Service Users communicate with non-verbally.
- Plans were person centred and person-led.

The Visiting Officer asked The Cherries Manager to consider archiving paperwork relating to an annual review of October 2013 as the information was not relevant to the current needs of the Service User.

2. Is all recording up to date?

Staff recordings indicated that support is in accordance with the Service User's plans and action is taken in a timely manner.

One Service User's communication book indicated that they access the community frequently. However, the Service User is currently reluctant to walk and this is being discussed with his family.

6. Activities:

1. What activities are available that meet service users needs?

At least two Service Users had a seven day activity timetable. Pictures had been used to illustrate the task or activities. For one Service User it showed they worked one morning a week; they had support from staff when he cleaned his flat once a week and those they enjoy visiting Silva Care's day service to use the archery equipment.

One Service User has joined a slimming club and the healthy eating plan is used by another Service User. They both enjoy eating healthy food.

Respite Service Users have a few trips planned over the forthcoming weekend, of the 18/7/2015 Some were hoping to go to the seaside. Another trip was also being organised for other Service Users to attend a free festival in Bristol.

Some Service Users activities are well structured as they benefit with having familiar routines.

7. Cultural and Religious needs:

1. Are they being met?

Details about this are recorded within the Service User's care and support plans and information is also gathered as part of the pre-admission/pre-assessment procedure.

The staff induction includes Diversity and Equalities training.

8. Risks:

1. How are risks managed and reviewed?

Comprehensive risk assessments are carried out with Service Users, wherever possible. The Provider will also involve health and social care professionals to ensure risks are assessed and plans are implemented accordingly.

Service User's files had risk assessments relevant with their care needs. This included Challenging Behaviour, and specified activities such as the gym and sail-ability, There were also generic risk assessments including fire safety and different modes of transport.

Equipment, Service User's Finances and Health and Safety checks are in place and these checks are part of each Manager's audit of their service.

Incident reports are initially investigated by the manager of the service. All incidents are logged and these are reviewed by senior management to ensure that there are no outstanding matters relating the Service User's care needs or with issues of Health and Safety.

The Visiting Officer found that staff knew the potential triggers for specific Service Users and how to de-escalate a situation in a timely manner.

On the second day of the inspection the staff at The Cherries contacted one Service User's next of kin as their medication had not been found when her belongings had been unpacked. The next of kin said that they were happy to deliver the medication, which they did.

9. Service user views:

1. How are service users views incorporated into service delivery?

Service Users write their care plans with a member of staff in their Peron Centred Planning meetings. Individual timetables are drawn up with the Service Users, these can be changed as and when the Service User wishes.

A Service User spoke positively about the Sail-ability activity and told the Visiting Officer what she liked about it.

10. Service user's perception of quality:

1. Evidence from service users

The last Service User satisfaction survey, surveyed nine Service Users and/or their next of kin between April to May 2015. This indicated the following

- All liked the staff and found them to be polite and helpful.
- All said that staff listened to them and they were supported in a way they liked.
- All said it was easy for them to speak, or contact staff, when they require additional help.
- Additional comments from Service Users included "staff go over and above their duties"; staff are always prepared and carry out tasks safely"

The Provider has implemented an action plan and allocated specific staff to complete specified actions to address necessary improvements from the survey. For example one Service User's next of kin fed back that their son's personal appearance is not as they would like. Staff have been asked to record fully how the Service User is being supported with his personal care and to review his care needs at the next weekly Team Meeting. This was action was completed in June 2015.

The Provider has also received positive comments from Claremont School regarding their services at The Oaks and The Cherries. The comments were via parents and included:

- "Staff at The Oaks was pro-active in getting to know their son and the care offered was good."
- "Staff at The Cherries was brilliant and this reassured an anxious mum".

The Registered Manager communicates with Managers and staff to ensure they are kept informed of progress being made in developing Silva Care's services. For example, an email sent on 23rd April thanked staff for their commitment to implementing the changes with care planning documentation, risk assessments and Mental Capacity assessment paperwork. The same email captured that staff recordings are person centred and person led. There was a reminder for Managers to submit their monthly audits in a timely manner and that if they require any advice or support then to contact her or named senior staff within The Organisation.

Staff Induction, Training and Service Delivery

11.

1. Are staff trained to do their job?

Silva Care does not use agency staff. They will cover any shortages with their own staff.

Induction passports are in place for staff. However, Silva Care's own audits have found these to be 'patchy'.

Training, in line with the Care Certificate, is organised by the Provider and includes online training via courses from external trainers 'Grey Matters' and 'Butterfly'. There is also in-house training on Management of Actual or Potential Aggression (MAPA), Manual Handling, Mental Capacity and Autism. New training organised by the Provider included Food Hygiene level 2, The Care Act, Sing along sign, and Diabetes.

Staff training is audited by the Provider's central administration staff. When staff are required to

attend training, information is sent to the member of staff and to their line manager to ensure staff are released from work to attend the identified training.

Minutes from staff meetings identify that there is a 'policy of the month'. There is a quiz during the meetings to check staff knowledge relating to the specified policy.

2. Is training recorded?

There is a robust system used to ensure that staff training requirements are kept up to date. This would also be discussed during staff supervision. The Provider's training matrix is audited and information from this is shared with Silva Care management team.

3. Do they consider service users choice and involvement?

Staff, Service Users and their next of kin gave examples that identified the service is delivered in accordance to the views of the Service User. This included:

- "Staff ring when they are running late, they ask if there is anything else they can do"
- "They encourage my son to walk as much as possible"
- "Staff go over and above their duties, they recognise when things are not right"
- "One Service User is hoping to go clubbing".

4. Are they experienced in care planning?

Service User's files indicated that care and support is provided in accordance with the plans. Staff recordings are clear; concise and person-led.

5. Is communication between staff effective?

Staff meetings take place monthly. The minutes from these meetings were comprehensive and a beneficial method of communication to the staff.

Staff interviews identified that some staff were not confident with the practices relating to Epilepsy. This followed a new Tenant, with a history of Epilepsy, and their seizures becoming more frequent than indicated in their pre-admission assessment. The staff member said that they contacted another colleague for advice as they were more familiar with their practices. It was beneficial that the two staff members worked the same shift soon after the Tenant moved in as this enabled the staff member with least confidence to learn from the more experienced member of staff. The staff member with least confidence said they are now more confident in their practice and that the Manager has been continually monitoring and reviewing the Service User's seizures and discussing with the GP how best to support the needs of the Service User.

Information recording in staff communication books was clear and provided updates on Service Users and any household tasks needing to be done.

Staff had comprehensive knowledge of Service Users they supported and of Silva Care's policies and procedures.

6. Is adequate supervision in place?

Interviewed staff said they meet with their supervisor regularly and had supervision meetings approximately every six weeks. Staff said they have contact numbers of managers, and staff they are able to contact, if they need any advice or support.

7. Is there sufficient staffing in place to meet service users needs?

The majority of interviewed staff said that staffing levels are flexible and are adjusted to meet the needs of the service. A member of staff said that there are times when it is difficult to cover two premises, the Service Users home and the respite service if a Service User returns home earlier than expected. This resulted from the member of staff not knowing all the Tenants as she primarily works at one of the premises. This was discussed with the Supported Living Manager.

ACTION: The Provider to ensure all staff has information available to them to ensure they are kept up to date of the needs of Service Users.

Additional information:

12.

1. Are accidents and incidents dealt with effectively and followed up as appropriate?

Four incident reports were reviewed. The majority of incidents had details regarding the action taken as a consequence of the incident. For example One Service User is only allowed in cars that have been fitted with a driver's security screen. An incident dated the 15/7/2015 indicated that two named Service Users are not to be left alone. There was no information to indicate the matter had been investigated by the manager and no details had been shared with staff regarding the incident. The Visiting Officer alerted the Cherries Manager to this and assurances were given that the details of the incident will be investigated and any actions will be addressed promptly.

ACTION: All service Managers are to check that all staff working in their service know what needs to happen after an incident report is completed.

All staff attends Health and Safety training and team meetings are used to check staff knowledge about reporting incidents and completing safety checks correctly.

Senior management have completed National Examination for Occupational Safety and Health training (NEBOSH).

2. Does the agency have a clear accessible complaints procedure? The Provider has a complaints policy and procedure in place. This is in a format that would be assessable for the majority of Service Users.

3. Is there evidence to show the complaints policy being used?

The Provider's quality assurance audit indicated that comments have been received informally. The audit indicated that the Provider responded to the comments by identifying areas of improvement to improve the Service Users' experiences. See Section 10 for further detail.

4. Is there evidence that lessons learnt from complaints effects change?

The Visiting Officers were informed that changes to procedures and staff practice are put in place from reviewing accidents and incidents. For example the organisations fleet vehicles have had screens fitted across the back of the front seats to aid health & safety. This measure was identified after an incident with a Service User.

5. Is there evidence that policies and procedures are in place and adhered to?

Silva Care's policies are accessible to staff and are kept at each "base of work" and on the Organisation's electronic database. Key policies are discussed at staff meetings, included in the newsletter and updates are emailed to staff.

Improvement actions

The Provider has been requested to submit their action plan giving details on how the agreed improvement actions will be addressed. The action plan is to be sent to the Quality Assurance Officer by the agreed timescale at the end of this report. This information will be used for any future quality assurance monitoring.

Improvement Actions following QA visits 10/7 and 17/7/2015

Report Section	Action	By Whom	Date agreed for completion
5	It is useful to include comments about why specific photographs have been included in a Service User's care and support file this will	Silva Care	30/11/2015

	identify that consent has been reviewed.		
11	The Provider to ensure all staff has information available to them to ensure they are kept up to date with the needs of Service Users.	Silva Care	With immediate effect
12	All service Managers are to check that all staff working in their service know what needs to happen after an incident report is completed.	Silva Care	3/11/2015

The Provider is invited to make any comments, in writing, regarding the draft report; improvement actions, and stipulated timelines within two week of receipt of the report (unless agreed otherwise with the Quality Assurance Team). If no comments are received within this timeframe, then it will be assumed that the Provider agrees with the content of the report and a final version will be shared with the Provider, Care Quality Commission, Commissioners, Safeguarding Adults and Care Management Teams.

Report written by	Tracy Churchward-Dyer
Date	16/10/2015
Feedback from the provider by	30/10/2015 agreed to extend to 5/11/2015
Feedback to	tracy.churchward-dyer@bristol.gov.uk
Provider's action plan to tracy.churchward-dyer@bristol.gov.uk by	19/11/2015
Action plan received	2/11/2015