

Silverjen Limited

# Silverjen Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 16 November 2018 and was announced. This was the first inspection of Silverjen Limited.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger adults with care and support needs. At the time of the inspection, the agency was providing care to 11 people.

There was a registered manager in post who supported us during our inspection. 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.

We found that quality audit systems did not always identify areas of the service which required improvement. Complaints had not always been responded to fully although action had been taken to minimise the risk of concerns reoccurring. Although people's legal rights were respected, records did not always reflect that the principles of the MCA had been followed. Following the inspection the provider sent further information to demonstrate this had been addressed. We have made a recommendation regarding this.

Risks to people were assessed and reviewed regularly to ensure people's individual needs were being met safely. Safe medicines processes were in place and records showed that people received their medicines as prescribed. There was a 24 hour on-call system in place and guidance was available to staff regarding the action to take if an emergency occurred. Systems were in place to monitor accidents and incidents. Where changes were required to people's support to keep them safe these were implemented. Staff understood their responsibility to protect people from potential abuse and received training in this area. Safe infection control processes were followed and staff had access to personal protective equipment.

There were sufficient staff employed to cover all care calls. Recruitment checks were completed to ensure that staff were suitable to work in the service. Staff told us they felt supported. New staff completed an induction process to ensure they understood their responsibilities. On-going training was provided to staff and one to one supervisions were completed to monitor performance. Regular staff meetings were held and staff told us they felt able to contribute their ideas.

Assessments of people's needs were completed before the agency began to provide support to ensure they were able to meet their needs. People's health needs were closely monitored by staff and prompt action was taken where concerns were identified. Where people required support from staff to prepare food this was done in accordance with their needs and preferences.

People's care was provided by caring staff who treated them with kindness. People told us that staff respected their dignity when providing personal care and encouraged them to maintain their independence. People received their care from a consistent staff team who knew their needs and preferences well. Support was person centred and care records contained information regarding people's past lives. People and their relatives were involved in developing and reviewing their care plans. Staff understood the importance of gaining people's consent prior to supporting them with their care.

People, relatives and staff told us the registered manager was approachable and responded quickly to any changes required. There was a positive culture within the service and staff were encouraged to work as part of a team. Although some areas of the quality assurances systems required improvement, other areas were effective in identifying concerns and ensuring they were responded to. Records were securely stored and organised. The registered manager attended forums and events to ensure their learning and practice remained current. People and their relatives had the opportunity to contribute to the running of the service and their opinions were listened to.

During our inspection we found three breaches of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Robust recruitment processes were in place to ensure that only suitable staff were employed.

There were sufficient staff in place to cover care calls.

Risks to people were identified and staff were aware of how to support people safely. Accidents and incidents were recorded and action taken to prevent events from reoccurring.

Safe infection control procedures were in place.

There was a contingency plan in place to ensure the service could continue to operate in the event of an emergency.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was not always effective.

People's legal rights were protected although systems to monitor and record that the principles of the MCA were followed need to be embedded into practice. We have made a recommendation regarding this.

People's needs were assessed to ensure the service was able to meet them.

Staff received appropriate induction, training and supervision for their role.

People had access to health care professionals.

Where people required support to eat and drink this was provided in line with their needs and preferences.

### Is the service caring?

Good ●

The service was caring.

People were supported by consistent staff who knew them well.

People's dignity and independence were respected.

People were involved in planning their own care.

Staff respected people's homes.

### **Is the service responsive?**

The service was not always responsive.

Complaints were not always responded to although changes to systems were made as a result of receiving concerns.

People received their care in line with their needs and preferences.

People's care plans contained detailed guidance for staff to follow.

People's end life care wishes were recorded.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Quality audits did not always identify areas of concerns. In some areas audits had been effective in ensuring the service was effectively monitored.

People, relatives and staff were involved in the running of the service. Their opinions were sought and responded to.

Records were organised and securely stored.

There was a positive culture and staff worked as a team.

**Requires Improvement** ●

# Silverjen 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 November 2018 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure they were available to support the inspection. The inspection was carried out by two inspectors.

We looked at all the key information we held about the service which included notifications. Notifications are changes, events or incidents the provider must tell us about. On this occasion we did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three staff members and the registered manager. We also visited three people and their relatives in their homes to gain their views on the service they received. Following the site visit we spoke with two people and three relatives on the telephone. We looked at the care records of four people who used the service, three recruitment files for staff and staff training records. We looked at records that related to the management of the service including, medicines records, audits, risk assessments and contingency plans.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and were happy with the staff who supported them. One person told us, "I've never thought about feeling safe which I suppose means I must do." Another person told us, "Staff fill me with confidence which makes a huge difference." One relative told us, "Safe comes in many forms but mainly hygiene and cleanliness wise she's improved with having someone around. She had a history of falls so carers are there before I would be."

People benefited from a service where staff understood their safeguarding responsibilities. Staff completed safeguarding training as part of their induction and regular updates were provided. Staff were able to describe the different types of abuse and what to do if they suspected or witnessed abuse. They were aware of the local authority safeguarding procedures and how to contact them if they felt it was necessary. Records confirmed that where concerns had been identified these had been reported to the local authority and dealt with appropriately.

Risks to people were identified and staff were aware of the precautions they needed to take to keep people safe. People's care files contained individualised risk assessments. These included assessments of the environment, people's moving and handling needs, communication and skin integrity. One person's records contained a detailed risk assessment of their moving and handling requirements which considered their needs and the limited space to support them. The service had worked alongside the person and their family to ensure staff were able to support them safely. The person's family told us, "It works really well. We didn't think she'd be able to get up again like she's doing. They've been such a big help." Staff supported another person with complex epilepsy. Detailed guidance was available to help staff recognise triggers to the person experiencing seizures and how they could support them to remain safe.

People were supported to live in a safe environment. When assessing people's needs a risk assessment of the environment was completed. This identified any hazards to the person's mobility and advice was given on how to minimise these risks. Staff knew how to report incidents or accidents and these were closely monitored. The registered manager reviewed all accident and incident forms to identify any trends and took action when needed to minimise the risk of reoccurrence.

People were protected from infections as staff took appropriate actions to keep people safe. Staff had access to personal protective equipment such as gloves and aprons. One person told us, "They always wear gloves, on occasion (where needed) they wear aprons." These supplies were provided by the office and staff understood the need to wear them to minimise the risk of spreading any infections from one person's home to another.

People's medicines were managed safely. Staff received training in supporting people with their medicines and their competency was assessed. One relative told us, "She always give them on time, she's very efficient in that. He's never missed any." Care records detailed the support people required. Staff completed a Medicines Administration Record (MAR) to confirm when medicines had been administered and we found these were fully completed. MAR charts were returned to the office and audited by the registered manager.

Where errors in recording were noted these were discussed with the staff concerned.

There were sufficient staff employed to ensure all scheduled visits were completed. People told us that they had not experienced any missed care calls, that staff arrived on time and stayed for the full duration of the call. One person told us, "I've had no missed calls but they've been early or late a few times, but not by much. I usually have the same two carers but they have introduced me to staff that may need to help me in the future." One relative told us, "Yes, (I think they have enough staff) because there has always been cover." A second relative said, "Mum's only had a late arrival once but that's because the person before needed an ambulance so the carer needed to stay with her which is fair enough."

Staff told us they did not have to rush their calls and were given sufficient travel time between calls. One staff member told us, "I have enough travelling time between my clients." Another staff member told us they had enough time at each visit to provide all the care outlined in the person's care plan. They told us, "If it is not sufficient, I speak to my manager and they will increase it." The registered manager told us that they currently monitored calls through the office and on-call system to ensure that none were missed. They recognised that as the service began to grow that an electronic system would be required which would alert them to any missed or late calls. They had researched a number of systems and were in the process of purchasing their chosen package. There was a contingency plan in place which gave staff guidance on the action to take in the event of an emergency to ensure people still received their care.

Safe recruitment processes were followed. Staff files contained evidence that appropriate recruitment checks had been completed prior to staff starting work at the service. These included proof of identity, such as passport or birth certificate, written references and Disclosure and Barring checks. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. There was evidence that all applicants were required to submit an application form and attend a face-to-face interview before they were appointed. This gave assurances that only suitable staff were employed to meet people's needs.



# Is the service effective?

## Our findings

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.

The service supported people to be involved in decisions regarding their care. Where people lacked the capacity to make specific decisions, relevant professionals and family members were consulted to ensure that the care people received was in their best interests. For example, to ensure one person's safety when they were in bed the registered manager had liaised with the occupational therapy team. Following assessment, it was agreed that the use of bedrails was in the best interests of the person to maintain their safety. The decision was reviewed with the occupational therapy team to ensure this was effective and not causing the person any distress. However, during our inspection the provider was unable to demonstrate they had followed the principles of the MCA with regards to assessing people's capacity to make specific decisions. Following our inspection, we were sent evidence that systems had been implemented to ensure this process was fully recorded going forward.

We recommend that systems to record assessments of people's capacity to make specific decisions are embedded into practice.

People's needs were assessed prior to them receiving support from Silverjen. This ensured that the service was able to meet their needs. One person told us, "They met with me and my daughter and went through things." One relative told us, "They carried out a pre-assessment and were very thorough with it. It reflects mine and Mum's wishes." Care records showed that assessments were completed in detail and covered areas such as communication, mobility, personal hygiene, sleeping and eating. Information regarding people's life history, family members and preferences was also clearly recorded to enable staff to have an understanding of the person and their personal situation. Where people were supported by more than one agency, details of how this would work in practice were discussed and recorded to ensure the roles and responsibilities were clear.

Staff received induction and training to support them in their role. People and their relatives told us they felt staff had the skills and experience they required. One relative told us, "She's very good, she seems to know about various things, especially helping Mum get in and out of bed and a chair." New staff received an induction into the service and worked alongside more experienced staff members until they were confident. The registered manager told us, "They don't shadow for a set number of days. It's until they feel comfortable and we are confident with their skills. For some staff that can be several weeks but less for others." One staff member said of their induction, "It made me more confident." As part of the induction process staff received training in areas including safeguarding, medicines, moving and handling and infection control. The registered manager monitored this to ensure that staff completed refresher training in order to keep their knowledge up to date. Staff also completed the care certificate on starting their employment with Silverjen.

This is a set of nationally recognised standards which staff should demonstrate in their everyday working lives.

Staff received regular supervision to support them in their role and told us they were able to contact the registered manager at any time for support. Supervision records showed discussions reflected on the support staff provided, any concerns regarding people's care and any improvements or training which may be beneficial to the staff member.

People's care records showed relevant health and social care professionals were involved in their care. People and their relatives told us that staff responded well to any healthcare concerns. One relative told us, "They've called the GP out once as the staff member was concerned mum had an ear infection. (Registered manager) was on the ball and got it sorted." A second relative said, "(Registered manager) made an appointment for a flu jab for him which we (relative and the staff member) took him to." Records showed that where concerns regarding people's health were identified, relevant healthcare professionals were contacted and any guidance provided was followed. During the inspection we heard the registered manager speaking with healthcare professionals on the telephone to arrange appointments and to chase tests results. It was clear from the conversation they had on-going involvement regarding the person's healthcare needs.

People who received support with meal preparation told us they were happy with this aspect of their care. One relative told us, "Mum's diet was poor before. She was only having a slice of toast and cheese. The variety and nutrition has improved greatly since. The carers are offering and cooking different types of food." A second relative said, "They tell me what they need me to buy food wise and I get it for them. Mum has plenty of fluids throughout the day too." Records detailed the support people required with this aspect of their care and highlighted people's preferences. One person had complex nutritional needs which included receiving nutrition through a tube placed directly into their stomach through the abdominal wall. Staff had received training on how to support the person with this and detailed guidance was available for them to follow.

## Is the service caring?

### Our findings

People and relatives told us that staff treated people with kindness and developed positive relationships. One person told us, "I have no problem with them. I feel confident with them and they're just generally kind." A second person told us, "They are so kind. They are all my friends now." One relative told us, "Mum has to be reminded how to do things sometimes like how to use the Zimmer but they give her instructions in a kind and caring way." Another relative said, "Certainly, yes I do think they are (caring). I feel like (staff member) is one of the family."

People were able to express their views and be actively involved in making decisions about their care. One person told us, "They are all polite, respectful and flexible. They discuss things and I feel informed. We negotiate on certain things. It all takes place seamlessly." A relative told us, "When (registered manager) came here a few days ago she said, 'you know you can tell me anything, even if it's a criticism'. They asked us who we would prefer to come next week while (regular staff member) is away." Records showed that people's care was regularly reviewed with them and any changes requested were made as far as possible. This included adjustments to the times staff visited or which staff supported people on which days. People and their relatives clearly knew the registered manager well. The registered manager told us they frequently telephoned people and their relatives to check that they were happy with the service and records confirmed this was the case.

People were asked for their consent prior to staff providing their care. People and their relatives told us that staff always asked them about the support they wanted and informed them what they were doing. One person told us, "They ask me before they do anything, they don't just assume." One relative said, "Yes they would always ask his approval or permission. He's always told what's going to happen." Staff told us they always ensured people had choices regarding their care and routines. One staff member said, "All care staff should encourage people to make decisions for themselves and respect those decisions."

People were supported by staff who knew them well and respected their privacy. People and relatives told us that they had regular carers who they had built positive relationships with. When speaking of the support they received they spoke of individual staff members who frequently provided their care. This meant that staff were able to gain a greater understanding of people's individual needs, preferences and communication style. One person told us, "I have fascinating discussions with staff and I feel I know them and they know me. They each bring something different." Another person told us they were confident their details weren't shared with other people. They said, "They never tell me anything about anyone else they look after so I'm sure they don't say anything about me. I would hate that."

Staff treated people with dignity and respect. People told us that staff closed doors and supported them with their personal care in a sensitive manner. Staff were able to explain how they maintained people's dignity. People were supported to maintain their independence. One person told us that staff supported them to do things for themselves and let them try to do things rather than taking over. One relative told us, "They respect his independence. They know he is able to shower himself so they allow him to do it." Care records guided staff on what aspects of people's care they remained independent with and prompted staff

to ensure this was maintained. Staff respected people's homes. One person told us, "They always clean up and leave it nice. It's lovely and how I like it." Another person told us, "They respect others in the household and understand this is a family home. They're sensitive to everyone's requests."

## Is the service responsive?

### Our findings

Complaints were not always responded to. One family had expressed concerns regarding the end of life care their loved one had received and how the family were involved. Records showed that the registered manager had investigated the concerns and changes had been made to procedures as a result of this. However, the family had not received a written acknowledgement or response to their complaint which had added to their upset. Although records confirmed that lessons had been learnt, the relatives involved had not received an apology or direct explanation of events in line with the providers responsibilities.

The failure to ensure that complaints are appropriately responded to is a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

With the exception of the above we found that complaints had been responded to in line with the providers policy. Investigations had been recorded and people or their relatives had received feedback regarding their concerns. People and their relatives we spoke with told us that they would feel comfortable in raising any concerns with the registered manager and felt they would respond. One person told us, "(Registered manager) is very approachable. I'd feel comfortable reporting anything to her. I don't feel we wouldn't be able to have a conversation about it."

People were involved in developing their care plans and a copy was kept in their home. Care plans contained details of people's care needs and preferences. This included guidance for staff relating to people's moving and handling needs, personal care, health, skin care and nutrition and hydration. Care plans were written in a person-centred manner which reflected the individual's choices and preferences. Staff confirmed they had sufficient information to enable them to support people. One staff member said, "There is always a care plan in the house and I get a briefing. They ask me to come into the office and we discuss each individual client."

Each person's records contained a schedule of care which listed the care and support they required during each call. Any guidance staff required regarding how this support should be provided was then highlighted within a more detailed care record. This informed staff of the type of support the person required, the expected outcome and how staff should support them to achieve this. One person's care records highlighted how they were supported with their moving and handling needs and how staff could encourage them to choose their own clothes. Another person's care plan gave detailed advice on how to support the person with their food in order to avoid them choking. The persons' relative had reported they were pleased with the way staff supported them in this area.

There was good background information on people which covered their favourite pastimes and interests, their personal histories and likes and dislikes. One person's care records highlighted the different types of activities staff could engage them in. Care records showed that staff followed this guidance and as a result had established ways to communicate with them more effectively. Another person told us the support they received was exactly what they needed and this had brought them the peace they required. The persons relative told us that staff had been helpful in establishing routines and helping the whole family adjust following a change in circumstances. They told us, "The carers have been good for us all. We couldn't have

done it without them."

Care records reflected the care people would prefer when reaching the end of their life. The service had learnt from concerns previously highlighted and ensured end of life care plans clearly documented people's requests, where they would prefer to be cared for, who they would like to be with them and who they would like the agency to contact. Records also contained a thank you message to staff regarding the care they had provided to one person at the end of their life. They said, 'The level of care was exceptional.'

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well managed. One person told us, "I have a positive relationship with the manager and all the staff. It means I don't have to worry and has made a big difference to my life." One relative told us, "She's very approachable. I've called her at night and early in the morning. If I leave her a message she'll always get back to me." A second relative said, "(Registered manager) is always in touch. We only saw her yesterday. She wrote up the care procedure notes for me to review."

Despite these positive comments, we found that improvements to the management of the service were required.

Quality assurance systems did not always highlight areas of the service which required improvement. Spot checks of staff were not regularly completed. Although records showed that spot checks of staff performance had been completed with some staff, this was not consistent across the service. This meant that the registered manager could not assure themselves that all staff were working in line with the policies of the service. The registered manager acknowledged this was an area which required further development and had allocated this to the supervisor who had recently started at the service. Although audits had been completed on the complaints process, this had not highlighted the need to ensure that complainants should receive a response to their concerns and that the providers duty of candour should be followed. Although the registered manager had not previously identified the shortfalls in how capacity assessments were recorded. The registered manager acknowledged all of these concerns. They told us, "I have learnt a lot from the inspection and I will look to put everything into place going forward."

The failure to ensure that comprehensive systems to assess the quality of service provided were consistently followed was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other areas we found there were effective systems in place to monitor the quality of the service people received. Regular audits of systems were completed which included care plan reviews, medicines records, accidents and incidents, call visit records and recruitment files. Where shortfalls in quality were identified an action plan was implemented to address the concerns. We found that action plans had been followed and areas identified had been responded to in a timely manner. For example, where documents had not been completed in care files this had been identified and the relevant records completed. The registered manager attended registered managers forums in the local area in order to learn from others and to discuss best practice.

People had the opportunity to provide feedback on the service. The registered manager sent questionnaires to people and their relatives asking for feedback on the care they received. Comments were largely positive and included references to the responsiveness and efficiency of the service. Where concerns were identified, these were addressed promptly and people contacted to check they were happy with the response. For example, one person expressed concerns regarding the times of their calls. The registered manager had immediately addressed this by ensuring the times were changed. In addition, the service had also received a

number of compliments. These included, '(Staff member) is timely, friendly, efficient, helpful, considerate, cheerful and supportive.' And, 'We have been delighted with the service. We would highly recommend your company and services.'

There was a positive culture which was promoted by the registered manager. Staff told us they felt supported and that the registered manager was always there for them. One staff member told us, "I am comfortable talking to management. They have an open-door policy." A second staff member told us, "If I am unsure, I can just make a 'phone call and I get support." The registered manager told us they understood the importance of ensuring staff were aware of their responsibilities to people and what the service wished to achieve. They told us, "We aim to treat our clients as human beings and to provide them with a person-centred service. During recruitment we check they have the same values and that they value people in the same way we do." Staff confirmed to us that a person-centred culture was promoted through the service. One staff member told us, "(Registered manager) wants any concerns to be raised with her. The clients come first; she has made that clear."

The registered manager also promoted good team work amongst staff to ensure that people's care was co-ordinated. They told us, "For some clients we have a very short time to make sure they are well cared for. We always tell staff this and mentor them when we think they are doing anything wrong. We want a service that staff want to work in and that makes a difference in people's lives." Records showed that staff meetings and catch-ups were held regularly and that staff were able to contribute their views.

People's confidential records were stored securely and were maintained in an orderly manner. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager notified CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider had failed to ensure that complaints were appropriately responded to.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure that comprehensive systems to assess the quality of service provided were consistently followed.