Care Quality Commission

Mr Muhammed Mobeen Mian Imtiaz

Silversea Lodge

Inspection report

46 Silversea Drive,
Westcliff on Sea,
Essex, SS0 9XE
Tel: 01702 480502
Website:

Date of inspection visit: 5 January 2016
Date of publication: 04/02/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Inspection took place on the 5 January 2016.

Silversea Lodge provides accommodation and personal care without nursing for up to 15 older persons some of whom may be living with dementia. At the time of our inspection 15 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental

Summary of findings

Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs and district nurses.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good

Is the service effective?
The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Good

Is the service well-led?
The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good

Silversea Lodge

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.

We inspected Silversea Lodge on the 5 January 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people, three relatives, two members of care staff, the cook, the manager, clinical advisor and the provider. We reviewed four people's care files and medication charts, four staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel safe living here, the staff come when I need help." A relative said, "It has been such a relief for my [relative name] to come here." Another person said, "I leave my door open and staff pop their head around and check on me."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If I had any concerns I would give the person time to talk and make sure everything was alright. If I was worried about any of the residents I would tell the manager." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One member of staff said, "If I was not happy how a concern was dealt with I would keep going up the ladder and tell the manager, provider, CQC and Southend Borough Council." The manager clearly displayed information on a service called 'Ask Sal' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, use of bedrails, nutrition assessments and prevention of pressure sores. One member of staff said, "We always make sure the environment is safe, for example if residents have a walking we frame we make sure there is no clutter or trip hazards in their way." Staff were trained in first aid, should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff said, "I feel quite confident, I am trained in first aid and I would call 111 or the GP if I thought it was necessary."

People were cared for in a safe environment. We saw the service was in the process of being updated by the new provider. The clinical advisor told us that since October they had installed two new boilers to ensure there was hot water throughout the service. They had also started a program of redecoration and had started updating and replacing windows and doors. The provider told us they had plans to have the service refurbished by the summer, including having the gardens landscaped. The provider had arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency. The manager had also put together a contingency grab bag containing relevant information should the service need to be evacuated.

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff, some days are busier than others." One person said "I have a call bell in my room if I press it the staff always come. I sometimes have to wait for staff to come into the lounge as I do not have a bell here." We spoke to the manager regarding this and they told us that they frequently checked if people needed assistance. The provider told us they were reviewing a new call system where the call bell would be mobile so people could have this with them.

Staff and the manager told us that they only used permanent staff at the service and did not have a need to use agency. Any shortfalls in staffing was filled by existing staff, this meant people were cared for by staff that knew them well. Staffing levels were matched to the needs of people living there and the manager and clinical advisor discussed staffing levels and needs. The service was in the process of recruiting new carers on the day of our inspection.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "A friend told me there was a job available. So I came and met everybody, applied and came for an interview then they checked all my details and I started working."

People received their medications as prescribed. One person told us, "The staff give me my medication, it's all written down, the doctor writes me up for what I need." Senior carers, who had received training in medication administration and management, dispensed the medication to people. We observed part of a medication

Good

Is the service safe?

round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. From records we saw staff training had been updated in key areas to support them with their role. The clinical advisor told us there was an on-going plan of training and development for all staff and that the new provider had also completed training alongside staff on key topics such as safeguarding awareness. Staff told us they felt training at the service helped them with their role. One member of staff said, "I have completed an NVQ level 2 in direct care, and recently completed refresher training on medication."

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked 'shadowing' more experience staff. This gave them an opportunity to get to know people and how to best support their needs. One member of staff said, "When I first started at the service I came and worked at different times with other staff so that I got used to how things were done, and got to know people." The clinical advisor told us that they paired up new staff with more experienced staff at the service so that they could mentor them with their role. The clinical advisor enrolled new staff into completing the new 'Care certificate'. This enabled staff who were new to care to gain the knowledge and skills to support them within their role and is an industry recognised award.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and their families, and supported them with making choices on how they wish to spend their time. For example they told us how some people preferred to stay in their rooms whilst others preferred to spend time socialising with others in the lounges. A relative told us, "The manager is very good at involving us with any decisions and keeps us informed." People at the service mostly had the capacity to make their own decisions. The manager clearly advertised an advocacy service should people feel they needed support with decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

People said they had enough food and choice about what they liked to eat. One person told us that, "They [staff] have been very accommodating with my food choices." Throughout the day we saw people were offered hot drinks and snacks. We saw water and soft drinks were also available for people and were within reach for those who stayed in bed. The service had two cooks and provided fresh cooked food every day. There was a menu available for people to choose from or they could opt for an alternative. One person told us, "I like the curries here, I also like the porridge and toast and marmalade for breakfast." We observed the cook personally approached people and engaged with them about their food choices. We also noted that they made people's porridge individually for them when they were ready to eat their breakfast.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. If required, people were provided with special diets such as for diabetes or if they needed soft and pureed food. If there was a concern about people's weight the cook fortified their food to ensure they were getting additional calories to maintain their weight.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, chiropodist and GPs. One person told us, "When I was not well staff called a doctor and they came within an hour and a half." Another

Good

Is the service effective?

person said, “I go to the clinic every three months for a check-up, and have a blood test first.” A family member told us, “The staff are very good at spotting any physical issues and they always keep us involved.”

Good

Is the service caring?

Our findings

People told us they were happy living at the service. One person said, “The staff are very good, they make that extra effort to make sure you are ok.” Another person said, “I like all the staff, I am mischievous and have a laugh and joke with them all.” A relative told us, “All the staff are really good here.”

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, we saw many occasions of this. We also saw when staff were supporting people, instead of rushing them past others, they stopped and encouraged them to have a chat and say hello to other people. We noted people enjoyed sharing time talking together and that this fostered a sense of community amongst people.

Staff knew people well including their preferences for care and their personal histories. The service had ‘This is me’ documentation in people’s notes which told the story of their life and described what is important to them and how they liked to be supported. Staff knew people’s preferences for carrying out everyday activities, for example when they liked to go to bed and when they liked to get up, and who they liked to support them with a shave.

The service had a very calm, friendly and relaxed environment. People’s needs were attended to in a timely manner by staff and staff treated people with dignity and respect. We noted when people asked for help if staff were unable to attend to their needs immediately, they explained to the person why and checked they were alright to wait for a few minutes. We also noted staff did then return to give the support the person needed.

People’s diverse needs were respected. People also had access to individual religious support should they require this. The manager told us they would also support any specialist diets people might require as part of their culture or religious preferences.

People were supported and encouraged to maintain relationships with their friends and family. One person told us, “My daughter rings me from Australia every two weeks; the staff let me use the phone here.” Another person told us, “My visitors can come anytime, there is no restriction, it depends on when they are working.” The provider told us that when they took over the service the number was going to be changed by the phone company; however they paid extra to keep the number. They did this so that there would not be a risk of people losing contact with their distant relatives.

The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager met with people, their relatives and other health professionals to assess if the service could meet their needs. One person told us, "Before I came to live here they went through everything with me, what help I needed, it was all written down. I was happy they could meet my needs here." A relative told us, "We came and had a look around the service and met staff to make sure it was alright." When people first came to live at the service the manager initially put in place a six week care plan to support people's needs, this was then expanded into a full care plan. From care plans we reviewed we saw these were very person centred to ensure people were supported the way they wanted to be. Care plans were reviewed at least monthly, this meant that staff had up to date information with which to support people.

The service took measures to respond to people's changing health needs. For example we saw the new provider had purchased a bed for a person that could be adjusted to suit their needs, which was delivered on the day of our inspection. We checked with the person and they were very pleased with their new bed. The manager told us the provider had also agreed to the purchase of weighing equipment that could be used in conjunction with the hoist to monitor people's weight. We noted the new provider was also responsive to people's requests. For example one person said, "My TV areal was not working so I told [provider name] and he arranged for a new aerial and booster box to be installed within a couple of days. It all works fine now." We asked the provider about this and they told us when they found out about the aerials they had the whole service checked and upgraded to ensure people could access television in their rooms if they wished.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. One person told us, "There is always something to do, you can play games or we have quizzes, at Christmas they put on a fantastic show." We saw people also liked to follow their own pastimes including knitting, reading and watching films. Staff told us they spent time with people talking, singing and watching old films.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. We saw where complaints had been received they had followed this procedure to resolve them.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Good

Is the service well-led?

Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The manager had a very good knowledge of all the people living there and their relatives. We saw that people had a very good relationship with the manager and noted many friendly exchanges. The service also had a clinical lead that was visible within the service at least weekly, in addition the new provider had been spending time at the service getting to know staff and people. A relative told us, "The manager has been a god send, and really helped us."

People, their relatives and staff were very complimentary of the management. One person said, "The manager is very good, always has time to listen to you." A member of staff told us, "The manager is very supportive, you can approach them about anything, they never make you feel awkward and always try to accommodate you." Staff were also very complimentary of the new provider saying they felt they were very approachable and that they felt happy to ask them for anything they felt they needed.

Staff shared the manager's vision and values at the service, one member of staff told us, "We aim to make it feel like home for people, as change is very difficult for the elderly." Another member of staff said, "We aim to make residents feel safe and happy and that they have all the comfort they need."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We have a good team, we all work well together and help each other out." Staff had regular supervision and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "We have regular supervision and staff meetings, we discuss everything to do with care, training and the running of the service." Staff felt the manager was very supportive to their roles and listened to their opinions. For example, staff told us how their ideas to help the service run better would be tried, they recently suggested changing how the laundry was distributed and this was now being trialled. This told us the management listened to staff opinions and acted upon them. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through meetings, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. One person told us, "My room is going to be decorated soon and I can choose what colours I would like." This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans, medication management and the environment. They used this information as appropriate to improve the care people received.