# Care UK Community Partnerships Limited

# Silversprings

## Inspection report

Tenpenny Hill
Thorrington
Colchester
Essex
CO7 8JG

Date of inspection visit: 11 June 2015 and 12 June 2015
Date of publication: 29/12/2015

## Ratings

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

## Overall summary

The inspection took place on 11 June 2015 and 12 June 2015 and was unannounced.

Silversprings provides accommodation and personal care for up to 64 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 49 people using the service.

A registered manager was in post at the service. 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.

The Commission had been made aware of an incident that had occurred at the service which was being investigated by the police. We will continue to liaise with the provider on this matter until an outcome is reached. Part of this inspection considered matters arising from that incident to see if people using the service were receiving safe and effective care.

# Summary of findings

The registered manager supported staff to provide care that was centred on the individual but improvements were needed to make sure that all staff understood their responsibilities and accountability and remained motivated.

People were safe because staff understood their duty to manage risk and identify abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide people with the care and support they required.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed appropriately with input from relevant health care professionals.

Staff supported people to have sufficient food and drink that met their individual needs but consideration needed to be given to ensure meals were provided at times that suited people.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

# 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.

There were enough staff with the skills to manage risks and provide people with safe care.

People felt safe and staff knew how to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines as prescribed.

**Good**

**Is the service effective?**
The service was not effective.

Staff did not always provide support to meet people's health, social and nutritional needs in ways that they preferred.

Staff received the support and training they required to provide them with the information they needed to carry out their roles.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

**Requires Improvement**

**Is the service caring?**
The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

**Good**

**Is the service responsive?**
The service was responsive.

People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's preferences and supported them to take part in pastimes and activities that they enjoyed. People were supported to maintain social relationships with people who were important to them.

**Good**

# Summary of findings

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

**Is the service well-led?**

**Requires Improvement**

The service was not well led.

The service was run by a capable manager and staff morale had improved. Further improvements were needed so that people's wellbeing was protected consistently and staff remained motivated.

Staff received support and guidance to provide good care and support but improvements were needed to make sure that all staff understood their responsibilities and accountability.

There were systems in place to listen to people and use their feedback to make improvements to the service.

# Silversprings

**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.

This inspection took place on 11 June 2015 and 12 June 2015 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with 12 people who used the service and five relatives about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the regional director, the registered manager, six care staff and a member of the ancillary staff.

We looked at seven people's care records and examined information relating to the management of the service such as health and safety records, personnel records, quality monitoring audits and information about complaints.

Good

# Is the service safe?

## Our findings

People told us they felt safe and if they had any concerns they would talk to staff.

All the staff we spoke with told us that they had received training in safeguarding adults from abuse and they were able to explain what they would do if they had any concerns or suspected abuse of any kind. One member of staff told us that they would bring any issues to the attention of the management team, whether it was about staffing levels or about an issue relating to people's care. They said, "I can go to the manager if there is a problem or would go higher if necessary."

Staff were aware of the local authority's role in investigating any issues relating to safeguarding. The registered manager had a clear understanding of their responsibility to report safeguarding incidents or suspicions of abuse to the local authority and to notify CQC of any safeguarding issues.

People's care records were kept and updated electronically and all staff had access to the system. The records contained assessments of risk, using nationally recognised and established systems to assess risks specific to individuals such as risks relating to nutrition or the risk of developing pressure ulcers. People's risk assessments were reviewed and updated on the system when there were any changes noted in the areas that had been identified as being a risk for the individual.

Risks relating to the service such as environmental risks were assessed and measures were in place to reduce the risk. For example there were processes in place to keep people safe in the event of an emergency should an unexpected event such as a fire occur. Staff understood what they should do in emergency situations.

The provider had systems in place to recruit staff that helped keep people safe because relevant checks were carried out before a new member of staff was employed. Checks included taking up relevant references, for example from the applicant's previous employer, and checking that the member of staff was not prohibited from working with people who required care and support. The registered manager demonstrated an understanding of the importance of employing the right people who understood how to provide good care and knew how to keep people safe.

People told us that there were usually sufficient staff when they needed support. One person told us that on the whole staff came when they were needed. They said, "During the day generally speaking they are quite quick. I rarely ring it at night but if I do they are much quicker." The person explained that at busy times, such as lunch time they may have to wait longer. One person said that when they rang their buzzer for assistance, "I don't wait long. It is pretty good and I get looked after even if you have to wait awhile sometimes." Another person told us that sometimes staff were very busy with breakfasts or lunches and they had to wait a little longer.

The provider had a process in place to assess staffing levels based on people's needs and this had recently been reviewed so that they had appropriate staffing levels to keep people safe. There were three separate units at the service. Carolyne unit was downstairs and there were 21 people there at the time of our inspection. Bluebell unit upstairs was described as the residential unit and there were 10 people there. Also upstairs was Tenpenny unit where there were 17 people living with dementia.The registered manager told us that after looking at people's needs the staffing levels were three care staff plus a senior on Carolyne unit and Tenpenny unit and two care staff plus a senior on Bluebell unit. In addition there was an activities co-ordinator who provided support during busy periods. We saw that these staffing levels were enough to provide care for people without long delays.

Staff told us that they worked flexibly to make sure colleagues assigned to other units were supported at busy times. One member of staff said that if they were busy in one unit other staff would provide additional support. They told us, "Sometimes the girls from upstairs will come down and answer buzzers or I call them to come and help me. We have good teamwork."

A member of staff explained that sometimes agency staff were used. "Agency we use when someone is sick or for annual leave cover. We did have agency recently and we try and get the same ones so they know the clients."

A member of staff told us that most of the time they felt there were enough staff on shift and said, "Night staffing is alright." However, one member of staff told us they felt, "There is not always enough time for the personal touch."

The provider had systems in place to manage the safe storage, administration and recording of medicines for

Good

# Is the service safe?

people. Medicines were securely stored in locked trolleys. There was a robust system for managing controlled drugs (CDs) that required an enhanced level of secure storage and recording.

Records of people's medicines were completed appropriately and we noted that they were accurate and legible. The registered manager carried out audits to check that processes were followed and that people were receiving their medicines safely. When people had been prescribed medicines on an as required basis, for example analgesics for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine. We observed medication being given in the afternoon and saw that staff communicated well when giving them their medicines.

Requires Improvement

# Is the service effective?

## Our findings

People's nutritional needs were met but the times that meals were provided did not reflect people's preferences. Staff told us that breakfast was served downstairs in Carolyne unit between 9:00 and approximately 10:15 to 10:30. About an hour before the meal was due to be served people were waiting for breakfast. We heard four different people ask staff when breakfast would be ready and a member of staff told someone, "You can't go to the dining room yet, staff aren't ready." We saw supplies of crisps, fruit and biscuits available throughout the service in communal rooms. However in Carolyne unit people wanted their breakfast and were not eating the snack food.

A member of staff told us, "Breakfast at 9:00 is a bit late for some of them." One person told us, "I wake around 8-ish and they bring tea if you ask for it. I go down to breakfast. Eating at 9:00 is fine for me." Others were more critical about the time breakfast was served. One person said, "At 7:30 they help me out of bed and I have a cup of tea. It does not suit me to wait until 9:00 for breakfast. I think I would like it between 7:30 and 8:00." Two people had told us that they got up about 6:30 and in the dining room we saw that they were served breakfast three hours later at 9:30.

We saw that some people did not finish breakfast until after 10:30 and lunch was served approximately two and a half hours later at 1:00pm and tea at 5:00pm. Although snacks were available at all times, the main meals where people could sit in the dining room and socialise were scheduled very close together.

This was a breach of Regulation 9 (1)(c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3): Person-centred care.

Although there was some dissatisfaction with the time people were offered breakfast, the feedback about the quality of the food was good. People and their relatives told us that a new menu was being trialled. People had been asked if they liked the meals and any that were not popular would be taken off the menu and replaced with an alternative. One person told us, "People have complained about the food being 'samey' at the residents meeting but it has been better since complaining and now there is more variety." People said that they enjoyed the food. "I have a menu and if I don't like something I have an omelette." Another person said, "The food is quite good, the omelettes, ham, lamb and beef are all good." and "The food is pretty good. I never go hungry."

On Tenpenny unit, where people were living with dementia, staff told us that there was food available at all times and if people got up early or in the middle of the night and wanted something to eat, staff could make them tea and toast or they had a range of snack foods available.

Not everyone chose to eat in the dining room. If people wished to eat in their room, staff took their meals to them on a tray. One person told us, "I like my room better than downstairs [in the dining room] so I have my meals here."

People's dietary needs were assessed using an established assessment tool. People's food intake was monitored so that they received a balanced and nutritious diet that met their needs. For people who had been identified as being at risk nutritionally, there were fluid charts in place which were completed hourly to monitor how much people were drinking. Referrals were put through to the dietician if there were concerns about anyone's weight.

Newly recruited staff were complimentary about the induction and support they received when they began working at the service. A member of the housekeeping staff told us that they had had a very good induction and they were able to shadow and observe other staff. The member of staff said that they had a clear list of duties and knew what was expected of them. They explained there were three housekeeping staff to cover the cleaning on each of the three units with another person in the laundry. They told us they worked as a team and they thought that they were able to do the job effectively with these staffing levels.

Another recently recruited member of staff explained that they were new to the care sector and, although it was busy, it was the nature of the job and they thoroughly enjoyed the work. They praised the induction process and the 'shadow shifts' they worked with the support of established members of staff to familiarise themselves with people's routines. They told us, "All the staff and management are very supportive and helpful."

Communication between staff was good. A member of staff said they had a short daily meeting called the 'ten at ten' so that staff could discuss any issues such as people who were unwell or whether anyone had an appointment.

Requires Improvement

# Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments of the person's ability to make decisions had indicated they did not have the capacity to make that particular decision, there were processes in place for others to make a decision in their best interests. Care records confirmed that when people were able to make decisions they were consulted about their care and support.

The registered manager had a good awareness of their responsibilities around assessing people's capacity to make decisions and had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS and showed an understanding of processes for assessing people's capacity to make decisions.

A person told us they were happy with the support they received to maintain their health. They said, "The doctor is very good and the chiropodist comes, the optician and dentist come too." One person told us that they had had a fall and it scared them, but staff had helped them and they felt better.

The provider had processes in place to support people with their health needs. People's health needs were met with input from relevant health professionals including doctors, district nursing services, the falls prevention team and the tissue viability team.

Good

# Is the service caring?

## Our findings

People told us the staff were friendly and caring. They said, "The staff are lovely." and, "It is very good here and the staff seem to be very nice." Relatives also made positive comments about how caring staff were. One relative told us, "The majority of the staff are lovely. At times they go above and beyond." and another relative said, "When I am here everyone is friendly and want to help as much as they can."

People told us that staff listened to them and we saw that staff responded to people in a caring way. For example, a member of staff was about to go upstairs and they noticed a person who appeared sad. The staff approached the person and asked them what was wrong. After chatting and making sure the person was all right, the member of staff gave the person a gentle kiss and continued upstairs.

Staff spoke kindly to people and we observed numerous kind and caring interactions. For example a member of staff sat chatting to one person, holding their hand and asking, "How is your back?" Another member of staff emerged from the lift accompanied by a person who had their hand on the medicines trolley. They were laughing about something as they walked from the lift to the dining room.

One person told us about how staff had responded in a caring manner when they had a minor accident with their 'modern bed'. They said, "I was using the control and I banged my head but I just went to sleep and they saw it the next morning and put a plaster on it. The staff are very good."

One person who liked to sit in the reception area said, "Everyone accepts that this is my seat and if I am not here they make enquires to see if I am alright. People are very kind."

Where people were able they were involved in planning their care. Care plans recorded how people were consulted and how they preferred to receive care and support. Relatives told us they were involved and had input into their family member's care plans and were consulted about decisions. They also said they felt that they were kept fully informed about their family member's care. One relative said, "We are phoned and kept up to date regularly. We couldn't ask for more." and another said, "Communication from the staff is excellent."

Staff clearly understood people's needs as well as their preferences and were able to give us examples of how people preferred to have their personal care and support needs met. One person liked to walk between the two units upstairs. Staff told us the person liked to take a walk, then stop for a cup of tea, then took another walk and then had some toast. This routine made the person settled and happy. We observed many different care staff speaking with this person with kindness and compassion as they accompanied the person on their walks. A senior care staff who saw the person walking towards one of the units asked, "Do you want to go home?" and then opened the door for them.

Staff carried out their duties in a cheerful manner and we saw examples of small interactions that made people smile. One person told us, "The nurses here come along and chat away and say "Hello cheeky. Yes, they are friendly." We observed one care staff knock on someone's door and say, "Hello. Have you finished your breakfast? Then we heard some laughter and chatting as the member of staff was clearing the tray."

We observed staff providing care and support respectfully and in ways that maintained their dignity. Relatives said that they felt their family member was treated with dignity and respect. We noted that staff were discreet when checking with people whether they needed any support with personal care such as using the bathroom.

Good

# Is the service responsive?

## Our findings

Relatives told us that they contributed to the assessment of their family member's care and support needs. People's needs were assessed and the assessments were updated should there be any changes in the person's needs. People's care plans were developed from the information that was gathered through the assessment process.

People's care plans set out people's individual needs in sufficient detail to provide staff with the information they required to provide care and support in ways that people preferred. Care staff and the registered manager demonstrated that they understood the care needs of the people they supported. They were able to give us examples of people's likes, dislikes and preferences. Care staff had access to the electronic care planning process and they recorded information about any changes they observed.

Staff knew about people's history so they could talk to them about events that were important or meaningful to them. We saw that staff took time to talk to people as they carried out their tasks.

People were supported to maintain relationships with family and friends they had before they came to live at the service. Relatives told us that they visited regularly. They said, "We visit whenever we want day or night."

Relatives told us that they had complained about the lack of activities in the home. They had expressed their concerns to the registered manager and recently a new activity person had been put in post. The activities person had spoken with people and asked them what they would be interested in doing. There were improvements in the range of activities available for people who wished to take part.

A member of staff told us that people chose whether or not to get involved in group activities. They said, "Not many go from Carolyne, they prefer to stay in their rooms. They do get one-to-ones for nails and the activity girls have a list to make sure everyone is seen. "One person told us, "Mostly I just go down for meals, I am not really into the activities at my age." Another person said, "I thought I might go out today. My [relative] comes and takes me out for a drive. I like to go to the sea."

Other people enjoyed organised activities, which were displayed on notice boards and there were photographs throughout the service of people enjoying a range of activities. For example, people could take part in arts and crafts, a 'movement to music' exercise group and there was a church service.

The provider had a clear procedure in place for responding to concerns and complaints. People told us they would speak with staff if they had any complaints. The provider had introduced a new method for obtaining the views of relatives. An external company had been contracted to contact relatives to carry out satisfaction surveys by telephone. Surveys were to be carried out every six months and were due to commence the month following our inspection.

Requires Improvement

# Is the service well-led?

## Our findings

An established member of staff told us there had been, "Numerous changes of manager in the previous five years, probably about a dozen, but the current manager is one of the better managers I've worked under. The deputy manager is very good too."

Staff told us that for some time they had not felt very positive but recently things were improving. One member of staff told us that staff morale had been low for some time because of staff shortages, "Hopefully it will get better now we have some new staff." A senior member of staff told us that they tried to keep an eye on their team to monitor morale.

Most but not all staff spoken with were confident that they could raise issues with the registered manager. Relatives confirmed that they could talk to the registered manager about any concerns that they had, however not all relatives thought their concerns were acted upon promptly.

We observed that staff worked well together and there was a positive culture amongst staff of working together as a team. Staff told us that communication with other members of the team was good. We saw many instances of staff sharing information or updating other members of staff on issues relating to people's care and support needs. For example, we observed that a member of catering staff discussed with care staff about sherry being made available as it was someone's birthday. They clarified with the senior care staff who was able to have sherry and whether there was anyone who could not have some. Senior staff checked if anyone was taking medication that may interact with alcohol.

Dates of relatives meetings were displayed on the notice board and we noted they were scheduled to take place approximately every three months. A newsletter was in the process of being compiled to send to relatives and people using the service.

The management team carried out a range of audits to monitor the quality of the service, so that areas for development were identified and relevant improvements made. An audit of mealtimes documented what people thought of the food and what they wanted on the menus. Monthly audits were carried out on medicines. In addition the provider had introduced a monthly audit based on the five key areas of safe, effective, caring, responsive and well led. The provider had a corporate process in place for monitoring all areas of health and safety, including fire systems and equipment. The regional director visited the service on a monthly basis to carry out checks and a clinical development manager had been appointed to work with the service to monitor and develop clinical processes.

Checks and audits were carried out on care systems and records. For example when a person had a fall, the information was sent to the falls prevention team who responded promptly. The provider had a system in place for falls analysis to identify trends and develop an action plan to reduce incidents of falls. In addition risks relating to nutrition or pressure ulcers were audited and monitored.

There were systems in place for managing records. People's care records, both electronic records and paper records, were well maintained, contained sufficient information and were up to date. Care plans and care records were kept securely and not left on display. People could be confident that information held by the service about them was confidential.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care<br><br>How the regulation was not being met: Care and treatment of people who use the service did not reflect their preferences around mealtimes. Regulation 9 (1) (c) |