

Silverjen Limited

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Inspection report

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Date of inspection visit:
07 January 2020

Date of publication:
11 February 2020

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 ● |

Summary of findings

Overall summary

About the service

Silverjen Limited provides personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service was providing support to 16 people with personal care needs at the time of our inspection.

People's experience of using this service and what we found

People said they felt safe with the staff supporting them. Information was available to staff on how to support people to minimise risks to their safety and well-being. Systems were in place to ensure people received their calls at the right time and that staff stayed for the duration of the call. Safe recruitment processes were followed to ensure staff were suitable to work in the service.

People had access to healthcare professionals when required and received their medicines in line with their prescriptions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff treated them with kindness and respected their privacy. People's needs were assessed and reviewed regularly to ensure their care continued to meet their needs. Staff understood the importance of people maintaining their independence. People's cultural and religious needs were known to staff and respected.

Any concerns or complaints raised were addressed promptly and monitored to minimise the risk of them happening again. Care plans contained detailed information regarding people's communication needs. Staff had received training in supporting people at the end of their life and ensured their wishes were recorded.

People, relatives and staff spoke highly of the provider and the values of the service. Regular feedback was requested regarding people's experience of the care they received and feedback was extremely positive. Regular audits of systems and processes were completed to ensure continuous development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 January 2019). Two breaches of regulations were identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Silverjen Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the provider would be available to support the inspection. Inspection activity started on 3 January 2020 and finished on 10 January. We visited the office location on 7 January 2020.

What we did before the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

As part of our inspection we spoke with three people who received care from Silverjen Limited and four relatives. We also spoke with the provider, reviewed a range of documents about people's care and how the

service was managed. We looked at five care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we spoke with two staff members. We reviewed additional information requested from the provider including staff training records and further audit information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff supporting them. One person told us, "I definitely feel safe with them. They are so caring." One relative said, "I absolutely feel that mum is safe. I mostly see (provider) with mum. Mum is never anxious with her. She is always comfortable with carers. She would tell me if she wasn't."
- Staff had received training in identifying and reporting safeguarding concerns. Records showed that concerns had been reported appropriately and additional information provided in a detailed and timely manner. One staff member told us, "I would always phone the office or on-call immediately I was concerned. The most important thing is making sure information is shared and not kept to yourself."
- Regular checks and surveys were completed which gave people the opportunity to raise any concerns. All those who had completed a recent satisfaction survey stated they had never felt intimidated by staff and that staff did not make them feel uneasy or coerce them.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People and their relative told us staff supported them to manage risks to their safety and well-being. One person told us, "They are very good with me and my mobility. Always here to help me along my way." A relative told us, "It is safe service. Staff make sure she is safe in her home. They would also pass any concerns to their manager."
- Risks to people's safety were assessed and continually monitored. Risk assessments were completed in areas including skin integrity, mobility, nutrition and environmental concerns. Where appropriate, risks relating to specific health concerns were also assessed and monitored.
- Where concerns were identified, measures were implemented to minimise risks and guidance provided to staff. One person's risk assessment identified concerns regarding their mobility. The provider had ensured appropriate equipment was in place and detailed guidance available to staff regarding the support person required.
- People told us staff wore personal protective equipment to prevent the spread of infection. One person told us, "They are always wearing gloves. I do see them washing their hands."
- Staff confirmed they always had access to gloves, aprons and shoe covers. One staff member told us, "The office supplies glove, shoe covers and aprons. They are always in every persons home."

Staffing and recruitment

- There were sufficient staff to carry out all care calls. People told us they received their planned visits on time and no calls had been missed. One person told us, "They are always on time in the morning. It is important to me so I can get ready on time for my appointments." One relative said, "Staff are very reliable, they arrive on time and stay for the whole visit. There are never any problems."

- An electronic monitoring system was in place which supported the provider to monitor staff had arrived at each care call and the time they left. An on-call system was also available to people and staff to ensure any problems or concerns regarding visits could be addressed promptly.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Prospective staff were required to complete an application form and undergo a face to face interview. Disclosure and Barring Service (DBS) checks were undertaken and references were received prior to staff commencing employment.

Using medicines safely

- People and their relatives told us staff supported them to take their medicines as prescribed. Comments included, "They help me with my medicines and certainly do that properly." And, "They prompt her with medication. It's always been given as I check her dosset box."
- Staff received training in safe administration of medicines and underwent regular competency checks to ensure people's medicines were administered safely.
- Medicines administration records were fully completed and showed people had received their medicines in line with their prescriptions.

Learning lessons when things go wrong

- Accidents and incidents were reported and information shared with people, relatives and the local authority where appropriate. All accidents and incidents were reviewed by the provider to ensure relevant action was taken to prevent them happening again.
- Records showed when people had experienced falls, referrals had been made to the appropriate healthcare services. This provided support for the person to access equipment to support them to remain safe.
- The registered manager analysed all accident and incidents forms in order to identify any possible themes or trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving a service. This ensured the relevant staff, skills and knowledge were available to support the persons needs.
- People and their relatives told us they were fully involved in the assessment process. One relative told us, "They attended the call at very short notice as the previous agency closed. They asked if they could visit mum to talk through her care. I asked if they could do this when her companion visit was there so they could support mum and they agreed which I think was great."
- Information gathered as part of the assessment process included details of people's health conditions, religion, relationships, culture, preferences, dislikes and interests. This information was used to develop people's care plans.

Staff support: induction, training, skills and experience

- People and their relatives told us they had confidence in the skills of the staff supporting them. One relative told us, "I can only say that (provider) knows what she is doing. When new staff are starting she brings them in to shadow and to introduce them to mum which is important for her."
- Staff were provided with training relevant to their roles and this was regularly updated. This included the completion of the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives. The provider told us, "I ask questions of staff to check their learning. They may need to do it again if I don't think they have understood."
- Staff received an induction into the service and regular supervision. Records of staff supervision showed discussions were open and staff performance and learning were discussed. Staff told us they felt supported in their roles. One staff member said, "Anything I have asked for from the provider she has listened and sorted it out."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to eat and drink. People and their relatives told us this was done in line with their needs and preferences. One person told us, "If I ask them to cook me something they will do." A relative told us, "Staff do check if she has had enough to drink and eat, although she has another service for daily meals. They do pay attention if she has drinks and snacks and they would help her to prepare food as she would not be able to cook herself anymore."
- Care plans contained details of people's nutritional needs and the support they required. Care notes confirmed this guidance had been followed by staff and people's preferences respected.
- Where people's nutritional needs required monitoring, this was recorded in order to share information with health care professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us they were supported to access health and social care professionals when required. One person told us, "This morning I had to go to the diabetic clinic and a carer came with me. It's great they can give me that support." One relative told us, "Staff go over and above. When [my relative] needed to go to hospital, their response was prompt and the right help was arranged."
- Records showed that any changes in people's needs or health concerns were reported to the relevant agency. For example, occupational health had been contacted to assess people's needs where there were concerns relating to people's mobility.
- During our inspection we heard the provider contacting a healthcare professional to arrange an appointment. They took time to ensure the appointment fitted with the persons health and medicines routine.
- The provider worked closely with social care professionals to enable any changes to people's care to be made promptly.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us they felt their rights and choices were respected. One person told us, "The always ask me for consent. It's important that they ask." One relative told us, "Staff respect her wishes and ask her what she wants before helping her."
- People's care was provided in line with legislation. The provider had worked alongside social care professionals to ensure people's capacity was assessed where required and decisions made in people's best interest.
- Staff understood people's right to make their own decisions but ensured they were aware of potential consequences. One person had equipment in place to support them in maintaining their health. The person was clear they preferred not to use the equipment. The provider had ensured the person was aware of the relevant information but respected their decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by caring staff. One person said, "Anybody that comes is absolutely lovely and kind." A second person said, "They are very kind. This morning a carer arrived with a packet of sweets. It's those little things that mean a lot."
- Relatives confirmed they felt their loved ones were treated with compassion. One relative told us, "The care is top class, excellent service. My relative thinks the same. The calls are quality time and they make the effort to show they value her." A second relative told us, "I love knowing that the last person mum sees at night is (the provider) so mum can go to bed peaceful and content."
- People were supported by regular staff who had the time to spend with them and develop positive relationships. Staff told they enjoyed their roles. One staff member told us, "I really enjoy my work. When you give your time to people and they give you a smile. I get a lot of personal satisfaction from that."
- People's religious and cultural needs were respected. One person's care plan highlighted how staff should support them in line with their beliefs. Records confirmed staff followed this guidance. One relative told us, "One thing I have to say is that I asked if staff could read something to mum from her bible. It's so important to her and they do this." We saw the person's care plan contained this guidance for staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff offered them choices and involved them in their care. One person told us, "They always ask me what I need and want and do it." One relative said, "My relative and the family are involved in her care. We are consulted on the care plan and know what is going on, we feel involved. Staff asked her how she wants to be addressed and call her by her preferred name."
- Records showed that people and their families were regularly involved in reviewing their care. The registered manager told us, "We complete reviews and look at what elements of the care plan are working and if anything needs to change or improve. We also ask for feedback each month on what is working for the client and any suggestions for how things could improve."
- Wherever possible new staff were introduced to people prior to supporting them. People told us this gave them the opportunity to develop relationships with staff which was important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. One person told us, "When they speak with me they do it with respect." One relative told us, "Staff treat her with respect and remember that older people have had a lot of experiences in their life. They talk to her about her past and know her well which she enjoys and makes her feel valued."

- People were supported in a dignified way and their privacy was respected. One relative told us, "They always pull the curtains so mum has privacy. When they apply creams, they are always very gently and respectful with mum. It's never an inconvenience for them."
- Staff supported people to maintain their independence. People's care records described the support people required and gave clear guidance to staff on what people were able to do for themselves. One relative told us, "This is one of the things that is important to mum. When staff are cooking her meals, she lays the table. Staff respect her independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to fully respond to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People and their relatives told us they would feel comfortable in sharing any concerns about the service. One person told us, "I would complain if I needed to but I've never had to." One relative told us, "I can't think of a time when I have needed to complain but I believe they would address any issues. I would feel comfortable raising things with (provider)."
- The provider had ensured the complaints policy was now being followed consistently. The policy highlighted how a complaint could be raised, the action which would be taken and timescales in which people could expect a response.
- The provider maintained a log of complaints. This showed that concerns were thoroughly investigated and responded to minimise the risk of them happening again. The local authority had also been informed of concerns where appropriate.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they received personalised care. One person told us, "They have always been there and always listen. I can contact them at any time." One relative told us, "I gave them separate information about mums routine that they put in the front of the care plan so that staff could see what the care mum wanted. They listened to us and this was important."
- People's care plans contained detailed information relating to people's care needs, past history, family and interests. Daily notes and meeting minutes were recorded in a personalised manner which reflected staff knew people well. Staff told us care plans contained sufficient detail to support people. One staff member said, "There is a lot of information available. The care plan is my bible to show I am giving the right care."
- People told us the provider had matched the staff supporting them well. One person told us, "They couldn't have found better staff for me personally. I love them all." One relative told us the provider had matched their loved ones needs and personality with the right carers which had improved the quality of the care they received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information regarding how they preferred to communicate. This included details of any sensory loss which staff needed to be aware of.
- Technology was used to aid communication where required. One person's English language was limited. Staff used a translation app alongside facial expression and gestures to communicate with the person.

End of life care and support

- People's care records contained detailed records of the care they wished to receive at the end of their life. This included information on where they would like to be cared for and who they would like to be informed. Guidance was also available in relation to any personal wishes or religious beliefs
- Staff had completed training with the local hospice team regarding supporting people at the end of their life. This covered the support people required to remain comfortable as well as supporting people and their relatives emotionally.
- The provider spoke highly of the training provided and what it had brought to the team, "We learnt so much including how to communicate and have conversations that can sometimes be difficult. Following the training they (hospice staff) came to meet some of the clients to make sure we were doing things properly."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure quality assurance processes were consistently followed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented additional audits to assess the quality of the service people received. Audits completed included care files, daily records, staff files and medicines. Where shortfalls were identified this was discussed with the relevant staff and monitored for improvement.
- Spot checks of the care being provided to people were completed regularly. In addition, the provider told us they would also visit people directly following a visit from staff to check everything had been completed and people were happy with the support they had received.
- The provider met with the local authority every six months to monitor performance and look at ways of ensuring improvement as a developing service. Examples of improvements made included the introduction of electronic call monitoring and increasing the number of spot checks completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives felt the service was managed well and the provider was approachable. One person told us, "I have met manager and she is very nice. I have 24-hour cover and I can get in touch at any time." One relative said, "(Provider) has been amazing. She said she would move heaven and earth for us and I believe she would."
- The provider was clear about the ethos of the service in providing a caring and personalised service to people in their own homes. They told us they communicated this to staff from their first meeting, "On the day they start they will be told what we believe in. We confirm this throughout their shadowing and check through feedback and shadowing they are meeting our expectations."
- Staff felt there was a positive culture with the organisation. One staff member told us, "We all work as a team. We respect the clients and their choices. We always put the client first."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest when things went wrong. This was demonstrated through their responses to complaints, sharing of information and reporting of safeguarding concerns. Where appropriate, apologies had been offered to people and action taken to minimise the risk of concerns re-occurring.
- The registered manager ensured notifications of significant events were submitted to the CQC in line with requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people, relative and staff was central to the providers quality assurance processes. Surveys were sent on an annual basis to assess people's satisfaction. Results were positive and showed people valued the care and support they received.
- The provider made regular telephone calls to people and their relatives to gain feedback. In addition, people were asked for feedback on what the service had done well and suggestions on improvements at every review. Comments received included, 'Carers have been wonderful, exceptional, lovely, polite and helpful' and, 'Very good attention to all requirements and care, with exceptional support'.
- Regular staff meetings were held where positive feedback was shared. The provider told us, "I want staff to feel appreciated and always thank them for their hard work. We have a star carer presentation to recognise where they have done well."
- Staff told us they felt valued. One staff member said, "I feel very appreciated. It is very satisfying when we are told in meetings how well we are doing for the clients."
- The provider had established positive links with a number of agencies to support them in providing people's care. This included skills for care, the local hospice and healthcare teams where they could seek advice.