Care Quality Commission

Christchurch Housing Society

Silverways Nursing Home

Inspection report

Silver Way
Highcliffe-on-Sea
Dorset
BH23 4LJ
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Website: www.Silverways.co.uk

Date of inspection visit: 15 & 19 October 2015
Date of publication: 21/01/2016

Ratings

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

Overall summary

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We undertook an unannounced inspection on 15 October 2015. The inspection continued on the 19 October and this was announced.

The service provides accommodation and nursing care for 61 people but we were told the maximum occupancy is 58 people. On the day of our visit there were 52 older people living in the service. People can have a long term placement or short respite stays at the service. Rooms are single occupancy and over two floors. Each room has a call bell fitted so that people can call for help when needed. Each floor has three groups of bedrooms that share a kitchenette, specialist bathrooms, a lounge and dining room. A room on the first floor is available for when people and their families and friends want some quiet time together. There is a commercial kitchen and laundry.

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

Summary of findings

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.

People told us they felt safe living at the service. We found that staff had a good knowledge of safeguarding and received regular safeguarding training. Safeguarding information was displayed in the reception telling people how to contact the local authority safeguarding team.

We found that risks were not always properly managed. Two of the four people's records contained risk assessments and plans to reduce the risk of them choking. However, we found these risks were not safely managed. People's risk in relation to other aspects of care such as moving and handling, skin integrity and falls were assessed and regularly reviewed. Plans were in place to reduce risk and we saw staff following the plans.

Medicines were stored safely and administered by a qualified nurse. Nursing staff told us their medication administration competency is checked annually. One person told us, "I have 11 tablets a day. I always get the right ones. I have a list. They are meticulous about the tablets".

People and staff told us that there were enough staff on duty. We observed staff were unrushed and call bells were answered promptly. We looked at four staff files. Each file contained evidence that staff were suitable to work with vulnerable people and were eligible to work in the UK.

An individual fire evacuation plan was in place for each person. Staff training records showed us that staff received regular fire drill and evacuation training. We saw maintenance records and certificates showing us equipment was regularly serviced.

People felt that they knew the people caring for them. We saw photographs in peoples' bedrooms of their named nurse and the care worker who was their keyworker. A care worker told us "We work as a team with the nurses". One relative said, "Always the same staff when I visit. We feel involved in decisions".

Newly appointed staff completed the care certificate induction programme. The care certificate is a national induction for people working in health and social care who have not already had relevant training. The service employs a trainer who ensures staff are up to date with training requirements. Nursing staff have regular clinical updates and competencies checked.

We saw evidence on files of mental capacity assessments being completed which included a best interest's decision being made with families. The Manager and staff were aware of the Deprivation of Liberty safeguards legislation and how to apply it to their practice.

Care records contained risk assessments for malnutrition which were reviewed monthly. When the risk was high the GP and dietician had been contacted and actions taken stabilised the persons weight. Actions included fortifying food with high calories such as extra butter and cream. The kitchen practice was to fortify food for all the people unless they specifically had a low fat diet. Two relatives told us they were concerned about the amount of weight their relative had gained since admission. We discussed with the head chef the potential risk to a person's health and well-being when being given excessive calories when risk assessments are not indicating a risk of malnutrition. We were told that the menus were currently being reviewed and they would include a review of this practice. We observed lunch being served in the dining room. The food looked appetising, people were supported in a respectful way, assisting one person at a time and encouraging people to be independent. The meal experience was relaxed and people chatted together.

People told us that they could access healthcare whenever they needed. Records showed us that people regularly received visits from health professionals such as dentist, chiropodist and physiotherapists.

We found the home clean and odour free. We observed staff using aprons and gloves appropriately when providing person care. There was a cleaning schedule in place and an up to date clinical waste contract. We observed the correct processes in place to avoid cross contamination when a person had a suspected contagious condition.

After our visit we spoke with a health professional about the quality of end of life care. They told us that the home were proactive in ensuring that anticipatory pain medication was always in place to ensure a person remained comfortable. They said "Very homely, level of care exemplary".

Summary of findings

During our time at the service we observed staff talking and laughing with people, their relatives and friends. We spoke with a person who said "I know the staff by name. They are quite friendly. They always want to help". We observed care being provided in an unhurried way. A person told us "We have choice here with food, bed times and are allowed our own possessions in our rooms". Staff understood the importance of respecting people's wishes. We observed staff respecting people's privacy and discreetly offering support. Activities were varied, one person told us "There are lots of activities here; card making, christmas pudding making, church services and we made Chinese lanterns for the Chinese new year". Extra staff hours were available for social care. This was to provide support on a one to one basis for people who chose to stay in their rooms. People told us they were supported to keep in touch with their families and their local communities.

We found that people and their representatives were involved in planning and reviewing care. A nurse told us "Handovers are person centred. People's needs are constantly being assessed and handed over to each staff team at the start of shifts. A call bell audit showed times calls were taking longer to be answered. Shift patterns had been changed so that additional staff was available to support people during these busy times. This showed us that the service is flexible and responsive to peoples changing needs.

A complaints procedure was displayed on the reception window. It gave details of other agencies people could take their complaint to if not satisfied with the outcome. Some of the information was incorrect. More clarity was needed of the complaints escalation process so that people understand their rights. The manager kept a log of complaints and recorded details of investigations, actions taken and outcomes. People, their visitors and staff all were aware of the complaints process and felt able if needed to make a complaint. Regular resident and relative meetings take place and minutes were displayed in the lounge areas.

The service has achieved the 'Gold Standard Framework'. It is a model of care that enables good practice to be available to people nearing the end of their lives. The service completes regular audits to see how they have performed against the framework standards. The audits showed us that the service provided responsive care at the end of a persons' life.

People using the service, visitors, staff and visiting health professionals all told us the service was well managed. We observed nurses and senior care workers visible on the floor supporting care staff. We spoke with a health care professional before our inspection who told us, "The manager is positive, pro-active and keen on staff training".

Staff received regular supervision. The service has signed up to the 'Social Care Commitment'. This is a national initiative that employers and employees of the care sector sign up to pledging to improve the quality of care standards. The six key commitments had been used as part of staff personal development through supervision.

The manager carried out regular quality audits. Any identified actions were noted and the outcome recorded. We saw evidence in staff meetings that audit findings were shared with staff to improve quality and learning.

The last CQC report, the local authority contracts monitoring report and results from the services quality survey were on display in reception. This demonstrated that the service had a positive culture that is open and inclusive.

We recommended the service consider how risks to individuals are managed so that they are protected whilst ensuring their freedom and choices are respected.

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?

Requires improvement

Risks were not always appropriately managed. Risk assessments and plans to reduce risk were in place but we found two examples of plans to reduce the risk of choking not being followed.

Staff had a good knowledge of safeguarding and received regular safeguarding training.

Medicines were stored and safely administered.

Staff files contained evidence that staff were suitable to work with vulnerable people and were eligible to work in the UK.

An individual fire evacuation plan was in place for each person. Staff received regular fire drill and evacuation training. Equipment is regularly checked and serviced.

There were enough staff to meet people's needs.

The service had effective infection control practices.

Is the service effective?

Good

Staff were up to date with training requirements. Nursing staff had regular clinical updates and competencies checked. New care staff completed the care certificate induction plan.

Staff received supervision and an annual appraisal of their performance and personal development goals.

Mental capacity assessments were completed which included best interest's decisions being made with families. Staff were aware of the Deprivation of Liberty safeguards legislation and how to apply it to their practice.

People were supported to have enough food and drink. Risk assessments for malnutrition were completed and reviewed monthly and appropriate actions taken if a risk identified.

People could access healthcare whenever they needed.

Is the service caring?

Good

The service was caring. Staff had a good understanding of the people they cared for. People were treated with respect, kindness and understanding in an unhurried way.

People felt involved in their care and were supported to access advocacy services.

People were treated with dignity and their privacy respected.

Summary of findings

Staff have the knowledge, equipment and access to specialist palliative support to ensure people have a comfortable, dignified and pain free death

Is the service responsive?

Good

People and their representatives were involved in planning and reviewing care regularly.

There was a comprehensive choice of activities for people. Social care on a one to one basis was offered to people who choose to stay in their rooms. People were supported to keep in touch with families and their local communities.

A complaints procedure was in place and displayed in the public areas. A complaints log records any complaints received, action taken and the outcomes. More clarity was needed on who a person can go to if they are not happy with how their complaint has been dealt with. This is so that people understand their rights.

Is the service well-led?

Good

People using the service, visitors, staff and visiting health professionals all told us the service was well led.

Regular quality audits were carried out, actions identified and outcomes recorded. Findings of audits were shared with staff to improve quality and learning.

CQC report, the local authority contracts monitoring report and the services quality survey results are displayed in reception for people's information. This demonstrated the service had a positive culture that is open and inclusive.

Silverways Nursing Home

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 the 15 October 2015 and was unannounced. The inspection continued on the 19 October and was announced. The inspection was carried out by two inspectors on each day.

Before the inspection we looked at notifications we had received about the service. We spoke to the Clinical Commissioning Group (CCG) quality improvement team to get information on their experience of the service.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information from the provider during the inspection.

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We spoke with 10 people who use the service and two people who were visiting. We spoke with a specialist palliative care nurse, a social worker and a health professional with the clinical commissioning group who all had experience of the service. We spoke with the Registered and Deputy Manager, three nurses, one agency nurse and five care workers. We spoke to a member of the maintenance team and the infection control lead. We reviewed four peoples care files and discussed with them their accuracy. We observed care practice and walked around the building. We looked at four staff files and looked at recruitment practice, supervision and training records. We checked maintenance records, equipment service records and health and safety records including fire safety.

Requires improvement

Is the service safe?

Our findings

Risks were not always appropriately managed. Two of the four people's records contained risk assessments and plans to reduce the risk of them choking. However, we found that these risks were not safely managed. For example, one person's plan stated that they should be supervised when eating. We saw that this person ate alone in their room. Another person's assessment and plan did not contain sufficient information in relation to the consistency of their meals. We raised these issues with the manager on the first day of inspection. On the second day of inspection we found that both people's risks assessments had been reviewed and an external health professional contacted to reassess.

People's risk in relation to other aspects of care such as falls, pressure ulcers and moving and handling were assessed and regularly reviewed. For example one person was assessed as being at high risk of skin damage. There was a plan to use a pressure relieving mattress to reduce the risk. We saw this equipment in use.

People told us that they felt safe living at the service. One person told us "They are very good. I feel quite secure". Staff had knowledge of safeguarding. They were able to tell us what abuse was, how to recognise it and who to report concerns too. A poster was on display at the entrance with contact details of the local authority safeguarding team. Training records and staff certificates showed us that staff received regular safeguarding training.

Medicines were managed safely. The provider had reviewed the security arrangements for the service and this included the security of medicines storage. Additional measures had been taken to protect people and to ensure medicines security. Medicine was stored safely and administered by a qualified nurse. Keys to medicine storage were kept on the registered nurses person. Nursing staff told us their medicine administration competency is checked annually by the deputy manager or manager. One person told us "I have 11 tablets a day. I always get the right ones. I have a list. They are meticulous about the tablets".

People using the service and staff told us that there were enough staff on duty the majority of the time. One person said "There is always someone around. They are very good here. You have a call bell to press. They come quickly". Another person said "They have a lot of staff on at night". A tool was used to calculate staffing levels. The manager inputs the level of support each person has been assessed as requiring. The tool calculates the number of care hours needed to support the people living at the service. We found that each week the rota was consistently providing at least an additional 60hours above the hours the tool recommended. We observed staff were unrushed when supporting people and call bells were answered promptly. The manager told us that there was a night nurse vacancy which was being covered by an agency nurse. The same person was covering the vacant hours to ensure consistency.

Checks were undertaken to make sure staff were suitable to work with vulnerable people and were eligible to work in the UK. Checks had been carried out with the relevant professional body to ensure qualified nurses were registered to carry out their role.

An individual fire evacuation plan was in place for each person. Staff received regular fire drill and evacuation training Records showed us that fire equipment was tested weekly. We saw maintenance records and certificates showing us that the hoists, passenger lift, fire equipment and boiler were regularly serviced. Staff told us and we saw records to confirm that the call bell system in each room is checked daily.

We found the home clean and odour free. The infection control policy was reviewed and updated annually. We observed staff using aprons and gloves appropriately when providing personal care. There was a cleaning schedule and an up to date clinical waste contract in place. During our inspection a person was suspected of having a contagious condition and the correct processes were immediately put in place to avoid cross contamination. This showed us how infection control measures were embedded within the service to keep people and staff safe.

We recommend the service consider how risks to individuals are managed so that they are protected whilst ensuring their freedom and choices are respected.

Good

Is the service effective?

Our findings

Staff received training in induction relevant to their roles. The service employed a trainer who was on site 24 hours a week. They ensured staff were up to date with training requirements and maintained training records. Newly appointed care staff completed the care certificate induction programme. The care certificate is a national induction for people working in health and social care who have not already had relevant training. Staff training was carried out in a variety of ways; e-learning, face to face and by external training providers.

Staff were able to undertake additional training. We spoke with a care worker who told us that at their appraisal they had requested and has now taken medication training. Although they were not administering medicines they wanted to have an understanding of the medicines people were taking and their possible side effects as they felt this would make them more effective in their role.

Nursing staff told us they had received clinical training updates which had included wound care, infection control, catheter care, taking bloods and medication administration. The deputy manager and manager checked and confirmed nurse competencies to support the forthcoming Nursing and Midwifery Council's revalidation requirements. This demonstrated a commitment to clinical competencies and personal development.

Staff were aware of the need to involve relevant people such as families and the GP in decisions when people lack capacity. Staff took account the person's previous wishes when making decisions in their best interests. An example given to us by a care worker was, "When selecting clothing see how the person liked to dress by looking at photos, having knowledge of the person before their capacity deteriorated and asking family". We saw evidence on files of mental capacity assessments being completed, which included a best interest's decision being made with families. Examples were for the flu vaccination, personal care and photographs being taken.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLs) which applies to care homes. The manager and staff were aware of DoLs legislation and how to apply it to their practice. Files contained evidence that applications for DoLs authorisations had been submitted to the local authority for consideration. These were for people who lacked capacity and who it was felt it would be unsafe for them to leave the building unsupervised. This demonstrated that the service understood and were operating in line with current legislation.

We spoke with a person who had bed rails in place to protect them from falling out of bed. The person had consented to the bed rails in February 2013. They told us they don't like having them. A risk assessment was in place and reviewed each month. The risk assessment did not include a review of the persons consent.

Two relatives told us that they were concerned about the amount of weight their relative had gained since admission. The head chef told us about a resident who had come to see him as she had wanted to go on a weight reduction diet and the catering team had created a diet plan for them. We discussed with the head chef and the deputy manager the potential risk to a person's health and well- being when being given excessive calories through a fortified diet when risk assessments were not indicating a risk of malnutrition. They told us that menus were being reviewed and they would include a review of this practice.

We observed lunch being served in the dining room by the catering staff. The food looked appetising and people were offered two hot choices as well as an alternatives menu. The kitchen was catering for people with special diets which included low fat, gluten free, lactose free and diabetic. We observed people enjoying their meal in a place of their choice. This included the dining room, lounge area and also their bedrooms. Staff supported people in a respectful way, assisting one person at a time and encouraging people to be independent. We observed a member of staff asking if they could help cut up somebody's food, offering condiments, and providing drinks in specialist cups so that people could drink independently. The meal experience was relaxed and people chatted together.

People told us that they could access healthcare whenever they needed. Records showed us that people regularly received visits from other health professionals such as dentist, chiropodist, physiotherapists, GP's and specialist health services. One person told us, "I can see the doctor when I want. I didn't feel well the other day. I called the nurse and asked for the doctor and they got him to come right away. I saw the doctor this morning they were checking on my tablets".

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. A health professional told us, "Very homely, level of care exemplary". We observed staff talking and laughing with people, their relatives and friends. One person was celebrating a birthday and the staff had decorated their room with birthday bunting and given them a birthday card and present. In the afternoon staff gathered around with a birthday cake and sang happy birthday. The person was absolutely delighted. One person said, "Sometimes care can seem rushed. One member of staff though is fantastic. Always says things like 'Can I help cut your food up'. Another person told us, "I feel staff are respectful". We spoke with a person who said "I know the staff by name. They are quite friendly. They always want to help".

We saw photographs in peoples' bedrooms of their named nurse and the care worker who was their keyworker. People we spoke with felt that they knew the people caring for them. Staff we spoke with had a good knowledge of the people living at the service and their care and support needs.

Information about advocacy services is on display on the notice board. One person and their family had been supported by an advocate when making decisions about financing their care.

We observed care being offered in an unhurried way. Staff had a good knowledge of the people they were supporting including information about their life histories, important events and likes and dislikes. Bedrooms had lots of personal items like cosmetics, books, music CD's and photographs. We spoke with a person who told us "We have choice here with food, bed times and are allowed our own possessions in our rooms".

People's privacy and dignity were maintained. We spoke with two care workers who told us the importance of providing personal care with the doors and curtains shut and of respecting people's gender preferences for their care worker. We observed staff calling people by their name, knocking on doors before entering rooms and discreetly offering support. One person said "They bring the phone to me if I have a call and shut the door".

We asked a care worker how they supported people at the end of their life. We were told, "We sit with people, we think about their environment, music, a photo by bed. We have additional hours to support on a one to one basis, especially for people who choose to stay in their rooms. People like me to give them a manicure they find it relaxing".

After our visit we spoke with a health professional about the quality of end of life care at the service. They told us that the home were proactive in ensuring that anticipatory pain medication was always in place to ensure a person remained comfortable. They said that the service would contact them in a timely way for support if it was needed. Examples given were support with complex pain management, syringe driver support and at times to offer reassure to relatives.

Good

Is the service responsive?

Our findings

Care records contained information about the person including background information about their life, health and welfare and how they liked to spend their day. Information had been gathered from the person, their families and other professionals and had been used to create a care plan. We found evidence that people and their representatives were involved in planning and reviewing care. We spoke with a relative who told us that he had been unhappy when on one occasion the care provided was not as had been agreed in the care and support plan. The concern was raised with the nursing staff and then discussed with care staff at handovers. This made the person feel he had been listened too and his views respected.

A nurse told us, "Handovers are person centred. People's needs are constantly being assessed and handed over to each staff team at the start of shifts. We have a live diary with a list of to do's for care workers and nurses and it is added to as and when". This showed us that the service is flexible and responsive to peoples changing needs. People enjoying a range of activities. One person told us that a gardening club had just started which they had joined. Activities were varied and included art, cookery, poetry, quizzes and games. A person told us "There are lots of activities here; card making, christmas pudding making, church services and we made Chinese lanterns for the Chinese new year. Additional staff hours had been introduced for social care. Staff were asked if they would like additional work hours to provide one to one social care to people who chose or were not able to join in group activities. We looked at the social care records and activities were very person centred such as looking and talking about family photos. We spoke to a care worker who was providing social care. They told us how they enjoy the one to one time with people, "It's nice to have time to sit and talk".

People told us that they are supported to keep in touch with their families and their local communities. One person told us that they couldn't get to church but that the priest visits them every week. Activities were centred on people's interests and skills. One person told us, "I like gardening. We went around the garden with them (staff), showed them the roses which needed cutting down. They asked if I had any ideas. I gave my opinion". Another person shared with us, "I like cooking; we did some cake making the other day. I was a cook before I was married, I really enjoyed it".

The complaints procedure was displayed on the reception window. It gave details of other agencies people could take their complaint to if they were not satisfied with the outcome. This included CQC which is not correct. CQC welcome feedback but do not deal with complaints. Also included was the ombudsman but more clarity is needed of the escalation process so that people understand their rights. A complaints log recorded complaints received by the service. The information we evidenced was well recorded, investigated appropriately, actions and responses were detailed and the outcome clearly recorded. Staff told us they would refer complaints to the manager but try and resolve complaints as they arise and apologise when necessary. One person told us, "The manager checks that everything is satisfactory. If my son thinks it's not he goes straight to the manager. I think they like it, shows he cares". Another person said, "I could complain if I wanted but I have no complaints".

Residents and relatives meeting was advertised on a poster which had been displayed at eye level for those who use a wheelchair. Minutes of the meeting were available in the lounge in written form.

Good

Is the service well-led?

Our findings

People using the service, visitors, staff and visiting health professionals all told us the service was well managed. Staff told us how approachable the registered manager was and no one had any concerns speaking up. One person told us "The manager is lovely, she's a nurse. She is very nice and very efficient". We spoke with a health care professional before our inspection who told us, "The manager is positive, pro-active, and keen on staff training".

Two staff told us that team work and communication was really good between care workers and nurses. People told us and we observed staff happy and enjoying their work. One relative said "Always the same staff when I visit. Staff are happy". We observed nurses and senior care workers visible on the floor supporting care staff. A senior care worker described daily checking of people and told us, "If a person's hair not done or dirty finger nails would check the personal care sheets and see who had supported the person and then get them to correct their error – it's not acceptable". A nurse told us that they check all care charts at the end of each shift and will speak with staff if they have not been completed. A care worker said they felt they could influence change within the home.

After our inspection we spoke to a health professional who visits the service and they said, "It's comforting to know that residential staff had worked there a long time and nurses choose to do nurse training courses there". We spoke with a care worker who told us "We work as a team with the nurses".

The service has signed up to the 'Social Care Commitment'. This is a national initiative that employers and employees of the care sector sign up to pledging to improve the quality of care standards. The manager told us that the six commitments were used as part of staff personal development through supervision.

The manager carried out regular quality audits including medication, care planning, infection control, call bell response times, accidents and incidents, and health and safety. Any identified actions were noted and the outcome recorded. A nurse told us that the manager had carried out care plan audits and fed back gaps in some people's plans including missing signatures on care plans and family involvement. We saw evidence in staff meetings that audit findings were shared with staff to improve quality and learning.

A call bell audit showed times where calls were taking longer to be answered. Shift patterns had been changed so that additional staff were available to support people during these busy times.

The service has achieved the 'Gold Standard Framework' accreditation (GSF). The (GSF) is a national award. It is a model of care that enables good practice to be available to people nearing the end of their lives. It provides a framework for a planned system of care in consultation with the person and their family. The framework promotes forward planning with the GP to ensure medication is available when needed. The service completes regular audits to see how they have performed against the framework standards. The audits showed that the service provided responsive care at the end of a persons' life.

The last CQC report, the local authority contracts monitoring report and results from the services quality survey analysis were on display in reception. This information was accessible to people living at the service, their families, staff and other professionals. This demonstrated that the service had a positive culture that is open and inclusive.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.