Christchurch Housing Society

Silverways Nursing Home

Inspection report

Silver Way
Highcliffe-on-Sea
Christchurch
Dorset
BH23 4LJ

Tel: 01425272919

Date of inspection visit:
04 June 2018
05 June 2018

Date of publication:
11 July 2018

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

Silverways is a residential care home registered for 61older people. At the time of our inspection 50 people were living at the service of which 48 were receiving nursing care. Accommodation is provided over two floors with lift access to the first floor. Both floors have a range of specialist bathing facilities.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
People felt safe and spoke positively about care staff describing them as kind, caring and compassionate. People's risks had been assessed and staff understood the actions they needed to take to ensure people were safe from avoidable harm. People and their families had been involved in reviewing risks and had their freedoms and choices respected. The service was responsive when things went wrong and reviewed practices in a timely manner. Staffing levels meant that people had their needs and choices met. Staff had been recruited safely including a disclosure and barring check to ensure they were suitable to work with vulnerable adults. An induction and on-going training and support enabled them to carry out their roles effectively. People had their medicines managed safely by trained staff.

Assessments of people's care needs had been carried out in line with current legislation and recognised people's diversity. This meant that people had care planned around their needs and life choices. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. A complaints process was in place and people felt if they raised concerns they would be listened to and actions taken.

The environment and design effectively met the needs of people and enabled them to live more independent lives. People felt involved in decisions about their day to day lives and had their dignity and privacy respected.

People had access to healthcare both for planned and emergency events. Working relationships with other health and social care professionals enabled effective care outcomes for people. Appropriate reporting and sharing of information with other health and social care agencies meant people received safe, consistent, appropriate care.

The culture of the home was open and transparent empowering people, their families and staff to share ideas, make suggestions and raise concerns. Leadership was visible and promoted teamwork. Systems were in place to encourage and promote communication and engagement with people. Feedback about the service had led to quality improvements. When things had gone wrong actions had been taken appropriately and used as an opportunity to reflect on practice.

Further information is in the detailed findings below.

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 improved to Good

People at risk of choking had safe swallowing plans in place that staff were following in order to protect people from avoidable harm.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection began on the 4 June 2018 and was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service. It continued with one inspector on the 5 June 2018 and was announced.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with nine people who used the service and three relatives. We spoke with a director, deputy home manager, two nurses, five care workers, the chef, two housekeeping staff, administrator and receptionist. We also spoke with a community end of life nurse specialist and a community leg ulcer specialist nurse who had experience of the service. We reviewed six peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, staff and resident meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

People and their families spoke positively about the care and felt safe. One person told us they felt safe because "It feels more like home". All staff had completed safeguarding training and understood their role in reporting any concerns including reporting poor practice. A care worker told us "If I saw poor practice I would speak to the person in charge. We've also got a notice board with safeguarding telephone numbers". People were protected from discrimination as staff had completed training in equality and diversity and recognised and respected people's individuality.

Assessments had been completed that identified risks people experienced. Staff understood the actions needed to minimise the risk of avoidable harm. Some people were at risk of skin damage and had specialist pressure relieving equipment in place. We noted a small number of air pressure mattresses were not set in line with people's weight. We made the deputy manager aware who immediately organised for staff to check settings. If people needed help changing position in bed records showed us this had been carried out regularly. Topical creams had been applied to relieve dry skin in line with people's prescriptions.

People were weighed at least monthly to monitor any weight changes. One person had lost weight and their GP had prescribed a fortified supplement drink. They were also having additional calories added to their meals. Records showed us their weight had begun to increase. When people were at risk of choking referrals had been made to the speech and language therapy team who provided safe swallowing plans which were followed by the staff team.

One person was at risk of falling and had an alarm mat in front of them that alerted staff they needed help with their mobility. When people were at risk of falling from bed assessments had been completed to assess the safe use of bed rails. For some people an alternative had been beds that were set very low to the floor with a crash mat to cushion a fall.

Risks were reviewed monthly or following a change in a person's care needs. People had been involved in decisions about how their risks were managed and had their choices respected. We observed one person discussing with a care worker how they were getting on trialling a specialist chair and possible alternatives.

Records showed us that equipment was serviced regularly including the lift, boiler, fire equipment, and hoists. People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

People were supported by enough staff to meet their care needs. We spoke with an agency care worker who told us "I favour working here; I like the fact they have enough staff on each corridor and then some on top of that". The deputy manager told us about a person who had required three staff to reposition them safely. "We had an extra carer in the day time". Staff had been recruited safely including checks with the disclosure and barring service to ensure they were suitable to work with vulnerable adults.

People had their medicines ordered, stored, administered and recorded safely. Some people had been

prescribed controlled drugs which are medicines that require additional storage and administration safeguards than other medicines. These were being stored and administered in line with legislation. When medicines had been prescribed for 'as and when required' (PRN) protocols were in place. These provided details of what the PRN medicine had been prescribed for and how it should be administered.

People were protected from avoidable risks from infection as staff had completed infection control and food hygiene training. We observed staff wearing gloves and aprons appropriately and hand cleansing facilities were available around the building. All areas of the home were clean and odour free.

Lessons had been learnt when things went wrong. Incidents, accidents and safeguardings were seen as a way to improve practice and action taken in a timely way when improvements had been identified.

Good

Is the service effective?

Our findings

Pre admission assessments had been completed with people, their families and health and social care professionals. The information had been used to create care plans that clearly described how people's needs and choices needed to be met. Assessments and care plans were in line with current legislation, standards and good practice guidance. We observed that when people had been assessed as requiring specialist equipment it was in place prior to admission to Silverways.

Staff had completed an induction, on-going training and support that enabled them to carry out their roles effectively. A care worker told us as part of their induction they had completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Opportunities for professional development included diplomas in health and social care and clinical updates and training for registered nurses.

People had their eating and drinking needs met. Daily menus offered nutritionally well balanced meals and choices. We observed when people requested something different to the menu it was provided. One person told us "They remember what I want. The food is good and I can only eat small portions. I like salads and that's what I have". People were able to choose whether to share their meal with others or eat privately in their rooms. People when needed had plate guards, specialist cutlery and beakers to enable them to eat and drink independently.

Working relationships with other organisations supported effective care outcomes for people. Examples had included McMillan nurses supporting with end of life care, tissue viability specialist nurses advising on wound management and a Parkinson nurse specialist supporting with medicine reviews. Monthly health checks had been carried out by the nursing staff which included checking peoples vital signs such as blood pressure and pulse. Records showed us that when needed people had access to healthcare both in planned and emergency situations.

The environment provided opportunities for people to access communal areas, private areas and accessible outside space. Signage around the home such as pictorial and written toilet signs meant people were able to orientate themselves independently around the home. People had been involved in decisions about the environment. Examples included choosing new lounge curtains and deciding on a new larger TV with monies from a donation to the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Silverways was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. One condition had been that a person needed to have the opportunity to return home with an appropriate care package of support. We saw this was happening in consultation with the person, their family and external agencies.

When people had been assessed as not having the capacity to make specific decisions these had been made in their best interest within the framework of the MCA. Best interest decisions included input from families, advocates and GP's and included medicine administration and personal care.

Good

Is the service caring?

Our findings

People and their families described the staff team as caring and kind. One person told us "Since being here I have learnt from the staff compassion, wisdom, love and care". A relative told us "Nothing is too much trouble for the staff. They do everything with a smile". Another explained "I think the staff are brilliant. Can't speak highly enough of them. It's relaxed; everyone just gets on". We read feedback from a health professional which said "The caring ethos is excellent". Relationships between people and the staff team were friendly and fun whilst maintaining professional boundaries.

Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions. We observed one person worrying about an aspect of their care. A care worker spent time reassuring them, holding their hands, actively listening and explaining how they could help. The interaction left the person smiling and relaxed.

Families and friends were able to visit at any time and told us they always felt welcomed. People were supported to keep in touch with their families and friends. One person had relatives living abroad and staff helped set up a skype meeting each week.

People and their families were involved in decisions that impacted on their day to day lives. The deputy manager told us "When we recently interviewed new activities staff it included a five or ten minute presentation to a group of residents. We recognise it's important that residents feel they can get along with the person for activities to work". People who needed an independent representative to speak on their behalf had access to an advocacy service.

People had their privacy, dignity and independence respected. A care worker told us "It's like a big family; it makes a great atmosphere. We become part of the extended family. It's their home; it's how it should be". Another said "Be polite and respectful". We observed staff using people's preferred name when addressing them, knocking before entering rooms and maintaining people's dignity when providing support. Staff were seen to be gently encouraging a person to mobilise with their frame, walking alongside at the persons pace, supporting them to maintain their independence.

Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected. Management were aware of the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people at the home will have more say over the information that the home holds about them.

Good

Is the service responsive?

Our findings

People had care plans which reflected their personal care needs and choices, were understood by staff and reviewed at least monthly. Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. Records showed us that people, and when appropriate their families, were involved in reviews of care. One relative had written "Very glad (relative) wishes are being respected for a peaceful end of life".

Clinical care plans were in place for the management of wounds and specialist feeding systems. The wound care plans included photographs, wound descriptions and specific treatment plans which records showed us were being followed.

The staff team told us they felt kept up to date with people's changing care needs. A handover meeting took place at the start of each shift which discussed any changes with people's health, care and support needs. A care worker explained "If you're not happy with information in handover you can share your opinion and would be listened to; it's respected that we know people really well because we're providing the personal care".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. For people with poor vision policies, posters around the home and minutes had been produced in large print. Printed cards depicting food and drinks were available to help some people communicate meal choices.

Activities were available seven days a week and details were displayed on noticeboards. People had opportunities to join in with quizzes, word games, reminiscence, baking and art work. A care worker told us "Activities are every day; People go downstairs to some sort of activity and always come back smiling". We observed people having fun during a word game and sharing stories about their lives. Information had been gathered about people past interests and had been used to plan activities. One person told us "The kindness of the staff really shows; one night the nurse gave me knitting needles and wool so I can start knitting".

People who spent their time in their room had opportunities for one to one time with activity staff. A care worker told us "We do things like take photos or images and reminisce". A relative explained "(Relative) was quite reluctant to leave their room. Staff started 10 minutes at a time and took them to the activities lounge for lunch. (Relative) had been worried couldn't go back to their room when they needed to". They went on to explain through reassurance and trying little and often with activities they were now spending more time with other people. Trips into the community had included visiting local places of interest, garden centres and local shops. Visiting entertainers, hairdressers and keep fit classes took place regularly.

A complaints procedure was in place and people and their families were aware of it and felt able to use it if

needed. The procedure included details of how to appeal against the outcome of a complaint and provided details of external organisations such as the local government ombudsman. Records showed us that complaints were investigated and actions and outcomes used to improve service delivery.

People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted. Silverways had been awarded a national accreditation for the end of life care provided to people in the management of symptoms, comfort, dignity and respect. Staff had completed end of life training and told us "There's a good way and a bad way to die". The staff were very focused on respecting people's end of life wishes and spoke positively about the difference they could make to the end of a person's life.

Good

Is the service well-led?

Our findings

Silverways has a registered manager but they were not available during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In their absence the deputy home manager was managing the service.

People, their families and the staff team all spoke positively about the management of the home describing the management team as hard working and visible. One person told us "The manager is lovely and helped me with my paperwork. Both the managers are a wonderful pair". A relative said "(Registered manager and deputy manager) come and have a chat. You feel part of a family". A nurse told us "If you had a problem (registered manager) would come at any time".

Staff told us they felt listened too when they raised issues. An example was when a person's chair no longer met their needs. A care worker told us "I noticed the person had put weight on and needed a better chair which was sorted and now there much more comfy". Staff spoke enthusiastically about working at Silverway, felt part of a team and described the home as calm, peaceful and friendly.

Staff told us communication was good and they had a clear understanding of what was expected from them. A consultation with nurses and senior care staff had taken place looking at roles and responsibilities. The outcome had been restructuring the nurse and senior care role. Staff felt the changes had been beneficial and enabled senior care workers more time overseeing and supporting the care workers.

Systems and processes were in place to ensure effective communication and engagement with people, their families and staff in developing the service and sharing information and learning. Regular meetings were held with staff, residents and their relatives providing an opportunity for sharing ideas and information. Records showed us that new data protection laws had been discussed and the impact on people and the staff team explained. Details of proposed building works had also been shared.

A quality assurance survey had been carried out to gather feedback from people, relatives and visiting professionals. Feedback about the results, actions and outcomes had also been shared at meetings and displayed in the foyer area. An example had been a person asking 'What would I do in a fire?' The registered manager had met with them and explained staff training and the procedures in place to keep them safe.

Audits were completed monthly including infection control, health and safety and medicines. When improvements were identified actions happened in a timely manner. An example had been clinical waste bins needed replacing due to corrosion and we saw this had taken place.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The staff team worked with other organisations and professionals to ensure people received good care. Records and feedback from professionals indicated

that the staff followed guidance and shared information appropriately. The management team were proactive in challenging external health providers when they felt outcomes for people could be improved.