

Cumberland & Westmorland Convalescent Institution

Silloth Nursing Home

Inspection report

Wigton
Cumbria
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Tel: 01697331493

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012.

There was a registered manager in post on the day of our visit. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.'

The inspection team consisted of one inspector who was supported on this inspection by an Expert by Experience. This is a person who has personal experience of using or caring for someone who has used services that provide care and support for older people with a variety of needs.

Silloth Nursing & Residential Home is registered to provide nursing and personal care for up to 38 people some of whom may have a physical disability. There were 38 people in the home on the day of our visit.

This was an unannounced inspection that took place on the 17 July 2014. We also spent time with the registered

Summary of findings

manager, the administrator and members of the staff team. We also spoke to people who lived in the home and relatives and friends who visited on the day of our inspection. We spent time in all the areas of the home. We observed the interaction of the staff with the people who lived there. We saw staff knew people well and respected their dignity at all times.

At the last inspection visit in November 2013 we found that this service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

We spoke to people in their own rooms and those who were sitting in the communal and garden areas. People told us they were happy with the care and support they received. Comments included, "I love living here and now consider it my home". And "I chose to move into the home on a recommendation and I am glad I did".

People told us they felt safe living in Silloth Nursing and Residential Care Home. We found staff were aware of their roles and responsibilities to keep people safe at all times. There were procedures to follow if staff had any concerns about the safety of people they supported. The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves.

People were involved in planning their care and support and this was reflected in the care records we looked at.

Each person had been fully assessed prior to their admission and the information obtained during the assessment formed the basis for the individualised plan of care. Staff were given sufficient information in each care plan to provide the appropriate level of care. All care plans were kept under constant review in order that changes could be acted upon as soon as they were noted.

The service worked well with external agencies such as social services and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

We saw that staffing levels were good throughout all areas of the service. Training in all aspects of care and support was up to date. This included those who worked in domestic and catering departments. All staff were supported by the management team through regular staff supervision and appraisals. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in Silloth Nursing and Residential Care Home.

We were told the registered manager had a high profile in the home and was "very much hands on". People said, "I see her every day and it wouldn't be the first time I have seen her helping the staff".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living in Silloth Nursing and Residential Care Home. Staff were aware of their roles and responsibilities to keep people safe and protect them from abuse. All staff had completed adult protection training.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that people had been fully assessed before they were admitted to Silloth Nursing and Residential Care Home. This assessment ensures all the physical and emotional needs could be met safely and appropriately.

During our visit there were qualified and experienced staff on duty to provide good levels of care and support

Procedures for staff recruitment were robust which meant only suitable people were employed to care and support those that lived in Silloth Nursing and Residential Care Home.

Good



Is the service effective?

The service was effective. We found that people were given choices about their lifestyle and how they wanted to spend their time

We saw that all needs were thoroughly assessed prior to people moving into the service. A personalised plan of care was drawn up and all appropriate risk assessments put in place. Health care needs were met through weekly GP surgeries and other health care professionals.

We saw that nutritional assessments had been completed and weights were checked monthly or weekly whichever was most appropriate.

Staff development and training ensured staff were qualified to meet the needs of the people they supported

Good



Is the service caring?

The service was caring. People told us they were happy with the care they received. We saw staff had a very warm rapport with the people they cared for. Relatives spoke in glowing terms about the care staff at all levels and were happy with the care.

We saw evidence that people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The service had procedures in place to ensure an appropriate level of support for people nearing the end of their life. The religious and spiritual needs of people were met through visiting clergy.

Good



Is the service responsive?

The service was responsive. We found that peoples' needs were thoroughly assessed prior to their moving in to this service.

Good



Summary of findings

We found the communication with relatives to be very good and visitors we spoke to told us this was true. People told us the manager was approachable and would respond to any questions they had about their relatives.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciated this.

Complaints were dealt with immediately and according to the complaints procedure.

Is the service well-led?

The service was well-led. The registered manager had a high profile within the home and staff told us they were appreciative of their support.

Systems were in place to monitor the quality of service. Internal quality audits were in place as an added check on the quality of care and record keeping.

The registered manager had a good working relationship with external social care and health related bodies.

The manager and management constantly worked with the support staff to promote personal development and provide training applicable to the job roles within the service.

The registered manager was supported by a committee that was actively involved in the running of the home as well as organising some of the activities.

Good



Silloth Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection on 17 July 2014 and the inspection team consisted of the lead inspector for the service 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.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received information from the provider which enabled us to focus on the areas of the inspection we wished to look at in detail.

We spoke to nine members of staff and nineteen people who lived in the home. We also spoke to five visitors who came into the home on the day of our inspection.

We contacted external agencies who also had dealings with the service to ask their opinion about the care and support provided. These included the area team leader from adult social care, the team leader for food and occupational health and the lead for the NHS Cumbria Commissioning Group.

We reviewed the care records of six people who lived in Silloth Nursing and Residential Care Home and pathway tracked one for whom a Deprivation of Liberty Safeguards (DoLS) had been applied.

We conducted a Short Observational Framework for Inspection (SOFI) during the lunch period. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We spoke to 19 people who lived in the home and all of them told us they felt safe living in Silloth Nursing and Residential Care Home. They said, “Safe! of course I feel safe, there is always someone around when you need help and they always check on me through the night”. Another person told us, “I really feel safe here, it is much better than living by yourself. I feel very relaxed and the staff check to see if I am alright in the night”.

The home had policies and procedures in place to inform the staff of the action to take if they saw anything at all that gave cause for concern. We spoke to the staff individually and in a small group of three. They all said that they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the manager or the trained nurses this would be dealt with immediately.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. The registered manager was aware of their responsibility to inform the Care Quality Commission of any application for a DoLS.

The registered manager had recently applied for a DoLS in respect of one person who lived in the home. We were able to look at the documentation for this application and found it to be extremely detailed setting out the case very clearly. The registered manager said, “We made sure we got everything right first time and we were commended on the content of the application”.

The application showed that mental capacity and best interest meetings had taken place, when decisions needed to be taken on behalf of the person who was deemed to lack capacity to make the decision themselves. There was evidence of family involvement and the funding authority that had placed the person at the home had been involved as part of the best interest decisions.

During our time in the home we spent time in all the areas of the building including peoples’ rooms, with their permission. We saw that people were relaxed in the company of the staff and other people who lived there.

Every person who wished to live in Silloth Nursing and Residential Care Home had been fully assessed prior to an offer of a place being made. This allowed the registered manager and qualified nurses to be certain that they were able to meet the person’s needs safely and appropriately.

We looked at the amount of staff that were on duty on the day of our visit and checked the staff rosters to confirm the number was correct. On the day of our visit there were two qualified nurses, six carers, four domestics (cleaners), two laundry assistants, one maintenance worker, the registered manager and the administrative assistant. On night duty there was always one qualified nurse and two carers. We spoke to nine members of staff and they all confirmed this was enough to care and support the people who used the service. Staff working night duty never had to carry out any sort of domestic work. The registered manager told us their duty was to care for people and not do cleaning or laundry.

One member of staff said, “It is lovely working here. Others said, “If I need any equipment, I just ask and they get it for me”, “You want to do it right, it’s a pleasure to get everything right” and “It’s spot on this place, we want to keep it like that”

We found that the recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. The provider had suitable policies and procedures in place for managing employment issues. These included details of the

Is the service safe?

disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law

Throughout the day we saw there was sufficient staff on each shift with a range of skills and experience. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there.

Is the service effective?

Our findings

We found throughout, our visit, people were given choices about how they wanted to spend their time during the day. People told us they were always asked where they wanted to sit or if they preferred to stay in their own room. One person told us, “I can sit in any of the lounges but I do like to sit in my room and the staff understand this. I go to the dining room for all my meals though”.

We also asked people if they were involved in the provision of their care and support and were told, “My key worker, who is more like a friend and the staff nurse discuss my care with me”.

We reviewed the care records of six people and found information from a variety of sources including family members and health and social care professionals. Each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was evident people’s specific needs, choices and preferences had been discussed with them and their family members.

Care plans identified the areas people needed help with and the things they could manage to do for themselves, independently. These included how people wanted their care to be delivered. People told us they were encouraged to do as much for themselves so as to retain their independence. One person told us, “I like to do everything for myself and the only help I need is with bathing”.

Healthcare needs were met by regular visits from their GP and the registered manager confirmed the doctor held a surgery each week. Advice and help was also accessed from dietitians, speech and language therapists, physiotherapists and mental health professionals. One of the qualified nurses was trained in tissue viability and was able to provide training for the staff and another of the qualified staff was able to provide and regularly update training in moving and handling.

Prior to our inspection we spoke to the clinical lead from the NHS Cumbria Commissioning Group and the locality manager from Adult Social Care. They both told us that they had no concerns about the care and support provided by Silloth Nursing and Residential Care Home. One of them remarked, “Silloth Home is one of the very good ones and I have no concerns at all”.

All the care plans we looked at contained a nutritional assessment and a weekly or monthly check on peoples’ weight was recorded. We noted that people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. One person told us, “I only weighed six stone when I came to live here and look at me now. I have put on two stone”.

All the people we spoke to told us they enjoyed their meals and had plenty of choice. There was always a vegetarian option at both main meals for people to choose if they wished. The dining room was bright and airy with individual tables and place settings. We completed a Short Observational Framework for Inspection (SOFI) during the lunch time period. SOFI is a specific way of observing care to help us understand the experiences of people who could not easily communicate with us during our visit. It also helped us evaluate the quality of interactions that took place between people who lived at the home and the staff who supported them.

There were some people who needed assistance with their meals and patient assistance was given by the staff. People were encouraged to eat as much of their meal as they could manage. We saw they were offered alternative meals if they were not happy with the menu choices. We saw that staff were able to communicate with people who had limited verbal communication and make the experience of eating lunch as relaxed as possible.

Staff training was up to date and an annual plan was prepared each January. We saw from training records that staff had completed courses in dignity, care of people with dementia, infection control, palliative care, health and safety, the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff development in a recognised health and social care qualification up to levels two and three was in place and all staff were fully trained appropriately to the role they held.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff were in the process of completing their training in ‘end of life care’ as the registered manager was able to facilitate

Is the service effective?

this. We saw that individual preferred priorities of care had been recorded in the care plans and advanced decisions were in line with legislation. Appropriate documentation was in place and multi-disciplinary meetings had been held with the people and their families, if this was appropriate. The processes in place meant that people's individual wishes about their future welfare were discussed and their best interests supported at all times.

Silloth Nursing and Residential Care Home was re-accredited with the Gold Standard Framework at Beacon status for end of life care in April of this year and are now considered as a 'Solid Gold' service. The gold standard

Framework is a bench mark for outstanding end of life care. This accreditation was awarded following an external quality audit which evidenced Silloth Nursing and Residential Care Home provided the highest quality of care to people nearing the end of their life. Staff had completed the appropriate training and told us they took great pride in their achievement and their care and support of people and their relatives during what could be a stressful time. The registered manager told us, "We like to get everything exactly right for our patients and their families as well". We saw evidence of this during our visit.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received. They said, “I came here on a personal recommendation and I have never regretted my decision. I would certainly say if there was anything wrong but there hasn’t been up to now” and “It’s my home and I can make a mess if I want to”.

We saw that staff knew the people very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a joke with the people they were caring for.

We observed two members of staff moving a person into a chair using a hoist. This was done in a relaxed way with the staff speaking to the person throughout the procedure. This enabled the process to be completed with no discomfort or embarrassment to the person being moved.

The service had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. We saw evidence to show staff had completed training in this subject. Staff we spoke to told us they were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in.

We were able to speak to visitors who were in chatting to relatives. They told us they were happy with the way in which their family members were being cared for. They said, “I enjoy coming here, nothing is too much trouble and it’s all done with a smile” and “My relative had pressure sores from the hospital when she came here, but the staff were tenacious in getting them healed. They wouldn’t rest until they were better”.

We looked in detail at six people’s care records and other associated documentation. We saw evidence people who lived at the home, and/or their family members had been

involved with and were at the centre of developing the person’s care plans. This demonstrated that people were encouraged to express their views about how their care was delivered. The records were well organised and laid out in such a way that it was easy to locate information. People told us they were able to say how their care was delivered and those who were able attended care reviews with relatives (if appropriate) and members of the senior team.

Some of the people who lived in Silloth Nursing and Residential Care Home were nursed in bed and, during our inspection, we checked that they received appropriate care and support. We saw they were comfortable with clean bed linen and night clothes. There were food, fluid and moving charts in each room and these were all up to date as were the daily record sheets personal to each person. This demonstrated that when people were nursed in bed the care people received was appropriate to their needs.

Some people had advanced directives of care in place and had expressed their preferences and choice for their end of life care. We looked at the documentation to support this process and found it was all in order. Best interest meetings had been held, if required, and relatives and health care professional were involved in the decision making if people were deemed to have insufficient capacity to make their own decisions. If people had capacity they made their own choices and these were recorded on their care plan documentation.

Ministers from two different denominations visited the home every month. People were assisted to go into town to the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. There was nobody who lived at the home at the time of our visit that belonged to a different faith or culture.

Is the service responsive?

Our findings

The registered manager explained that as well as the normal monthly reviews of the care plans she met with people who lived in the home and their families to discuss their care. These meetings took place as part of a coffee evening in the Summer and a cheese and wine evening in the Winter. They told us, "It gives me and the senior staff opportunity to meet during a social occasion and have a private meeting to discuss the individual care needs and any changes to the care plan".

When we spoke to people they told us they had a key worker who helped them on a daily basis. Their key worker was a member of the support staff team who had particular responsibility for a small group of people who lived at the home. Key workers ensured the daily notes were written during or at the end of their shift and were involved in planning how people's daily needs were met. One person told us, "I like my key worker very much, she is more like a friend than a member of staff".

Family members told us that communication with the registered manager and other staff was excellent. One relative told us, "If I ask I am always told what is going on and they ring me if there is anything special I need to know". Another visitor said, "My relative can come and go as she pleases, sometimes we have to look all over the place to find her, she is always doing something".

People were encouraged and supported to express their wishes and opinions and told us they would, "never be afraid to speak up, not that I have ever needed to". If people were unable to communicate verbally the staff we spoke to told us, "We look at their body language and expressions and that tells us what we need to know". Another member of staff told us, "Some of the people here have been here a lot of years and we know just what is important to them". Staff also used pictures as a means of communicating with people in particular when people chose their meals.

We saw care plans were up to date and provided the support staff with sufficient information about people's assessed needs. They were reviewed each month by one of the qualified staff and any changes noted and discussed at the handover meeting at the change of each shift. This ensured all the staff were aware of the changes and provided the appropriate level of care.

People's individual records indicated attention was paid to making sure that they were supported to decide what they wanted for themselves or be supported in their best interests about things that affected their welfare. There was a programme of activities on display in the hall. This included carpet bowls, bingo, musical evenings, the gardening club, the weekly coffee morning and dominoes. People chose if they wanted to take part or just sit and watch. One person told us, "I sang with the visiting male voice choir last evening and I really enjoyed it. I do like to sit in my room and read though as I have my own library and I buy the books myself".

The service had up to date policies and procedures in place with regards to any complaints people may have. There was a copy of the process to follow on display in the hall. We asked the manager and staff if there had been any complaints to deal with since our last inspection. They all told us there had been none and the complaints log evidenced this. We asked people who used the service if they had any concerns or complaints. One said, "Complain, why would I want to complain it is just perfect here. We get excellent care and wonderful home cooked food. The staff are lovely so what more could anyone want". When asked if people knew who to approach if they had a concern or complaint they told us, "Well I see the manager every day and I would talk to her and I know she would listen".

Relatives and friends said, "It is excellent here and we can't fault the care", "I have certainly got no complaints but if I did I know they would be sorted immediately" and "We are always made very welcome and the home made biscuits are super". Other comments included, "What I like very much about this home is that my relative's bed is changed every day without fail even though she is nursed in bed. This means they are always comfortable and lovely and clean".

Relatives told us the registered manager was always around and available to discuss the care and support their family member received. They said, communication was very good and one person told us, "I live abroad. They always reply to my e-mails within a day. They keep me informed about everything. When I go back abroad I never worry about my mother's care. I know she will be safe and well looked after".

Is the service well-led?

Our findings

The registered manager had been in post at this service since April 2003. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Both staff and people who lived at Silloth Nursing and Residential Care Home spoke positively about the leadership of the manager. One support worker said, "The manager is always around and is never afraid to work with us on the floor if we need just a bit of extra help". The manager told us that two of the qualified nurses had completed their registered manager's award.

During our visit we observed the interactions between the manager, the staff team and visitors to the home and noted they were open and transparent. There was a relaxed atmosphere throughout the building that was reflected in the comments we received about the manager's style of leadership. People who lived in the home told us, "I see the manager every day. She is always around" and "I know the manager it wouldn't be the first time I have seen her helping out". Staff said, "The manager is here to support the whole staff team and I wouldn't be afraid to approach her about anything at all". Relatives also were appreciative of the manager and said "I live abroad and the manager keeps me up to date with emails and she responds immediately when I contact her. I have no worries about my relative because of this communication".

We spoke to eight members of staff during the day and they were all positive about the support they received from the manager. Comments included, "I have always had good support from the manager and I can speak from experience as I have worked here for a lot of years" and "We all work together as a team and it has always been that way. We get good leadership here and I think it shows".

There were systems in place to monitor the quality of service provided. Annual satisfaction surveys were sent to families, people who lived in the home and visiting professionals. The replies were analysed and a report prepared for the committee. We were given a copy of the latest analysis and found that all the replies were excellent or very good.

Prior to our visit we spoke with commissioners about the service and they told us that they had no concerns at all.

A series of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

Qualified staff were given paid time to review the care plans each month and regular staff meetings were organised. Minutes of these meetings were available for us to read. The registered manager also held departmental heads meetings to discuss anything pertaining to the running of the home. There was delegated time at the end and beginning of each shift for a comprehensive handover that ensured all the staff was made aware of any changes to the needs of people since they were last on shift.

As Silloth Nursing and Residential Care home is a charitable institution the manager is supported by a committee that meet regularly to discuss the running of the home and the quality of the care provided. The nursing home's League of Friends organised the weekly coffee morning that was attended by members of the committee and well supported by the local community.

Any complaints or concerns raised were dealt with in accordance with the service's complaints procedure and within the stated timescale. There was a copy of the procedure on display in the hall. We saw that there had been no complaints to record and the Care Quality Commission had not received any.

Staff we spoke to told us that they were able to approach the management team at any time to discuss the running of the home. They didn't need to wait for staff meetings to voice their opinions about anything that may concern them. They were always confident they would be listened to and the matter in question would be dealt with.