Siloam Carehomes Ltd

Siloamlodge - Dagenham

Inspection report

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Date of inspection visit:
08 December 2016

Date of publication:
24 January 2017

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

Siloamlodge - Dagenham is a care home that provides accommodation and personal care to a maximum of two people with mental health needs. At the last inspection, on 15 July 2013, the service was found to be meeting the legal requirements we looked at.

At the time of our inspection the provider was also the registered manager. 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.

We found staff knew how to report concerns or abuse. There were enough staff to meet people's needs who were employed through safe recruitment processes. Risk assessments were carried out and management plans put in place to enable people to receive safe care. There were effective and up to date systems to check and maintain the safety of the premises. Medicines were managed safely and the provider had a system to audit medicines administration.

Staff received support through supervisions, appraisals and training opportunities. The registered manager was knowledgeable about when it was appropriate to apply for Deprivation of Liberty Safeguards for a person. Staff knew when they needed to obtain people's consent. People were offered a varied and nutritious food menu and had access to healthcare professionals as required to meet their day-to-day health needs.

Staff knew how to build positive relationships with the people who used the service. People's privacy and dignity was respected and their level of independence was maintained.

Care records were personalised and staff knew the people they were supporting including their preferences. A variety of activities were offered which included trips outside the home. The service dealt with complaints in accordance with their policy and procedures.

Staff were positive about the support they received from the registered manager. The provider held regular meetings for staff and for people who used the service. People who used the service were given the opportunity to complete feedback surveys. The provider had a system in place to check the quality of the service provided. The provider used the findings from the feedback surveys and the quality check to identify areas for improvement and to take appropriate action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff working at the service to keep people safe. Relevant recruitment checks were done before employing staff and criminal record checks were up to date.

Staff were knowledgeable about reporting safeguarding concerns and whistleblowing. People had risk assessments in place to ensure risks were minimised and managed. The provider had carried out the necessary building safety checks to ensure people, staff and visitors were safe on the premises.

Medicines including controlled drugs were stored and administered correctly. Record keeping about the administration of medicines was completed correctly and was up to date.

Is the service effective?

Good

The service was effective. Staff received support through regular training opportunities, supervisions and appraisals to enable them to give care effectively.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were knowledgeable about when they needed to obtain consent from people.

People were offered a nutritious choice of food and drink. Staff were aware of people's likes and dislikes of food. People had access to support from healthcare professionals as required.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about how to develop positive relationships with people who used the service.

There was a calm and relaxed atmosphere in the home. People were assisted to meet their religious needs.

Staff were knowledgeable about maintaining people's independence whilst keeping them safe and respecting their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about giving personalised care and meeting individual needs.

People's care plans were detailed, personalised and were regularly reviewed. People's rooms were personalised to their taste.

There were a variety of activities on offer for people including an annual holiday.

The provider dealt with complaints appropriately and in line with their policy and procedure.

Is the service well-led?

Good

The service was well led. The service had a registered manager.

People who used the service and had regular meetings to enable them to raise issues of concern. The provider sought feedback from people who used the service and used this information to make improvements.

Regular meetings were held with staff to keep them updated on service development and training.

The provider had a system to carry out quality checks of the service which were done by an outside professional.

Siloamlodge - Dagenham

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 8 December 2016. We gave the service short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. This was because this service is a small care home and we needed to make sure someone would be in. One inspector carried out this inspection.

Before the inspection, the provider completed 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 also looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. We also spoke to the quality assurance team from the local authority.

During the inspection, we spoke to three staff which included the registered manager and two care staff. We observed care and support in communal areas and talked with each person who used the service. We looked at care plans and risk assessments for each person using the service and three staff files and records relating to the management of the service including menus, staff training, complaints and policies.

Good

Is the service safe?

Our findings

One person told us they felt very safe at the service and there was always somebody there to support them. The staff rotas and our observations on the day confirmed there were enough staff on duty to meet people's needs. The registered manager told us to provide continuity of care they preferred not to use agency staff and they employed bank staff to cover unplanned staff absences. Records confirmed this was the case and that the registered manager was also part of the shift pattern.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, and written references were available. Records that staff had criminal record checks carried out to confirm they were suitable to work with people and these were up to date.

Staff confirmed they had received training in safeguarding and were knowledgeable about how to recognise and report concerns of abuse and whistleblowing. Comments from staff included, "Being able to confide or go to a senior manager of the company about an area that's not safe. If I was not happy with the response, I would go to CQC or the referring borough or safeguarding team" and "Raising an alert of wrong practise. Informing other professionals like the care co-ordinator, the local authority or CQC." The provider had an up to date safeguarding adults policy and whistleblowing policy which gave guidance to staff on who to contact if they had concerns.

People had detailed risk assessments as part of their care plans regarding their care and support needs which were updated every six months unless there was a change in need. Risk assessments included clear actions for staff to mitigate the risks. For example, one person who used the service had a risk assessment for vulnerability and financial abuse which indicated their finances were managed by their legal representative. The risk assessment gave clear guidance to staff on how to positively encourage the person to keep themselves and their money safe. Other risk assessments included absconding, mental health needs and personal hygiene. Records showed a risk assessment was carried out when planning each holiday trip.

Building safety checks were carried out in accordance with building safety requirements with no issues identified. For example, the gas safety check had been done on 17 September 2016, the annual check of the fire alarm system was done on 9 February 2016 portable electrical appliances had been tested during October 2016. The registered manager told us they were planning a building redecoration programme in 2017 but for safety reasons this needed to coincide with when people who used the service were away on holiday. The refurbishment plan included decorating the bathrooms and replacing the bathroom flooring.

The provider had a medicines policy which gave clear guidance to staff about the storage and administration of medicines including controlled drugs and monitoring people who self-administer their medicines. One staff member told us they were in the process of being checked for their competency level in administration so they did not deal with medicines unsupervised and would not do so until they were both competent and confident. Another staff member told us they had received training in administering medicines and frequently took refresher training. Staff files confirmed this was the case.

We checked the medicines management systems for people who used the service. Appropriate arrangements were in place for recording the administration of medicines. At the time of inspection, people who used the service were self-medicating under the supervision of staff. We saw that staff signed the medicine administration record (MAR) chart and there was a separate sheet for both the supervising staff member and the person who used the service to sign confirming the medicine had been taken. MAR charts were fully completed and there were no omissions. Controlled drugs were stored in a separate locked cupboard and signed for correctly in line with current legislation. Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and associated legislations. The numbers of medicines in stock were fully accounted for. Records showed the registered manager carried out regular audits of medicines with no issues identified. This meant that people who used the service received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

Staff confirmed they received support through training and supervision and that they found this useful. One staff member told us, "Yes continuous [training]. They don't stop with the training and it's always needed." Staff files confirmed they had received training in the main areas of care. For example, we saw staff had completed a mixture of face to face training and e-learning in health and safety, mental capacity and mental health and emergency first aid.

Records showed that the staff team were in the process of completing the Care Certificate which is training in an identified set of standards of care that care staff can receive before they begin working with people. The registered manager told us that new staff had to complete the Care Certificate before being issued with a full employment contract and longer serving staff were encouraged to complete this as refresher training. Records showed that new staff completed a two week induction period which included three days health and safety training before being put on the staff rota.

Staff confirmed that they received regular supervision. Records showed that staff had a one to one meeting with the registered manager every three months. During supervisions, staff reflected on their work practice, received feedback on their performance and discussed training needs. Staff received annual appraisals and topics discussed included staff progress on achieving objectives set for the previous year, current competencies, career planning and areas where improvement in work performance was needed. This meant that staff received the support they needed to deliver care effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. At the time of inspection nobody using the service had DoLS authorisations in place. The registered manager demonstrated they were knowledgeable about when it was appropriate to apply for DoLS. The registered manager explained and showed documentation confirming that DoLS had been applied for with the local authority for one person who used the service because they needed a level of supervision that may amount to their deprivation of liberty. However the local authority had refused to accept this application. At a recent review meeting for this person, the placing authority had agreed the person was having their liberty restricted due to needing constant supervision to keep them safe so the registered manager was in the process of making a new DoLS application with the placing authority.

Staff demonstrated they were knowledgeable about obtaining consent. One staff member said, "When entering their room or their personal space, I ask, 'Do you need help with that?'" Another staff member told us, "I ask permission and ask if they are comfortable with the situation. Over time I have grown to understand [people who use the service]." Records showed that people who used the service had consented to receiving support by signing their care plan.

The registered manager and staff told us people had choices of food and drink and were involved in menu planning. One staff member told us, "We like to offer variety. The freezer, fridge and cupboard are always packed with food." We saw this was the case. Another staff member told us, "Yes they have choices and we make sure we provide." This staff member gave an example of one person who used the service who liked egg for breakfast and described the way they liked their egg to be served. People had their own individual cupboard space in the kitchen where they could store food of their choice. There were menu suggestions displayed on one cupboard door to assist people to make meal choices. One person told us they did not have any choices over the food they ate. However, we observed on the day of inspection this person making their choice of evening meal.

Care records showed people were able to access support from healthcare professionals when needed including the GP, psychiatrist, community psychiatric nurse, optician and dentist. Staff confirmed they supported people to healthcare appointments when required.

Good

Is the service caring?

Our findings

We asked people if they thought the service was caring and one person told us, "Very caring. I think they are treating me pretty well."

Staff demonstrated their knowledge about developing positive relationships with people who used the service. One member of staff said, "Sit down and introduce myself to [people who used the service]. Read their notes and care plans. Shadowing [experienced staff working] and as the days and months go by I get to know [people who used the service] more and more." Another staff member told us, "Read their care plan. The relationship is developed through activities and through spending time with [people who used the service]. It develops over time." The same staff member said, "I guess it's about using the care plan as a basis. I've been able to interact and observe [people who used the service]. It's important to make [people who used the service] feel they matter and they are always included in what we do."

During the inspection we observed there was a warm, relaxed and friendly atmosphere in the home and people were treated in a kind and caring way. Staff spoke to people who used the service in a calm and respectful manner. For example, we observed one person who used the service became anxious and staff calmed them down encouraging them to do their breathing exercises and remained by their side until their anxiety had passed. This person responded positively to this interaction and thanked the staff member afterwards.

The provider had a policy on privacy and dignity which gave guidance to staff on how to preserve people's privacy and dignity. Staff files showed that staff had also received training during their induction on this area of care. Staff were knowledgeable about how they promoted people's privacy and dignity. For example, one staff member said, "Be mindful of who else is around and not talking too loud. Always knock on the door and ask if I can come into the room." Another staff member said, "Always knock and ask if everything is okay. Make sure the door is closed, curtains and windows are not open if helping [person who used the service] to get dressed. Keep their information confidential." Records confirmed the service assisted people to meet their religious needs and attend church services. One person told us staff supported them to participate in church activities of their choice and said, "I'm thankful for that.".

Staff were knowledgeable about giving people independence. One staff member gave an example of going to the shop with a person who used the service and said, "Give them the opportunity to look around the shop. I'm waiting at the door but I give them their space." Another staff member told us, "They are given the opportunity to go somewhere on their own. Make an agreement with [person who used the service] to meet at a certain time and make sure they have their mobile switched on."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about giving personalised care. One staff member gave an example of people needing individualised care and said, "Your needs and my needs would be quite different. My care package would be just for me. A bespoke package." Another staff member told us, "Personalised care is where a bespoke care plan is made to suit [person who is using the service]. Put things into practice that will help with the care they [people who used the service] want."

People's rooms were personalised to their taste and contained personal possessions. Care records were detailed, and included basic details about the person, personal histories and choices over care. Records included people's preferences of food and drink, how they wished to take their medicines and details about their emotional needs. We noted care plans were completed with the person and were written in a person-centred way. For example, one person's care plan stated that they had asked to take a break and we saw the care plan had been completed on a different day.

Support plans contained an 'All about me' section which included details of the person's most important possessions, favourite place to be at home and away from home and a list of things they liked and disliked. Support plans also included lists of things that made the person laugh, excited, comfortable, bored, frustrated, angry and sad. Records showed the placing authority regularly reviewed the placement under The Care Programme approach and the provider updated the support plans when there was a change in need. CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

One person told us they had a timetable of activities which they enjoyed and were grateful for. Records showed people were able to participate in activities of their choice. For example we saw one person participated in group talking sessions, snooker, music appreciation, church services and an annual holiday. We noted that one person had expressed an interest in finding employment. The service had assisted this person to find a volunteering job which could meet their needs. People who used this service and another service run by the same provider met socially every week and planned outings and holidays together. On the day of our visit, we observed one person going out with staff to their regular club activity.

The provider had a complaints policy that explained the process that was followed if a concern was raised. Staff told us they would pass complaints to the registered manager. People were aware of how to raise concerns. For example, one person who used the service told us they knew how to make a complaint and that they had recently done so. We checked the complaints log and saw this complaint was made on 23 October 2016. The record was detailed, showed what action was taken and that the complainant was satisfied with the outcome. The person using the service confirmed with us that they were happy with the way their complaint was handled.

Good

Is the service well-led?

Our findings

The service had a registered manager who was also the provider. Staff told us they felt supported by the registered manager. One staff member told us, "We get a lot of support. I never feel isolated. [Registered manager] has made me more interested in my job." Another staff member told us, "I'm always able to seek support. Always get support from management. It works well because it's a family business."

The provider had a system of obtaining feedback from people who used the service with the aim of using this to learn and improve the service provided. We saw a survey was done on 23 October 2016 which consisted of tick box questions about satisfaction levels. The findings from the survey indicated people were extremely satisfied with their room, the staff respecting their privacy and dignity and how complaints were handled. One person who used the service indicated they were happy that they were able to influence the care they received. However we noted one person had indicated they were neither satisfied nor dissatisfied with the communal areas of the home. We raised this with the registered manager who told us this had contributed to the decision which was made to redecorate the home when people were on their next holiday.

People from this service and the other service run by the same provider had meetings every six weeks to discuss any issues or concerns. We reviewed the record of the meeting held on 21 October 2016. The main topic of discussion was concern that an individual's food was going missing. Staff discussed ways around this issue with people who attended the meeting and it was suggested that each person could have a fridge in their room. It was noted that the people who used the service did not want a fridge in their room and staff reminded people not to take food that did not belong to them. The registered manager explained the person who had been taking other people's food was no longer using the service.

Staff told us they had regular staff meetings and found them useful. For example, when asked about the staff meetings, one staff member told us, "Immensely useful. We share ideas and feedback." The registered manager told us staff meetings were held every six weeks. However, we did not see records of these during the inspection because they were not available. Following the inspection, the registered manager sent us the minutes of a staff meeting held on 10 December 2016. Topics discussed included changes in policies and procedures, medicines, the Care Certificate and a training session in privacy, dignity and respect in care.

The provider had a system of carrying out yearly quality checks of the service by using an external professional. The most recent audit was done on 31 October 2016. The quality report was comprehensive and included what was working well. For example, positive comments in the report included, "There is strong evidence that there is currently a good relationship between [people who use the service] and all the staff" and "[Staff] are all committed to ensuring that [people who used the service] are supported to the best of their ability."

Recommendations were listed at the end of the quality report and included reviewing documentation and policies by the end of December 2016. Records showed this recommendation was in process and in line to be completed by the deadline. The report also highlighted that the building décor was looking 'tired' and

the registered manager explained this report had been the other contributory factor to the decision made to redecorate while people were away on their next holiday.