

Silvermere Healthcare Services Limited

Silvermere Healthcare

Services

Inspection report

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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 ●

Summary of findings

Overall summary

About the service:

Silvermere is a domiciliary care agency which provides care to people in their own homes. At the time of the inspection one person were receiving personal care.

People's experience of using this service:

There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse. Risks were identified and guidance for staff on how to manage these risks was in place. Appropriate recruitments procedures were in place and there were enough staff to meet people's needs. People were protected from the risk of infection.

Assessments were carried out prior to people joining the service to ensure that people's needs could be met. Staff had completed mandatory training. 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. People were supported to eat and drink enough to meet their needs.

Staff were kind and caring and treated people in a respectful manner. People's capacity to consent to their care and support was documented. People and relatives were involved in planning their care needs and knew how to make a complaint if they needed to.

The provider's quality assurance systems were effective. Feedback was sought from people about the service.

Rating at last inspection: This service was registered with us on 04/03/2021 and this is their first inspection.

Why we inspected: This was a planned inspection to assess if the provider was complying with our regulations.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Silvermere Healthcare Services

Detailed findings

Background to this inspection

The 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.

Inspection team

One inspector carried out this inspection.

Service and service type

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

Registered Manager

At the time of the inspection there was no registered manager in place. There was a manager who had been in post since April 2022 and has applied to be the registered manager. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 17 May 2022 and was announced. We gave the service 48-hours' notice of the inspection visit, because we wanted to be sure the office staff would be available for the inspection.

What we did

Before the inspection: We reviewed information; we had received about the service. On this occasion the provider was not asked to send a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke to the manager and the nominated individual who was also a staff member. We spoke with one person to ask their views about the service. We reviewed the care records of one person and training records for one staff member. We also looked at records related to the management of the service such, accident and incident records, quality audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. There were appropriate systems in place to safeguard people from the risk of abuse. Staff had completed safeguarding training, they knew the types of abuse, what to look for and who to report concerns of abuse to. The person we spoke with said, "They [staff] make sure that I am safe".
- The manager and staff understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management.

- Risks to people were identified and assessed in relation to mobility, falls and personal care. There was guidance in place for staff on how to minimise these risks.
- Risk assessments had been carried out in people's homes in relation to the environment and health and safety to keep both people and staff safe.

Staffing and recruitment

- There were enough staff to meet people's needs. The person we spoke with, said "Yes [staff] are well trained, I am happy".
- The staff member we spoke with said, "I ensure I am never late as the person I support likes me to be punctual."
- There were robust recruitment procedures in place, which included obtaining references and Disclosure and Barring Service (DBS) checks had been carried out. This included carrying out criminal record checks.

Preventing and controlling infection

- People were protected against the risk of infection. Systems were in place to prevent and minimise the risk of infection. Records showed staff had completed infection control training.
- Staff had access to personal protective equipment (PPE) which included masks, aprons and gloves. One staff member said, "I always wear PPE".
- Supplies of PPE were available in the office or within people's homes. The person we spoke with said, "[Staff] wear gloves, mask and shoe covers".

Learning lessons when things go wrong.

- There had been no accidents and incidents, however, the provider had policies and procedures on reporting and recording accidents and incidents. The manager told us that if there were any accidents or incidents, they would record these and investigate them in line with their policies.

Using medicines safely

- The provider had medicine policies and procedures in place to ensure the safe management of medicines. Staff had undertaken medicines training. Staff did not currently manage or administer medicine for the person they supported, however, if in the future people required help with medicines, then staff would support them with this.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them joining the service to ensure that their needs could be met.
- Care plans and risk assessments were kept under review to make sure people's needs were being met by the service.

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

- Records showed and staff confirmed that they knew the level of support that the person required with eating and drinking and told us if they had any concerns regarding a person's eating and drinking, they would report to the office.
- The staff member we spoke with said, "The person is very particular about how they like their coffee and toast, so I serve it how they like it,".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was assessed and recorded in their care plan.
- Staff received training and understood the requirements of the MCA. Staff told us they asked for people's consent before providing support. A staff member told us, "The person I support can make their own decisions as they have the capacity to do so and I always ask for their consent before supporting them".

Staff support: induction, training, skills and experience

- Staff training records confirmed staff were up to date with their mandatory training which included manual handling, fire safety, medicines, infection control, health and safety, mental capacity, equality and diversity and food hygiene. One staff member said, "My training is up to date".

- People told us staff had the skills and knowledge to support them with their individual needs. The person we spoke with said, " [Staff] are well trained and experienced".
- Staff supervisions and appraisals were not due but there was a system in place to ensure that staff were supported through supervisions in line with the provider's policy.

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

- Staff told us and the person they supported confirmed that they and their relative were responsible for booking and attending healthcare appointments.
- Staff told us that currently they did not work with people who needed the service to liaise with healthcare professionals, such as GPs and district nurses to plan and deliver an effective service but would do so if this was required.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person we spoke with said, that staff were kind and caring. They said, "[Staff] know all my needs and are very good and caring."
- People's religious beliefs were recorded, however, there was no-one presently that required support to practise their faith. The service also did not currently have anyone with any diverse or cultural or spiritual needs that required support. The manager told us if they did, this would be documented in people's care plans and the required support would be provided.

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

- People and their relatives had been consulted about the care and support they received.
- The staff member we spoke with said, "The person I support is very independent and can make their own choices about what they like to wear and what they want to eat. I am always there to offer any support they need it." The person we spoke with said, "I know everything that is going on and [staff always explain everything]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The staff member we spoke with said, "I always respect the person's privacy and dignity. I close doors and ensure that the person is covered when I am providing personal care." The person we spoke with said, "[Staff] close the door and I make sure I am comfortable".
- People's independence was promoted. The staff member we spoke with said, "The person I support is very independent, but I am on hand to encourage the person to do as much as they can for themselves."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

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

- Care and support was planned and delivered to meet individual needs. People's care plans described their health care and support needs. They contained information for staff on supporting people with their medical conditions, mobility and personal care.
- Care records showed that people's needs had been discussed with them and their family and consent to care records had been signed.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people's mobility needs and specific medical conditions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans.
- The manager told us, and care plans confirmed that the person using the service had no communication needs to aid their understanding, however if needed, they were able to resource information for people in formats which best met their needs. This included information in a range of languages as well as large font and a pictorial format if needed.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. However, the provider had a complaints policy and a procedure in place that the manager said they would follow to ensure the complainant was satisfied with the actions taken.
- The person we spoke with said, "Yes I know how to make a complaint. I can pick up the phone at any time to tell them I am not happy, but I have no complaints".

End of life care and support

- The manager told us no one using the service was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health care professionals and family members to provide people with appropriate care and support if required.
- People were supported to make decisions about their preferences for end of life care and these decisions

were retained in their care records.

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Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- There service had a manager in place, who had applied to be the registered. The manager and staff demonstrated detailed knowledge about the person they were supporting and their needs.
- They demonstrated that they were aware of the provider's responsibilities as a under the Health and Social Care Act 2008. They understood the types of incidents they were required to notify CQC about.

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

- The manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, transparent and would take responsibility when things went wrong.

Continuous learning and improving care

- The provider's had oversight, of the service.
- The manager and staff monitored the quality of the service. They undertook regular care plan and risk assessment audits. The manager told us they would undertake medicine audits, staff training and recruitment audits and spot checks, once there were more staff and people using the service. We will check this at our next inspection.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- We saw that feedback from people had been obtained and it was all positive.
- The manager told us that the person they supported, did not presently need for them to work in partnership with the local authority or other healthcare professionals. However, if required then they would liaise with them.