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Silversea Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Silversea Lodge is a residential care home that provides personal and nursing care for up to 15 older people aged 65 and over. At the time of the inspection there were 14 people living at the service.

People's experience of using this service:

Suitable measures were not put in place to mitigate risks or potential risk of harm for people using the service, as not all risks to people had been identified and assessed. Safety concerns were not consistently identified or addressed quickly enough. National guidance relating to medication was not always followed or managed to ensure staffs practice was safe.

Staff did not assess people's mental capacity to make decisions or fully understand the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received regular training opportunities but not all training provided was embedded in staffs practice. Improvements were required to ensure staff received regular supervision and an annual appraisal of their overall performance. Progress was needed to improve the premises for people living with dementia and this included the garden.

Care plans did not reflect all of a person's care and support needs. People were not always supported to follow their interests or social activities.

Quality assurance arrangements were in place but these had not picked up the issues highlighted as part of this inspection. Engagement with people and others was minimal and although improvements were highlighted, action to deal with these had not been recorded or considered.

A new manager and senior quality assurance manager had been in post for approximately three weeks at the time of inspection. Both were keen to address the identified shortfalls and to make the required improvements.

People were treated with care, kindness, respect and dignity, and spoke positively about the caring attitude of staff. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. There were sufficient staff to meet people's needs but staff were concerned about a proposed reduction in staffing levels in the afternoons.

The dining experience for people was positive and people received sufficient food and drink throughout the day. People received positive outcomes regarding their health and wellbeing; and the service worked jointly with other organisations.

Rating at last inspection:

Following the last inspection, the rating of the service was 'Good' (Last report published 15 January 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner. A meeting will be arranged to meet with the registered provider and manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Silversea Lodge

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors.

Service and service type:

Silversea Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post but they were not registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 28 March 2019 and was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

We observed the support provided throughout the service. We spoke with five people who used the service about their experience of the care provided. We spoke with three members of staff, the deputy manager and the manager. The manager was supported by a senior quality assurance manager during the inspection. We reviewed four people's care files and requested sight of the manager's recruitment file. We also looked at a

sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; using medicines safely; learning lessons when things go wrong

- Not all risks for people were identified. Where risk assessments were in place, these did not clearly identify how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. For example, where people had bedrails in place, the risk assessment was not robust. Current risk assessments had not considered risks as detailed by the Health and Safety Executive or MHRA [Medicines and Healthcare Products Regulatory Agency] on the safe use of bedrails.
- Incorrect bedrail bumpers were being used for one person as these were too long in length for the equipment in place. This had not been picked up by staff.
- Staff did not ensure all risks for people were mitigated for their safety and wellbeing. Five people's freestanding wardrobes did not have a retaining bracket to prevent the furniture from falling, or being pulled forward with a potential to cause significant injury and harm. We brought this to the manager's immediate attention and was advised that action would be taken to make these safe within 24 hours. We asked the manager to notify us in writing once the works were completed. The Care Quality Commission received an email seven days after the inspection advising the service's maintenance person had been tasked to undertake this task.
- One person was supported to have their manual handling needs met by staff, however the wrong type of sling was being used. This meant there was an increased risk to the person which could result with the person experiencing inadequate support and discomfort.
- The service's hoist and slings had not been serviced since 30 May 2018, in line with LOLER [Lifting Operations and Lifting Equipment Regulations] 1998.
- Not all fire doors closed properly and not all self-closing devices fitted to people's bedroom doors, ensured these closed fully without assistance. Regular visual checks were not undertaken to ensure the services emergency lighting systems were operating correctly. We brought this to the manager's immediate attention and were advised that action would be taken to make these safe.
- Suitable arrangements were not in place to ensure the proper and safe use of medicines. One person had not received their controlled drug medication in line with the prescriber's instructions on five occasions between 17 December 2018 and 14 March 2019. This was not picked up by the service's medication audits or other quality assurance arrangements to ensure lessons were learned. This was discussed with the manager and senior quality manager and they were asked to undertake an investigation.
- One person was observed to have an oxygen concentrator. There was no Home Oxygen Order Form [HOOF] which contains details of the person's oxygen therapy and regime. Although the person could tell us about their oxygen regime, a care plan was not completed detailing the administration of oxygen to be provided. No information was recorded relating to flow rate, frequency and the duration of use to ensure this was administered correctly. Staff had not received appropriate training relating to oxygen to ensure this was

operated safely. We discussed this with the manager and six days after the inspection, they confirmed that clarification had been sought from the person's GP regarding their oxygen regime.

- There were gaps on the Medication Administration Records [MAR] for two people as staff had failed to sign to confirm the person had been given their medicine. This was a recording issue as we found the medication had been dispensed.
- Where people were prescribed a topical cream to be administered each day, records to confirm this had been applied, were not routinely completed.
- PRN 'as required' protocols were not completed for all medicines prescribed in this way to detail the specific circumstances when this should be given.
- Improvements were required to ensure one person's medication which was kept in their bedroom was appropriately stored to ensure their medicines could not be accessed by others. Current arrangements could pose a potential safety risk.

People's care and support needs were not provided in a safe way and risks to people were not recorded. Medication practices and procedures were not always followed. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I am safe, if I was not my family would have done something about it." One relative told us they had no concerns about their family member's safety and wellbeing. They told us, "[Name of relative] is safe and I have peace of mind when I leave the care home, I know they are safe and well looked after."
- Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Most staff employed at the service had attained up-to-date safeguarding training.

Staffing and recruitment

- People and their relatives told us there were enough numbers of staff available to meet their or their family member's needs. People confirmed their care and support needs were attended to in a timely manner. One person told us, "I have to have help with my personal care needs, but I don't have to wait long for staff to provide support."
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in good time.
- Concerns were expressed by staff about the impending reduction of staff in the afternoons from 1 April 2019. Staff were concerned that the afternoons and early evenings could be very busy, particularly as some people often expressed a wish to go to bed prior to night staff coming on duty. Staff were unclear as to how this would impact on people using the service.
- The manager was the newest member of staff to be recruited at Silversea Lodge. We asked to see their recruitment file but this was not held at the service. The manager was asked to forward their records to the Care Quality Commission to enable us to assess if the registered provider's arrangements for recruiting staff was safe. We received this information six days after our inspection and found improvements were required.
- Although a curriculum vitae was in place providing an overview of the manager's work experience, an application form was not completed. The curriculum vitae provided no information relating to why previous employment in work with children or vulnerable adults ended.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice was suitable with staff following the service's policies and procedures to maintain a

reasonable standard of cleanliness and hygiene within the service.

- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- The service had not applied the principles of the MCA as people's ability to make a specific decision had not been assessed and best interest assessments completed. This was where bedrails were fitted to prevent a person from falling out of bed and alarm mats to alert staff if a person was mobilising but were at risk of falls. Interventions to manage this had not always been documented to evidence these had been made in agreement with the person using the service and their best interests considered.
- Staff received appropriate training relating to MCA but were unable to demonstrate a good understanding of the main principles and how this impacted on people using the service. However, on a day to day basis staff offered people choice and ensured they consented to care.
- Staff told us two people living at the service lacked the capacity to make everyday decisions. Applications for DoLS had not been considered or completed and forwarded to the Local Authority for authorisation.

People's mental capacity to make particular decisions was not assessed. Staff did not fully understand the key requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff received online and 'face-to-face' mandatory training opportunities. However, not all training was up-to-date. Not all staff had attained training or up-dated training relating to manual handling, health and safety, infection control or dementia. The manager confirmed they were aware of this and arrangements were to be taken to provide staff with the required training.

- Training was not embedded in staffs everyday practice and improvements were required. For example, staff supported one person with their manual handling needs but completed this task knowing the sling for the hoist was not appropriate and the correct one to use.
- The manager confirmed they received no formal induction following their employment at Silversea Lodge.
- Staff told us they felt supported by the registered provider and newly appointed manager. One member of staff told us, "[Name of manager] is very good and supportive, he's been a mentor to me. I want to be a manager and feel [name of manager] can support me to get there." The same member of staff confirmed the registered provider was paying for them to undertake a vocational qualification.
- Although staff had received formal supervision since December 2018, supervisions up to then had been irregular.

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

- People's needs were assessed prior to their admission and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff knew about people's individual characteristics.

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

- People's comments about the quality of meals provided was positive. One person told us, "I must have soft food as I have swallowing difficulties. The meals I receive are fine and the staff know my needs and what I like." Another person told us, "The food is OK and there is always an alternative meal option available, my family also bring me in other options."
- People had access to food and drink throughout the day and the overall dining experience for people was positive. People could choose where to have their meal, for example, in the dining room, sitting in a comfortable chair within the communal lounge or in the comfort of their bedroom.
- Where people were at risk of poor nutrition, their needs were assessed and appropriate healthcare professionals were consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One person told us, "I recently saw the doctor as I was not well and the district nurse because I had a pressure ulcer." Another person told us, "They [staff] get me a GP when I need one. The staff talk to my family about my healthcare needs."
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

Adapting service, design, decoration to meet people's needs

- Silversea Lodge is a detached house within a residential area in Westcliff on Sea. People had access to a large communal lounge and separate dining area.
- People had personalised rooms which supported their individual needs and preferences. One person told us whilst they sat in their bedroom, "This is a lovely room, I have two windows, I love it. I can watch all the birds like I used to in my garden."
- The manager and staff confirmed since the last inspection to the service in 2016, improvements had been made to enhance the internal décor.
- Improvements were required to develop the garden to make this a viable space for people to access.

- The environment lacked appropriate signage for people living with dementia and did not comply with the Accessible Information Standard. There was a lack of clear signs or visual clues to identify important rooms or areas, for example, toilets, bathrooms, people's bedroom and communal areas. The use of orientation boards or information for people in an easy to understand format was not considered.

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

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

- People's comments about the quality of care received were positive. One person told us, "The girls do a tremendous job, they look after me so well, I like them [staff]." Another person told us, "I cannot fault the care and support I receive. The staff are kind and caring and make living here acceptable." A guest from a well-known charity which supports two people living at the service told us, "The staff are always friendly, people seem happy and like living here."
- People were supported and cared for by a consistent team of staff. Observations showed people received a good level of care and had a good rapport and relationship with the staff who supported them.
- People and staff were relaxed in each other's company and it was clear staff knew people well. Staff understood people's communication needs and how to communicate with them. Staff confirmed no-one at the time of the inspection required specialist assistive technology.

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

- People were supported to express their views and to make decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through the completion of an annual questionnaire in February and March 2018. However, the number of responses received was poor as only three questionnaires were completed and returned. Where areas for improvement were highlighted, an action plan had not been completed to demonstrate how these were to be monitored and addressed by the previous manager or registered provider.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met. One person told us, "I never thought I'd have a man or boy attend to my personal care, [name of staff member] is lovely and very respectful."
- People's independence was promoted and encouraged. People told us they could manage aspects of their personal care independently or with limited staff support. Most people living at Silversea Lodge could eat and drink independently. One person was supported to self-medicate their medication.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth.
- People were supported to maintain and develop relationships with those close to them. One person told us, "They [relative] can visit whenever they want." Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome.

Is the service responsive?

Our findings

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records did not fully reflect or accurately detail people's care and support needs or provide sufficient guidance for staff as to how people's needs were to be met. For example, one person's care records referred to them having the medical conditions of Diabetes and Parkinson's. No information was recorded detailing how either medical condition impacted on the person's activities of daily living, how this was to be monitored by staff or provide sufficient guidance for staff as to how their needs were to be met.
- Two people who were admitted between the 5 and 11 March 2019 did not have a care plan in place detailing their care and support needs and the delivery of care to be provided by staff. However, staff intuitively provided care and support to both people despite a lack of information being readily available to depict their care and support needs.
- People were not always supported to follow their interests or encourage them to take part in social activities relevant to their interests and hobbies, or access the local community. Staff confirmed there were insufficient staff available to facilitate and enable people to access the community. Records showed people received limited opportunities to participate in meaningful social activities and during the inspection there was an over reliance on the television within the main communal lounge.

Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. A low incidence of complaints was noted since our last inspection in 2016. Each complaint had been responded to and investigated in an open and transparent way.
- People and their relatives felt able to raise issues with the service. One person told us, "If I was concerned about something, I would speak to my family and they would talk to staff or the manager."
- Compliments were available to capture the service's achievements.

End of life care and support

- The manager confirmed no one was currently requiring end of life or palliative care. However, the registered manager was aware how to access local palliative care support and healthcare services if needed.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning and improving care

- Although quality assurance arrangements were in place, these had not identified the issues found during our inspection. Areas which needed improvement included, care planning and risk management arrangements, medicines management, staff training, ensuring people's capacity to make decisions had been assessed and improvements to the service's fire arrangements. These areas were not picked up by the registered provider's quality assurance arrangements.
- The incidence of accidents and incidents, falls, pressure ulcers, weight loss and gain, urinary tract infections and other infections were not recorded and the information analysed to monitor potential trends.
- No formal arrangements prior to 1 March 2019 were in place to formally report where the service was compliant or the risk of non-compliance to the registered provider. The service's new senior quality assurance manager confirmed a new process was to be introduced.
- Not all audits or quality monitoring checks had picked up issues requiring corrective action. For example, four 'weekly records of hot water temperatures' between 11 December 2018 and 11 February 2019 recorded hot water temperatures emitting from people's wash hand basins was dangerously high, between 49° and 97° degrees centigrade. This presented a significantly high scalding risk to people using the service if the records were accurate. If these were not accurate, they suggested staff's competence to undertake these checks was inadequate. The records also showed during this period that two bedrooms did not have a hot water supply. No information was recorded to evidence what was done about the above to ensure people's safety and wellbeing. This was brought to the manager's and senior quality assurance manager's attention for action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's views of the service. However, there was no evidence to indicate those acting on people's behalf, staff employed at the service or other's views had been considered and sought.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service but these were infrequently held. Where issues were raised, an action plan was not completed detailing how these were to be monitored and addressed. There was no information available to demonstrate meetings were held for people living at Silversea Lodge, their relatives or representatives.

Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had appointed a new manager. At the time of inspection, they had been post for approximately three weeks. Prior to this the deputy manager had been in day to day charge of the service.
- The manager was present on the day of inspection. Feedback of the inspection findings was completed with the manager and senior quality assurance manager.
- People knew there was a new manager at the service. Staff consistently described the manager as supportive and approachable.
- Staff were positive about working at Silversea Lodge.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Improvements were required to ensure an assessment of people's needs was completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity to make decisions must be recorded in their best interests and staff must act in accordance and understand the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Providers must do all that is reasonably practicable to mitigate risks and ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate and effective arrangements were not in place to assess and monitor the quality of the service.

