Akari Care Limited

Silver Lodge

Inspection report

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Chapeltown
Sheffield
South Yorkshire
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Tel: 01142400100

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 29 September 2016. The service was last inspected in June 2014 and was not compliant with all the regulations in force at that time; non-compliance was related to care and welfare and staffing.

Silver Lodge is a two-storey building situated in the Chapeltown area of Sheffield. It can accommodate up to 32 people who require personal care and may have a diagnosis of dementia.

The service had a long standing registered manager in post. 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.

People told us they felt safe living at the service and that staff knew how to act to keep them safe from harm. However the building and equipment were not always well maintained and able to be kept clean. Infection control best practice was not always followed by staff and some areas of the service were in need of maintenance and repair.

There were enough staff available during the day and night to meet people's sometimes complex needs and the staff were trained, supervised and supported to effectively meet these needs. Staff felt they could ask for support or additional training and the registered manager would support them.

Medicines were managed well by the staff and people received the help they needed to take them safely. A new computerised system was now in place and staff had been trained in using the equipment. Where people's needs changed the staff sought medical advice and encouraged people to maintain their well-being. External healthcare professionals' advice was sought quickly and acted upon. Improvement was needed to the temperature control of the medicines storage room.

People were supported by staff who knew their needs and how best to support them throughout the day. Staff were aware of people's choices and how to support those people who no longer had the capacity to make decisions for themselves. Families felt the service was effective and offered them the reassurance that their relatives were being looked after. Where decisions had to be made about people's care, families and external professionals were consulted as part of the process. Care plans were easy to understand and described in detail how best to support people.

People were supported to maintain a suitable food and fluid intake. We observed a pleasant mealtime experience with staff supporting people to enjoy their meal. Staff responded flexibly to ensure people maintained their physical wellbeing and worked with people as individuals.

Staff were caring and valued the people they supported. Staff showed kindness and empathy in responding

to people's needs. Families felt their relatives were cared for by a staff team who valued them and would keep them safe and well.

Privacy and dignity were considered by the staff team, who ensured that people's choices and previous wishes were respected. Our observations confirmed there was genuine empathy and warmth between staff and people living at the home. People who were receiving end of life care had their needs appropriately supported. External professional advice was sought where needed to promote advance care planning where this was required.

The service responded to people's needs as they changed over time, sometimes responding promptly to sudden changes in people's needs as their condition changed. The service supported people to access appropriate additional support so the staff could keep them safe and well.

The registered manager led by example, supporting staff to consider the best ways to meet people's needs. The registered manager regularly consulted families and staff to look for ways to improve the service. Audits and regular reviews of care delivery were carried out although we identified some delay in action being taken to improve the environment. We have made a recommendation about this. The registered manager was open with us about the issues in the home, as well as the positives of their time as manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Parts of the service were in need of maintenance and cleanliness and hygiene were not always easy to maintain.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored via a new computerised system to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received support from senior staff to ensure they carried out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. Where people were deprived of their

liberty this was in their best interests, was appropriately put in place with the necessary authorisations and was reflected in their care plans.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care. People were supported effectively by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People had their needs continually assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices and wishes.

People could raise any concerns and felt confident these would be addressed promptly by the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits of the environment carried out in 2015 and the consequent actions identified had not been completed in a reasonable time.

The home had a long standing registered manager. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations, as well as feedback from people.

The provider had notified us of all incidents that occurred as required. People were able to comment on the service provided to influence future service delivery.

People, relatives, staff and external professionals spoken with all felt the registered manager was knowledgeable, caring and responsive.

Silver Lodge

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 29 September 2016 and day one was unannounced. We visited the service on 29 September and spoke with relatives and professionals via phone in the following weeks.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed information we held about the service such as notifications we received from them. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted commissioners of the service for any feedback.

During the inspection we spoke with six staff including the registered manager, as well as three people who used the service and one relative. We also spoke with two external professionals who had regular contact with the service. Due to peoples dementia related needs we were not always able to communicate so we used observation.

Three people's care records were reviewed as were the staff training records. Other records reviewed included: policies and procedures and accidents/ incidents. We also reviewed complaints records, four staff recruitment/induction/supervision and training files, and staff meeting minutes. During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

The internal and external communal areas were viewed as were the kitchen, lounges and dining areas, bathrooms and, when invited, some people's bedrooms. We undertook general observations of people and staff interactions in communal areas and during mealtimes.

Requires Improvement

Is the service safe?

Our findings

The building was undergoing some maintenance at the time of inspection. Staff ensured people were safe by blocking off areas where work was taking place. The builders had liaised with the care team to ensure that the work did not pose a risk to people and staff monitored people to ensure there were no incidents.

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed supervision at all times were escorted by a staff member when they left the lounge area. The service had just transferred ownership. The service was in the process of having flooring work carried out on the day of inspection. The registered manager told us there was a major programme of ongoing works in the service to improve the environment and assist in keeping the home clean and free from infection. However some areas of the home were still in need of further maintenance and those repairs to the home had not always been acted upon promptly. For example building repairs, glazing and flooring identified as in need of maintenance in June 2015 had not been fully addressed to date. Tiling to bathrooms and sinks was not completed, or was broken, posing an infection control risk as they were hard to clean. Some carpets were stained and old, and one bathroom had no lock in place. One bin designed for human waste did not have a correct liner in and was stained and in need of deep cleaning. Soiled laundry was not always being transported to the laundry in correct bags so posed a risk of cross contamination. The registered manager agreed to take immediate action and accepted that some areas were hard to keep clean due to the continued need for maintenance. Since inspection we have received confirmation from the provider that further improvements to the maintenance of the service and the environment have taken place.

This was a breach of Regulation 15 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Relatives of people using the service told us they felt the service was a safe place for their family members. One told us, "I still call often, but don't worry anymore about [name] being okay anymore. When they lived in their own house with carers they didn't get 24 hour support so there were times I worried they were unsafe. At Silver Lodge the staff here are always vigilant." External professionals we spoke with told us the staff were quick to involve them if there were any issues about people's safety or behaviour.

Staff told us they had attended safeguarding adults training and could tell us what potential signs of abuse might be in people with a dementia related condition. Staff felt able to raise any concerns or queries they might have about people's safety and well-being and felt the registered manager would act on their concerns. For example one person had needed increased observations and referral for external professional advice due to concerns about their behaviour and possible falls risk.

We saw there were risk assessments and care plans in people's files to keep them safe and reduce the risk of harm where this was identified. For example, people's risk of falls were being managed and referrals to external professionals were made if required.

The registered manager explained to us how they calculated the staffing numbers required across the

service to ensure there was adequate staffing throughout the day and night. This was based on the numbers of people and their levels of dependency. Staff told us they felt there was enough staff and we observed that staff were able to respond quickly and still had time to spend with people talking or providing supervision in communal areas.

The registered manager met regularly with the staff team and with people and their relatives. These meetings checked if they had any concerns about the service and staff told us they felt able to raise any concerns they had about people's safety and wellbeing. Relatives told us they could speak with the registered manager at any time to ask any question. The registered manager's door was open throughout the visit and they took time to speak with visiting relatives.

Before staff were confirmed in post the provider ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Appropriate documentation and checks were in place for all three staff and they were not confirmed in post before all the DBS and references had been received. Staff we spoke with confirmed they had been through the full application and approval process.

The service was using a new computerised system for ordering and handling medicines. Senior staff had been trained in the use of this new system, and the registered manager undertook daily checks to ensure the system was being used consistently. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. Staff supported people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as and when required' medicines. The medicines room temperature was noted to be above the recommended 25C at times, the registered manager advised us that an air conditioner had been already requested.

Cleaning staff told us there were schedules in place to make sure all areas of the home were kept clean. Staff had access to gloves and aprons when supporting people with personal care and that infection control training and updates had been provided to all staff.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us they felt the service was effective at meetings people's needs. One relative told us they were happy with the service offered, they told us, "I am happy with how things have gone. When my [relative] moved in I had anxieties about moving here, but they have shown they are more than capable".

Records of staff induction showed that all staff went through a consistent process to prepare them for their roles. New staff shadowed senior staff and read peoples care plans to become familiar with people and their needs and the routines within the home. We saw all staff had attended the provider's mandatory training such as fire safety and had attended training on dementia care. The registered manager kept training records for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them. Staff told us they felt able to raise any questions about how best to support people and they would be addressed. One staff member told us how they had recently had further training on dementia care and that, "I learnt about using different techniques to talk to residents. I now used more closed questions, offering two choices at mealtimes, or getting dressed in the morning. It means I don't confuse people by keeping it simple".

All staff told us they were regularly supervised. Records showed that supervisions included discussion about the needs of people as well as the individual performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. We saw the registered manager liaised with their training provider and the local council to access additional training for staff in response to requests from staff, for example about managing dementia related behaviours.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relatives or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what activities they wanted to do and if they needed any 'as and when required' pain relief. One staff member told us they would often go back to people when they were at their best to better gain their involvement.

During mealtimes staff were able to tell us about the meals each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly keeping peoples drink topped up and offering an alternative if they did not like the choices available. The food was well presented and hot and cold drinks were available throughout the day. People told us they enjoyed their meals and we observed a relaxed mealtime experience with staff discreetly supporting people with their meals. We saw that staff assisted people to eat appropriately; engaging them and other people at the table in conversation whilst doing so.

We saw from care plans there was information recorded about nutritional needs and nutritional assessments were reviewed regularly. This assisted the service staff to identify people who may have been at

risk of losing or gaining too much weight. Weights were monitored monthly or weekly when an issue had been identified. We saw entries in the care records which showed staff sought advice or input from health care professionals such as the GP, dentist, speech and language therapist and dietician where concerns were identified. We saw this professional advice had been incorporated into people's care plans where required. We spoke with kitchen staff who told us how they offered fortified foods and regular snacks to assist people in maintain their weight.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 looked at peoples care plans where they were subject to DoLS. Care plans detailed how to support people to keep them safe and that there was a system in place to review and renew any DoLS. As part of initial assessment of people's needs the registered manager checked if a DoLS was required and made prompt applications.

There was evidence of joint working between the service and the local GP's and community health professionals. Records showed this input was used to consult and advise about people's changing health needs and care plans were regularly updated following this advice. Staff told us how they used this advice to adapt their approach to working with some people. A visiting health professional told us they had a good working relationship with the service and spoke highly of the registered manager and staff's commitment to supporting people's health care needs.

Good

Is the service caring?

Our findings

Relatives we spoke with told us the staff team were caring towards people using the service. One relative told us, "The carers here are lovely, they look after my [relative] the way I would expect and want them to." Staff were able to tell us about people's personalities, working lives and histories, as well as who they were now and how they liked to be cared for. We observed staff providing care with patience and empathy, speaking to people as equals and using persuasive language to gain peoples involvement and consent. Staff talked to us about people with kindness and used terms of affection in their conversations. Staff told us they would care for people as if they were their own relatives and how they would like to be cared for themselves. This reflected the language used by the registered manager and we saw many positive interactions throughout the visit.

Some people had advanced dementia related conditions and we saw that staff carefully monitored people throughout the day. We heard staff discussing how one person was affected by the builders in the service. We saw that staff ensured this person was occupied to avoid any possible distress caused by the closure of a corridor. Relatives told us that staff contacted them regularly to keep them updated on any changes and they felt staff were attentive when they visited. Relatives all told us how they had been involved in the development of their care plans and felt included by the staff.

We observed that staff always acted in a professional and friendly manner, treating people with dignity and respect. We saw smiles and warm exchanges between staff and people. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wished to wear each day, ensuring privacy when assisting with personal care and respecting people's rights and choices. People were supported to take pride in their appearance, one person being supported discreetly to change marked clothing.

Staff were able to tell us about people's history, how best to support them and they were knowledgeable about individuals. Families told us they had been involved in the creation and review of people's care plans. We observed staff using clear, simple language to communicate with people, offering choices and allowing people time to make decisions for themselves. Staff also told us how they offered new choices to see if people would accept them, for example in meal choices or in activities on offer. Staff told us that peoples choices changed over time, and that by returning to ask again or changing their approach they may get more involvement from people.

The registered manager told us how they could access advocacy, either general or specialist mental capacity advocacy services in the local area. These advocates had in the past assisted people when making long term decisions about their care where they lacked familial support.

In the reception area of the home we saw information was available about advocacy services provided in the local area, as well as planned activities, such as seasonal events. There was also information about safeguarding adults, how to complain and the home's survey results for people or visitors to review. The service also had three posters displaying 'what we asked' 'what you said' and 'what we did'. These

demonstrated how the service was responding to feedback and what their plans were to answer the issues raised. Through this the service demonstrated how it responded to feedback and used this to action changes, such as activities on offer to include more one to one for people. Relatives told us the registered manager would often met them when they called to pass on any new information or check how a visit had gone as they were leaving.

We were told that there were regular resident and relatives meetings where problems could be raised and changes discussed, these were advertised in the reception area. People and their relatives told us they were invited to attend the meetings. The relatives we met felt the staff and registered manager were receptive to their ideas and suggestions.

We saw people had information in their care plans about their preferences for care at the end of their lives where this was required. Staff told us they were experienced in providing end of life care and this was supported by training records. Staff said they linked in with local GPs and NHS nurses to administer support such as pain relief and in making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes were met. An external professional told us the staff had worked effectively with them to support people at the end of their life.

Good

Is the service responsive?

Our findings

People's relatives told us they found the service responded well to people's needs. We also saw that the service continually sought peoples input and views into the service. One relative told us, "I can ask any question and the carers will always come back with an answer. The deputy here got the GP out quickly when my [relative] was unwell and they got the prescription made up quickly." We also saw that the service had responded to relatives requests for changes to how activities were organised. More one to one was to be provided, as well as the activities coordinator having more resources suitable for people with a dementia related condition.

We saw that an assessment of each person's needs was carried out prior to admission to the service. Each person had an initial care plan prepared before their admission so staff were clear about the initial support they needed. This was then amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met. People and their families were also involved as much as possible in the drafting and review of their care plans.

Staff had described people's needs and choices within care plans. The quality of record keeping was consistent and provided clear information about each person. The initial care plans drafted prior to admission were reviewed regularly and any changes made were then clearly communicated to staff through handover. People used the service for respite and we saw that they had care plans in place that detailed their support needs. Staff were aware of recent changes in people's needs or when professional advice had changed. For example someone's medicines had been adjusted and staff were monitoring the impact on the person's mood.

Reviews of care happened every six months or when people's needs changed in order that staff could seek external professionals' input before making any changes to their care delivery. Staff told us they tried to ensure that families either attended these meetings when appropriate, or they sought their views before making any changes. An external healthcare professional we met told us that staff regularly sought their input and advice and they were happy that this was then carried out as stated.

Relatives confirmed that they were aware of meetings where they or people could express their views or make any suggestions and that they were involved in various fundraising events throughout the year. The registered manager told us how they had changed how these meetings were arranged to encourage increased attendance.

Staff told us they provided activities and one staff member led on this work, though all staff were encouraged to contribute towards activities within the service. We saw that people had one to one time, as well as group activities such as art and crafts, card games etc. Communal areas had been decorated with themes and with photos and pictures to aid people's orientation around the service. Staff and people engaged in humorous conversation with lots of smiles and affectionate interaction. We saw formal and

informal activity at most times of the day.

People and their relatives were given information about how to make a complaint when they came to live at the home. There had been no complaints recorded, but there had been a number of compliments made about the service and its staff team. These had been passed onto the staff involved. People and relatives told us they had no cause to complaint, but knew how to and felt if they did it would be taken seriously by staff and the registered manager. The registered manager told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements.

Requires Improvement

Is the service well-led?

Our findings

Relatives and external professionals all told us they thought the service at Silver Lodge was well led, by the registered manager. They told us that the service was designed to meet the needs of people using the service, was adaptable over time, but also willing to let people with a dementia related condition live with dignity. One relative told us how their family member needed additional support to eat and drink well. They told us that "My [relative] wasn't eating before moving here, they had lost too much weight, but here the team listened to our advice, and the carers kept coming back again and again till eventually [relative] started to eat. The manager spoke with the chef who worked with the carers to make sure what they liked was easily available. They are now eating again and they are more aware than before." Other family members told us the registered manager and deputy were easy to speak with and they felt comfortable in raising any issues.

We observed the registered manager and deputy interact with staff, relatives and people throughout the visit. All these interactions were positive and demonstrated how well they knew each other.

The staff we spoke with all held the same values of caring for people the way they would like someone to look after their own friends and family. Staff told us the registered manager had the same approach and encouraged staff to reflect on the way they supported people, and think how would they like someone to care for their family or friends. We saw that staff felt positive about the service they offered, and some staff told us they felt a strong sense of community in the home between staff and people.

Regular checks and audits were carried out by the registered manager. These analysed for example where people had experienced falls, significant weight loss, the use of medicines, care plan reviews and the services accident and incident log. We saw this information was then used in people's care plans to review any areas of concern, such as weight loss and highlight this with the relevant external health professional if there was a need for further support. However, the audits in place had not identified the issues we found in relation to the environment. We found that although these checks had been carried out, actions had not been completed promptly. This demonstrated that the governance within the service was not always effective and needed improvement to ensure that issues arising were responded to quickly and effectively.

We recommend that the registered manager ensures that action plans following audits are acted upon efficiently and effectively to ensure the safety of people using the service.

The registered manager told us about the links the home had with the local community, through fundraising activities. There were links with the local school and the local churches. They were clear in their responsibilities as a registered person, sending in required notifications to CQC and reporting issues to the local authority or commissioners.

The registered manager met with staff, people and relatives regularly and used these meetings to effect changes to the service. Staff were given feedback, and fundraising activities and other ways for families to get involved were discussed. The relatives and staff we spoke with about these meetings told us they were

useful. The home carried out a regular survey of people and families. The results of the last year's survey and feedback was positive and there were displays about the service showing what changes had been made in response to requests made. For example the manager had introduced a daily walk about of the service and regular checks to the environment were being made.

An external professional we spoke with felt the service worked well with them, seeking out their input and advice, but also managing people's complex needs. They told us the registered manager often looked at ways the service could make small changes to care plans to support people, before making external referrals for advice.

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 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 (1) (e) The registered person had not ensured the premises were properly maintained.