

Annual Inspection Report 2022-2023

Silverdale Care

Adult Care Home

13 March 2023



DHSC

We carried out this announced inspection on the 13 and 14 March 2023. The inspection was led by an inspector from the Registration and Inspection team. A pharmacy advisor also supported the inspection on the 17 March 2023.

Service and service type

Silverdale Care is a nursing home based in Ballasalla. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were thirty-five people using the service.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

Areas for improvement are required in relation to showerhead cleaning, bedrail risk assessments, pre-employment checks, the annual report and supervisions and appraisals.

Systems were in place to protect people from harm or abuse. Systems were in place to monitor all accidents, incidents and safeguarding concerns. The premises were clean and hygienic, with policies and procedures in place to protect people from the risk of infection.

Detailed care plans and risk assessments were written following a comprehensive pre-admission assessment. People's health and nutritional needs were being met. Staff received ongoing training needed to support people effectively.

People's independence was promoted. Staff treated people with dignity and respect.

People were encouraged to maintain relationships and to participate in social activities.

The manager understood their role and responsibilities. Staff received feedback via staff meetings, formal supervision and appraisals. Systems were in place to monitor and review the quality of care provided by seeking feedback from residents and their families and staff members.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Silverdale Care is registered as an adult care home.

Registered manager status

The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 24 February 2023. We visited the service on the 13 & 14 March 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

Twenty-three family members were emailed requesting feedback and eleven responded to this request. Five staff members were emailed and three responded.

During the inspection

We spoke to eight people who used the service about their experience of the care provided at Silverdale Care. We also observed interactions between staff and people living at the home.

We spoke with seven members of staff, as well as the registered manager, chef and activity co-ordinator.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. The pharmacy advisor also carried out an audit of medication management within the home.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in relation to bedrail risk assessments, showerhead cleaning and staff identity checks.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to protect people from the risk of abuse. Staff had completed safeguarding adults training and knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse. Staff were confident that the management would respond to any concerns that may be raised.

Policies and procedures on whistleblowing and safeguarding were in place.

Systems were in place to monitor all accidents, incidents and safeguarding concerns. The provider had notified the relevant authorities of all notifiable events within the specified timeframe. The manager had oversight of all incidents.

Assessing risk, safety monitoring and management

Risks people may face had been identified and guidelines in place to manage the risks. One person did not have a detailed bedrail risk assessment in place.

Equipment within the home was serviced in line with manufacturer's guidance.

Environmental risk assessments were written and regularly reviewed.

A variety of health and safety checks had been completed, including electrical and fire safety and boiler maintenance.

An external agency had tested the water system for Legionella bacteria and staff completed water temperature checks on a regular basis. Thermostatic Mixer Valves (TMV's) were serviced in-house. The manager said that showerhead cleaning and disinfection was taking place, but this was not being evidenced. A risk assessment for Legionella disease had been written.

A fire safety consultant had completed a fire risk assessment. No actions were required. Staff had received fire safety training.

Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy stored on file. A summary showing each resident's level of risk / support was kept at the front of the file.

Care records were stored both electronically and paper copies.

Staffing and recruitment

The files of staff who had started since the last inspection were scrutinised. The provider had recruited safely, although not all staff identity checks were being evidenced as part of the pre-

employment process. Nurses had their registration with the Nursing and Midwifery Council (NMC) confirmed. Staff Disclosure and Barring Service (DBS) checks had been reviewed within a three-year period.

At the time of the inspection there were enough staff rostered to meet people's needs. Staff rotas were clear and legible with shift leaders clearly identified. People said that there was enough staff on duty to support their needs. People were having their levels of support assessed.

Using medicines safely

Pre-admission assessments identified a person's medication needs. Medication self-administration risk assessments were completed on all residents. Care plans detailed the support required from staff in order for a person to take their medication. Medication risk assessments were in place.

As part of the inspection, a pharmacy advisor undertook a visit to the home to audit the medication management. A report was written following the audit and a copy was sent to the manager. All standards were met with some recommendations made. A medication policy and procedure was in place. People's medication was being reviewed.

Staff had received medication training and staff administering medication were having their competency to administer assessed.

Preventing and controlling infection

People were protected from the risk of infection. The home was visibly clean and free from odours. Domestic staff followed and completed cleaning schedules. The manager said that curtain cleaning was being completed every six months, but this was not evidenced. It is recommended that this is added to a cleaning schedule. The laundry had systems in place for the sorting and segregation of soiled articles. Staff received training on infection prevention and control. An infection control policy was in place. Regular audits were being carried out.

Protective Personal Equipment (PPE) was available throughout the home and worn by staff.

Learning lessons when things go wrong

Systems were in place to record and monitor incidents, accidents and safeguarding concerns. Management had oversight, enabling an analyse of trends and to identify any lessons learnt and to reduce the risk of reoccurrence.

Action we require the provider to take

Key areas for improvement:

- Detailed bedrail risk assessments to be written.
- Showerhead cleaning and disinfection to be evidenced.
- Identity checks to be evidenced as part of the pre-employment process.

Inspection Findings

C2 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 service does require an improvement in relation to the deputy manager receiving supervision and annual appraisal.

This service was found to be effective.

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

Pre-admission assessments were completed for all people. Identified needs were carried through into care plans and risk assessments.

There was evidence within the pre-admission assessments that people, family members and other professionals were involved in the admission process.

Staff support; induction, training, skills and experience

Staff received training needed to support people effectively. This was achieved via a mix of online learning and in-person training. Staff spoke positively about the training they received. A number of staff had acquired a relevant care qualification. New staff completed an induction to the home and confirmed that they were given the opportunity to shadow experienced colleagues as part of the induction process. One staff commented, “my induction was great. All training I was given was clear and enjoyable. I was offered more shadowing if I felt I needed it”. Two staff had not received first aid training. The manager explained that the reason was that seven to ten staff were required for a course to be held. It is recommended that training is accessed as soon as possible.

Staff were receiving supervisions and appraisals. The deputy manager was not receiving supervisions or appraisals and these must take place. The manager said the deputy manager was on the home’s board of directors and did not believe that these had to be carried out.

Regular team meetings were taking place, with ad-hoc meetings held when required. Feedback confirmed that staff could express their views and make suggestions.

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

People’s dietary / nutritional needs were being assessed. Individual likes and dislikes were collated on admission. People’s food and fluid intake was recorded where required. The chef / kitchen staff were aware of people’s allergens and dietary requirements.

Care records detailed any support required at mealtimes, including percutaneous endoscopic gastrostomy (peg) feeding. Further guidance on feeding was available in people’s rooms where required. A weekly menu was available showing the choices of food on offer. Menus were displayed in dining areas. A mealtime facilitator went round all residents asking for their meal choices. The mealtime observed on inspection was relaxed and informal. Residents spoken to were complimentary about the quality and choice of food.

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

Assessments identified people's health needs and care plans provided guidance for staff in meeting those needs.

Records demonstrated referrals were made to medical professionals, where necessary. A record of people's appointments with medical professionals was documented.

Peoples needs met by the adaptation, design and decoration of premises

People were able to personalise their rooms with photographs and personal items. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

The home's Grosvenor wing provided an environment for people with mental health issues, brain injury and dementia. Dementia signage was provided.

People had access to an attractive garden.

The building was in a good state of repair and was decorated attractively.

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

People's capacity to make a decision and their ability to consent was being recorded on admission. Mental health care plans were in place. Capacity and best interest decisions were being recorded for any restrictive practice. A discussion was had with the manager regarding how to future evidence capacity and best interest decisions.

Staff clearly understood the importance of seeking consent before providing care and support. People confirmed that staff always asked them for their consent.

Action we require the provider to take

Key areas for improvement

- The deputy manager to receive regular supervision and annual appraisal.

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring.

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

Staff knew people and their individual needs well. Positive interactions between people and members of staff were observed on the day of the inspection.

People spoke positively about the care they received. Comments included, "the care is excellent. I wouldn't want to be anywhere else" and, "the care is top quality".

Family member feedback confirmed that their relation was provided with excellent care. One person said, "staff take the time to get to know their residents and are kind and understanding of residents wishes and preferences". Other comments included, "all staff are approachable, caring and nothing is too much trouble" and "my impression is that the care mum receives is personal, caring and attentive and she seems to have a generally good relationship with staff".

Religious and cultural needs were identified when developing care plans.

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

Involvement of people / family members in the review process of care was evidenced and family members confirmed that they were kept informed about any changes in their relative's health, care needs.

Resident / family meetings were taking place with the manager saying that it was hoped for these to occur every three months. Minutes from these meetings evidenced that discussions about the menu and activities took place.

Staff confirmed that they had opportunities to spend quality time with residents.

Respecting and promoting people's privacy, dignity and independence

Individual care plans were written in such a way as to promote independence. Staff gave examples of how to encourage people to be as independent as possible.

People's privacy and dignity was respected. Staff confirmed how they ensured privacy and dignity while carrying out personal care.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

People received individualised support to meet their needs. Person-centred plans identified people’s support needs and provided guidance for staff on how to meet these needs.

Important information was recorded. Staff were familiar with people’s needs and preferences. This was confirmed in feedback from family members.

Care records evidenced that people could choose the gender of staff they wanted to support them.

People confirmed that they could choose when they got up and went to bed, as well as when they wanted to eat and what to wear.

A person’s personal history, hobbies and interests and religion were recorded. An activity co-ordinator was employed by the home. A weekly activity planner advertised what was on offer in the home. One family member commented, “the range of activities has certainly improved over the last year. Mum is encouraged to engage in games, crafts and other activities”.

Meeting people’s communication needs

Assessments identified people’s communication needs and choices, which led to the development of person-centred care plans on communication. For one person’s needs, photographs / flash cards were being used.

The home’s statement of purpose was available in different formats on request.

Improving care quality in response to complaints and concerns

The home had a complaints, suggestions and compliments policy and a copy of the complaints procedure was on display within the home.

No complaints had been made or recorded.

People said that they would speak with a member of staff if they wanted to make a complaint. Family members said that they would speak to the manager and were confident that any complaint / concern raised would be taken seriously.

End of life care and support

Where appropriate, ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) orders were recorded. This was discussed with people and their families on admission.

People’s last wishes and end of life care were recorded.

Members of the Hospice team were involved in end of life care in the home.

Care of the dying training was provided.

Inspection Findings

C5 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. The service does require an improvement in relation to the annual report.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

People living in the home spoke positively about the care they were receiving. Family members spoke positively about the home. One commented, "Silverdale Care feels like a home of extended family. The staff are all very caring, friendly and take the time to speak with the residents and visitors".

Staff said that they felt supported and valued by management and that they were happy working at Silverdale. Several said how approachable the management of the home were.

Staff meetings were taking place.

Family members said that they regularly saw management when they visited and were kept informed about any changes to their relatives care.

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

The manager is a registered nurse and non-medical nurse prescriber with diplomas in dementia and palliative care.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place and displayed in the home.

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

Systems were in place to monitor and review the quality of care provided by seeking feedback from people and their families and staff members.

Staff confirmed that they had team meetings and that they felt that they could raise issues.

Supervisions and annual appraisals were taking place for the staff team.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training. Staff confirmed that they received the support and training to meet the needs of the people living in the home.

Regular audits were taking place, including on fire, infection control and care records.

The manager and deputy regularly worked alongside the staff team to observe practice.

An annual report had been written in December 2022. This did not contain a development / improvement plan based on the outcomes of the feedback received from residents, family and staff.

Working in partnership with others

Information contained within care records demonstrated the staff at Silverdale Care worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- The annual report must contain a development / improvement plan based on the outcomes of the home's quality assessment exercise.