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Silversea Lodge

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 responsive?

Good ●

Is the service well-led?

Good ●

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 12 people living at the service.

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

People told us they were happy living at the service. One person said, "It is a very good service." A relative told us, "They are happy and well looked after."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Silversea Lodge on our 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?

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 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.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

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 registered with the Care Quality Commission. 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

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return and updates they provided. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, manager, senior care worker and care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training date, meeting minutes and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection in March 2019, we found a lack of guidance for staff on how to manage risks and not all risk had been identified. Environmental risks had not been identified or mitigated to keep people safe. Medication had not been safely managed and lessons learned when things go wrong and mitigated against. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Improvements had been made in people's individual risk assessments and care plans. We saw this matched people's support needs and information was clear for staff to follow.
- Risks assessments were up to date and regularly reviewed. They were person centred and provided guidance to staff to mitigate risks to people.
- Issues in the environment had been addressed. For example, free standing wardrobes were secured to walls to prevent the risk of them falling over. Self closures had been added to all bedrooms so that if people wished their doors could remain open but would close safely if a fire alarm was activated.
- Maintenance checks had been completed regularly in line with LOLER [Lifting Operations and Lifting Equipment Regulations] 1998.
- People were supported to take their medication by trained and competent staff. Staff were supported to complete medicines training and the manager assessed staff's competence to support people safely with medicines.
- One person said, "I am well looked after medically, the staff get my antibiotics and cream when I need them from the doctor."
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.
- The manager had systems in place to investigate and learn lessons when things go wrong. For example, they completed analysis of falls, accidents, weights and infections. They shared findings with the provider and staff and put actions in place where needed.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. The provider had

policies in place for staff to follow on 'whistle blowing' and staff received regular training on how to safeguard people. One member of staff told us, "I have completed safeguarding training, if I thought a resident was not being treated as they should be I would report it to the senior or manager to protect them, if nothing was done I would go to the owner or CQC."

- Everyone we spoke with told us they felt safe living at the service. One person said, "It is a very good service I feel safe here."
- The manager was diligent at raising concerns and investigating them as appropriate, in conjunction with the local authority. To ensure people were supported to remain safe, and for all risks to be identified and lessened.

Staffing and recruitment

- There was a consistent staff team at the service. The new manager had been in post since September 2020 and had been developing the staff team and recruiting new staff as needed.
- One person said, "We have had some new staff and they have been younger which has been a good thing. If I press my buzzer they are here within a couple of minutes."
- The manager used a dependency tool to calculate staffing numbers and staffed slightly above these needs to ensure there was enough staff to cover absence such as, sickness.
- There was an effective recruitment process in place, and staff recruited were suitable for the role they were employed for.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection in March 2019, we found people's mental capacity to make particular decisions was not assessed and 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.

We found at this inspection improvements had been made and the service was no longer in breach. Capacity assessments were in place and staff had a better understanding of the Mental Capacity Act 2005.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed. The manager and provider worked within the principles of least restrictive practices and demonstrated people were supported to make their own decisions and choices.
- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate choice over day to day decisions and activities.

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

- People's needs were assessed. Care treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.

- People and their relatives or advocates were involved in planning and reviewing their care which was personalised to meet their needs as individuals.

Staff support: induction, training, skills and experience

- Staff were supported to obtain the knowledge and skills they needed to provide good care. Staff told us they felt very supported by the manager. One member of staff said, "Since the new manager has been here, we have been supported and shown how to do things properly."
- The manager supported staff with training. One member of staff said, "I am up to date with training, I am currently doing falls training."
- Staff received regular supervision to discuss their support needs, any issues or concerns they had or further training they required.
- The manager had also introduced a system for staff to review a policy each month and discuss this to support their learning.

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

- People were supported to maintain a healthy diet. Staff monitored people's weight for signs of changes and where necessary referred people for medical assessment.
- If people had a specific dietary need these were care planned and catered for. For example, if people needed a diet suitable for diabetes or to aid with swallowing difficulties. One person said, "I had trouble swallowing and now I have a soft moist diet."
- People told us they were happy with the food one person said, "My plate always goes back empty." We saw people had access to drinks and snacks throughout the day. One person who enjoyed a glass of wine with their meal staff ensured they had this.

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

- Since our last inspection the provider has made some adaptations at the service to meet the needs of people. For example, the garden was more accessible, colourful murals were painted on the garden walls and furniture added to make it an inviting area for people to sit and enjoy fresh air and sunshine.
- Internally the service had been decorated to make the space more dementia friendly, for example the dining room door was painted depicting a dining area and bathrooms doors were painted depicting toilets. These gave visual clues to support people with dementia to locate these areas.
- People were happy with their rooms which they could personalise. One person said, "I have everything I need my own toilet and shower, a lovely big window I can look out, and a comfy chair."

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

- People's healthcare needs were supported. One person said, "I have had both the jabs in my arm for the virus." Another person said, "If I need anything medical the staff sort it out."
- We saw people were supported to access healthcare such as the district nurse and GP. Where people needed to attend hospital appointments to have their on-going health needs monitored this was arranged. Staff kept detailed healthcare notes and updated care and support plans when needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection in March 2019, we found people's care had not been planned in a person-centred way. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to care and support plans and the service was no longer in breach.

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

- Care and support plans we reviewed were very person centred and contained all the information staff needed to support people safely. Care plans were regularly reviewed and if new information needed to be shared this was added to the care plan.
- The manager had systems in place to regularly review and update care and support plans.
- Before people were admitted to the service a pre-admission assessment was completed to ensure their needs could be met at the service.
- The new manager had developed an activities program to find ways to engage with people to stop them feeling isolated. They had held a number of activities including having parties to celebrate occasions such as Easter and St. Georges day. They also encouraged people to join in games and craft activities.
- People told us they followed their own interests one person showed us the books they were enjoying reading another person showed us their laptop they used.
- We saw staff engaging in activities with people during the day which people were enjoying.
- The service had been provided with a robotic cat which acted like a real cat sitting on people's laps to be petted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with their communication needs and care plans identified what support people required from staff. For example, if people needed support with hearing and hearing aids or to wear glasses.
- We saw one person had a talking clock and they showed us how when they pressed the clock it spoke the current time.

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. The provider had when required referred concerns onto the local authority safeguarding team to investigate.
- People we spoke with said they did not have any complaints but if they did they would speak to a senior or the manager.
- The service had received a number of compliments on a care home forum. One relative wrote recently, 'I know my wife is in good hands. She is cared for as part of a family'.

End of life care and support

- Where needed people had comprehensive end of life care plans in place which were individual to them.
- Staff told us they had received training in end of life care. The manager worked in collaboration with other health professionals such as the palliative care team when required.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in March 2019 we found not all people had personalised care plans in place to provide staff with guidance on how to support their needs. Governance systems were not in place to provide oversight of the service to the provider and systems being used were ineffective. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service was no longer in breach.

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

- Following our last inspection, the quality manager took over at the service to facilitate improvements and a new manager was employed. The new manager is in the process of becoming registered with the commission.
- We could see a number of new initiatives and quality monitoring processes had been developed at the service to give good oversight and keep the provider informed of developments at the service.
- We saw the manager had an effective system in place for audits. They also analysed information and shared learning from accidents and incidents to drive improvements.
- Peoples care documentation was regularly reviewed and their healthcare was monitored. When indicated prompt referrals were made to other healthcare professionals such as the GP or district nursing team.
- From care documentation we could see people were consulted about their care and their opinions were sought.
- In consultation with staff the new manager reviewed staffs training requirements and implemented new training at the service. For example, they held a medication training workshop and had developed training on falls prevention.

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

- People were involved in the running of the service and we saw their opinions and feedback was sought by the manager.
- Feedback from surveys had been analysed and actions taken. For example, people felt cleaning of bedrooms had not always been completed sufficiently. To address this cleaning schedules were devised, and more hours allocated each week to provide a deeper level of cleaning.
- People were complimentary of the staff and told us if they had any complaints they would talk to the staff. One person said, "The staff always try to do their best and will do anything you ask."

- Staff survey showed not all staff were aware of the 'whistle blowing' policy. To address this the manager set up a system for staff to review a new policy every month beginning with 'whistle blowing'

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

- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the manager. One member of staff said, "The manager is always around if you need to ask anything or need support, and we work well as a team."
- People benefited from a consistent staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- The manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals such as GPs and district nurses to ensure people's needs were met and they had positive outcomes whilst living at the service.
- Staff also received training from the district nursing and practice nurses on monitoring people's vital signs and recording these for the GP. They had also had additional training on use of personal protection equipment and infection control amongst other subjects.
- The provider and manager had also been open in working with the local authority when reviewing peoples care.