

Silverlake Care 1 Limited

Ullswater Cottage

Inspection report

Old Brighton Road South
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ullswater Cottage is a 'care home'. It is registered to provide care and accommodation, including nursing care, for up to 10 people and there were 9 people living at the service when we inspected. The service provides care, accommodation and rehabilitation for people with an acquired brain injury (ABI).

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

People received personalised care and support specific to their needs and preferences. A relative told us, "The manager is very knowledgeable and that comes across to the staff as well. They have provided excellent care to my [relative]." People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual and environmental risks. People received their medicines safely, when they needed them.

Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. This had been effective in supporting people to achieve goals and facilitate their rehabilitation.

Quality monitoring systems had been embedded and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run.

Staff had the skills and knowledge to meet people's needs and preferences. They received training, regular supervision and attended team meetings to support them in their roles. People's nutritional and hydrational needs were met. There was regular involvement from health and social care professionals.

We observed a kind and caring culture. People and relatives spoke positively about the support staff gave to people. We observed positive interactions between people and staff throughout the inspection.

People's care plans were personalised and gave staff the information they needed to support people. We saw people were supported with their communication needs and their preferred activities in accordance with their care plans.

People received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 17 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service first registered with us.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led section below.

Good ●

Ullswater Cottage

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 Health and Social Care Act 2008.

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 1 inspector.

Service and service type

Ullswater Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ullswater Cottage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had 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 providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 4 care plans. We spoke with 2 people living at the service. We also spoke with 7 members of staff, including the nominated individual, the registered manager, a registered nurse, the chef, care staff and ancillary staff. We spoke with 3 relatives over the telephone.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People had risk assessments in place with detailed guidance for staff on how to recognise, assess and reduce risk. Staff spoke confidently about individual risks and how they employed recommended ways to reduce these risks.
- People's care plans contained detailed information that supported staff in understanding early warning signs to reduce the person's anxiety, as well as any potential risks to the person or others.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.
- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

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

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- We observed the support people received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff. One person told us, "They are very good to me, I can't fault the staff. They respect my choices and are there when I need them."
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw systems where specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Using medicines safely

- Registered nurses and care staff were trained in the administration of medicines. People's prescribed medicines were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found, action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely. People we spoke with did not express any concerns around medicines.

Staffing and recruitment

- People told us there were enough staff to meet their needs safely. One person told us, "There's never been a time when there haven't been staff available to me." Our own observations supported this, and we saw

people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.

- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

Is the service effective?

Our findings

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

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

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

- Assessments had been completed with people and their relatives to ensure the service was suitable and could meet their needs. These assessments covered all aspects of their care and support needs and were used to draw-up care plans and risk assessments.
- Care was provided in line with relevant national guidance. Staff kept up to date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.

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

- People's nutrition and hydration needs were met. People were offered healthy and nutritious food that they enjoyed. People who required special diets were catered for and the chef provided vegetarian and culturally appropriate foods.
- Any specific eating requirements were followed to keep people safe, for example providing people with pureed or fork mashable diets.
- Some people at the service could not eat orally and were fed through percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
- Staff were well trained on using PEGs and people's nutrition and weights were monitored closely.

Staff support: induction, training, skills and experience

- Staff received support, training and supervision to carry out their roles safely and effectively. Supervision and appraisal meetings had been completed in line with the provider's policy.
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- In respect to training, a member of staff told us, "Training is always laid on for us and we have to complete it." A relative added, "The staff all seem very well trained and knowledgeable, even the agency staff they use."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People told us they received effective care and their needs were met. A relative told us, "They've done a lot for my [relative]. He gets the care he needs, which is quite a lot."

- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's. Feedback from staff and documentation supported this. Staff recognised when people were unwell and had contacted the relevant professionals. A relative told us, "They get in touch straight away if my [relative] isn't well. They always get the Doctor in." Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Rooms contained appropriate moving and handling equipment, such as hoists.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Is the service caring?

Our findings

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

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

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

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- People were supported by staff who knew their needs and cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff.
- People told us staff were caring and attentive. One person told us, "I get on perfectly well with the staff, they listen to me and respect me."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "Everyone here is different and has different needs and that's fine."

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. Staff ensured that people, families and professionals were involved in order to guide them on the best way to care for and support people.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- People's communication needs were detailed in their care plans and a member of staff told us, "We learn what is the best way to communicate. Some people can talk with us and others show us what they want through pointing and gestures."

Respecting and promoting people's privacy, dignity and independence

- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged to carry out day to day tasks for themselves. A member of staff told us, "We work very hard with people to help them develop their skills."

Is the service responsive?

Our findings

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

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

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

- People's care plans were person-centred and comprehensive providing information and guidance about people's health and care needs, and how best to support them.
- The service focused on care and rehabilitation from an ABI and had specific staff deployed to assess and assist people to rehabilitate. Staff told us how goals were developed with people. These were set within each person's level of achievement and rehabilitation.
- We saw examples whereby, through rehabilitation work, some people had improved mobility and others now were able to eat food orally. A member of staff told us, "We have a tailored physiotherapy scheme for all residents. Sometimes they might not want to do the physio, so we do something they want like getting out in the garden. It's still exercise, and it still helps them. We've had some very good results."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People engaged with activities which included trips out to local attractions. There was also musical entertainment in the service and specific events planned, such as St Patrick's Day and church services.
- People were also supported to engage in hobbies and interests that were important to them, such as shopping and watching football.

Meeting people's communication needs

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

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Improving care quality in response to complaints or concerns; End of life care and support

- The service had a complaints procedure which was given to people, relatives and next of kin. It was displayed for people's reference and was also available in an easy read format.
- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital. Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support

people.

Is the service well-led?

Our findings

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

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

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

- We received positive feedback in relation to how the service was run, and our observations supported this. One person told us, "I'm happy here, I think it is run very well." A relative added, "[Registered manager] knows everything inside out, she never forgets anything."
- Staff told us about the positive impact the service had on people's lives and how much they enjoyed working there. One member of staff told us, "We are like a family, we support each other and we support the residents." This was echoed by the registered manager who told us, "We support the staff to be happy at work, I'm proud of all of them. We make progress with the people who live here, there is the potential for us to support them to live their best lives."
- The culture of the service was positive and inclusive. We saw that there was a positive atmosphere between people and staff. Staff spoke about people with care and compassion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Quality assurance systems were effective, and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had been implemented to show where shortfalls were, and to enable staff to take action.
- Records were detailed, accessible and provided staff with the information they needed to provide person centred care and drive improvement.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.
- People and their families were involved in the running of the service, they had opportunities to give feedback and make suggestions through regular meetings and reviews of care.

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; Working in partnership with others

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation

that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

- The service liaised with organisations within the local community. For example, the Local Authority and Integrated Care Board, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns. The service also engaged with the local community.