

Silomarg Ltd

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Inspection report

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Date of inspection visit:
13 September 2019

Date of publication:
21 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Silomarg Ltd is a domiciliary care provider providing personal care to two people at the time of the inspection. It provides personal care for people living in their own homes, so they can live as independently as possible.

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

The provider had not established systems to ensure the service was providing quality care. These were reflected in safety aspects not being completed to support risk management.

The required recruitment checks had not been completed to ensure staff were safe to work with people. Staff had not received training from the providers training programme. Any training received from other providers in relation to their role had not been reviewed to reflect staff competency.

Risk assessments were not in place to consider the safety of the environment or the support they may require for their long-term conditions. Reviews had not been completed to consider any changes to the care requirements or care plans being updated when people's care needs changed. Measures had not been taken in respect of infection control to reduce the risk to people when they received care.

People told us they enjoyed the company of the staff. They had established a relationship as they had consistent staff to support them. These staff demonstrated an understanding of respecting their dignity. People remained in control of their health care needs.

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.

Care plans had not been reviewed or any updates completed to reflect the persons changing needs. There was a complaints procedure, however to date this had not been used. No one was requiring end of life care; however, this could be arranged if needed.

Partnerships had been developed with local authorities to review how the service could support packages of care.

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 16 February 2018 and this is the first inspection.

Enforcement

We have identified four breaches in relation to safe recruitment, safety in relation to risk assessing, training of staff and quality and improvement at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Silomarg Ltd

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 visited the two people who receive services in their home. We spoke with the director and the registered manager, who currently manage the service and provide care. We reviewed the care records of the people who receive care. We looked at two staff files in relation to recruitment and staff supervision.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies relating to the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments had not been completed to consider the environment or people's individual health conditions.
- People received a daily call which involved access to several rooms in the home. No environmental risk assessment had been completed to consider aspects of the home. For example, using the cooking appliances or access to the home.
- There had not been a risk assessment completed for people's long-term health conditions. This meant that there was no guidance for staff to consider how the condition impacted on the persons needs or how to react if they became unwell.
- The provider had not ensured staff followed infection control measures. We observed the staff member leaving the bathroom and preparing food. The staff member did not use an apron when providing personal care tasks or when handling food. The staff member we observed providing care had artificial nails. Artificial nails can harbour bacterium or other microorganism which can cause infections. This concern had not been addressed by the registered manager.

We found concerns relating to risk management and infection control practices. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were sufficient staff to support the two people currently receiving care, however we raised concerns about recruitment and ongoing staff levels for future packages.
- The provider had not completed appropriate pre-employment checks, criminal records checks or references from previous employers had not been sought. They had also not obtained two current references for staff in relation to previous employment. This meant the provider or registered manager had not taken the required measures to ensure staff were safe to work with people.

We found people were not protected from the risk of the required recruitment checks being completed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed they were obtaining the required checks for staff and shared their initial work in this area with us.

Using medicines safely; Learning lessons when things go wrong

- People receiving support did not require assistance with medicines.
- The provider shared with us their medicines policy and acknowledged that the policy stated all staff would be trained. However, staff had not completed training in medicines. This meant they could not provide this aspect of the service for people and staff lacked understanding in this area to ensure people's medicine were safe.
- The provider had not considered the implications of this and reflected on any lessons learnt in this area of care.

Systems and processes to safeguard people from the risk of abuse

- Staff had not completed training in safeguarding. Staff we spoke to had received training in other employment roles related to areas of care.
- We had not identified any current risks in this area, however could not be assured staff had the knowledge of what concerns they would raise and the providers policy and process to do this.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received the training they required to support their role. We reviewed staff records which showed staff had not completed training in areas for the care they provided or planned to provide. For example, moving and handling, mental capacity, safeguarding and food preparation.
- In the PIR the provider told us all staff would complete, 'NVQ level 2 in health and social care,' however we found that staff had not completed the NVQ or basic mandatory training for their role.
- Some staff had received training from other providers, however competency checks had not been completed to ensure the training was understood and reflected in their practice.

We found staff had not received the required training for their role. This placed people at risk of harm. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed that staff had received some online training in some of the areas we had identified, and these certificates were shared with us.

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

- Care plans reflected people basic needs. They did not reflect current standards or guidance in relation to individual conditions.

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

- People's health history and current needs had not been detailed in their care plan, which would provide the information staff required if they needed to support the persons health care needs.
- People remained in control of their own health care appointments. One person told us, "The staff care and encourage us to contact the GP if we are unwell."

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

- Staff had not received training in nutrition and fluids, to ensure they had the knowledge to support people if this was a requirement in future packages of care.
- People had support with their daily breakfast from the service. The people told us staff made their breakfast of their choice.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The people currently receiving support from the service had capacity to make their own decisions and were not subject to MCA assessments.
- However, staff had not received training in this area to enable their understanding of the act. We will review this area at future inspections in relation to other people who access the service, who may require this level of assessment.

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.

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

- People told us they enjoyed the company of the staff and felt their needs were supported.
- The relative we spoke with told us, "The service has been flexible in their approach to the care calls, changing times and the level of support when [name] has to attend an appointment."

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

- People had caring, kind, supportive relationships with the staff who supported them.
- There was currently no one who required support with their cultural or equality needs. However, people told us they felt able to make their needs known.
- The relative we spoke with praised the service for providing consistent staff so they could build relationships with them.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff ensured their privacy and dignity was considered. A relative said, "They are respectful of [name], when they go in the bedroom they shut the door and as its downstairs they close the curtains." They added, "Staff are friendly and courteous."
- People's information was stored at the person's home and in a locked cabinet at the providers office.

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 Requires Improvement. This meant people's needs were not always met.

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

- In the providers PIR, they told us they would complete, 'Regular Assessment of the client to be completed to highlight changes identified.' They also said they would, 'Review care plans in line with client needs.' We found there were no records of any reviews having been completed.
- The care plans reflected the basic needs of people. They had not reflected lifestyle elements or in-depth details about people health conditions. The care plans had not identified when a person's needs had changed.

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.

- Currently people, using the service were able to understand the written word. However, the provider had not considered any other aspects of communication methods for future people who may use the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which had been included in information provided to the people when they commenced their care with the service.
- The relative we spoke with told us, "I have no complaints, I would let them know, if I had a concern."

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection
- The provider shared with us their policy on end of life care. This detailed the care plans which would be completed and training for staff. However, none of this had been implemented as no one required this level of care. We will review this area at future inspections.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not established a system for checking the care people received. Reviews had not been completed or care plans updated when people's needs had changed.
- We found the provider and registered manager had not reflected on the aspects of safe care. For example, risk assessments had not been completed to reflect people's needs with their long-term health conditions.
- The provider had not considered the implications of not ensuring staff were safe to work with people as they had not completed the required recruitment checks.
- There was no forward planning, the provider was aiming to take on further packages of care without the staff being training in the support areas these people may require. Staff were not suitably trained or had received competency checks in areas of care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- To date we have had no incidents which have required the provider to inform us through a notification. We will review this at future inspections.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People receiving the service were happy with the care they had from the staff.
- The provider had not completed any surveys as the service was small and any views were taken directly from people. This was an area they would develop in line with their business size.

Working in partnership with others

- The provider told us they were working in partnership with a range of local authorities to develop a network for obtaining care packages.

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
Nursing care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments had not been completed or measures taken to reduce the risk of infection.
Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensure the required quality improvements checks had been completed to ensure the service was safe.
Regulated activity	Regulation
Nursing care Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The required recruitment checks had not been completed.
Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff had received the required training for their role.