# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Silloth Nursing and Residential Care Home

Convalescent Home, Silloth, Wigton, CA7 4JH

Tel: 01697331493

Date of Inspection: 06 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Safety and suitability of premises** | ✓ Met this standard |
| **Staffing** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Cumberland & Westmorland Convalescent Institution |
| Registered Manager | Mrs. Elizabeth Blair |
| Overview of the service | Silloth Nursing and Residential Home is close to the golf course with sand dunes and views across the sea to Scotland on one side and a protected conservation area on the other. The home is on one level providing spacious accommodation and ample communal areas.<br>There is an interior courtyard with raised flowerbeds for residents to enjoy and plant out.<br><br>The home is registered to provide nursing and personal care for up to 38 people some of whom may have a physical disability. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

### What people told us and what we found

During our visit we spoke with people in groups in one of the lounges and in the dining room at lunchtime but we also spoke to individuals in the privacy of their own rooms. People had very positive things to say about the way they were supported.

We learned that people were fully aware of their options and choices in terms of the care and support provided. People told us that their consent was sought on a daily basis and that any care or nursing interventions were only done after their consent was given.

Everyone we spoke with had nothing but praise for the way the care was delivered:

"Care is exceptionally good...and is well organised, with good checks on my welfare."

The home was clean, bright and airy with all the resources necessary for a comfortable life for all the residents.

Staffing levels were good and this meant that the home was well organised and good care provided.

The home had received no complaints but people felt comfortable to complain about things if necessary. The home had suitable procedures in place to manage complaints promptly and appropriately.

You can see our judgements on the front page of this report.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

### Reasons for our judgement

We measured this by observing the way staff interacted with people, by reading care files and by talking with people.
We saw that consent was part of the daily interactions for people in the home.

We observed people being asked about all sorts of interventions. When the visit started staff were asking some people about where they wanted to spend the day and for some when they wanted to get up. We heard throughout the day that staff asked people about their wishes and preferences.

We looked at the care files of a number of people and we saw that where possible people had signed their own care plans and that the care planning directed staff to ask permission and seek consent. One or two people in the home were unable to give their consent but we saw that the care files covered this by good care planning with multi-disciplinary groups. For example some people who had a learning disability had their care planned by the staff, family members, the specialist consultant for people with a learning disability, a social worker and health care professionals.

We spoke with a number of people about consent and they confirmed that it was sought for both small things and more life changing interventions. One person told us:

"The nurses asked me to go and see a specialist because they were worried about me. I was not happy about this and asked for time to think about it and to have a word with my doctor. The doctor was called and I could talk it through and the nursing staff helped me to make the right choice. I got the treatment I needed and am much better now...more my old self."

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

We spoke to around half of the people who lived in the home and we also observed people during the morning and lunchtime period. We saw that people in the home were relaxed in their environment and were being attended to promptly by staff.

We asked people their opinions on the quality of nursing and personal care. We had very positive responses:

"I have been here for a number of years...all the staff are very good...the male carers are excellent and I don't mind receiving care from them. The night staff are very good too and nothing is too much trouble for all the staff. I like a bath twice a week and I get this. I have my own privacy ...but am given every attention. I was taken out to the optician last week and a member of staff is coming with me to a hospital appointment next week. I go to regular communion and services and these are important to me."

"The care is exceptional...It is homely here but the care is well organised. I get checked on regularly. The night staff make sure I am all right. The nurses advise me on my health needs. We have social things every week...indoor bowling this week and it was a lot of fun. We have trips out on the bus and we are planning our Christmas meal out and there is a lovely family night at christmas. Recently we had a male voice choir come. We enjoy our soirees!"

"I have a strong Christian faith and I receive regular communion. Staff respect my needs. I am well looked after as the care is very good. The staff don't fuss but just deal with the task in hand. It is all about individual needs and there is a lot of mutual respect and politeness between staff and residents. We are treated as the adults we are."

We also looked in briefly on some people who were unwell or were having a rest day in bed due to their frailty. They looked comfortable and staff checked on them regularly. We saw them being helped with meals and we noted that care and housekeeping staff made sure no one was just left in their room without being checked. We saw that the service had received a gold standard award for nursing care at the end of life.

We learned from speaking with people that they received good levels of personal care and that nurses cared for people properly. We looked at a number of care files and read six of

the files in some depth. We also looked at the care records kept in individual's bedrooms.

We saw that there were detailed assessments of need in place that gave a good picture of the person and started the care planning process. The files we saw had good detailed plans in place so that nursing and care needs were followed consistently and in the way the person wanted and needed. Plans covered in detail the way people wanted personal care delivered and these included their personal preferences for dressing and showed what they wanted to do for themselves.

We also saw very detailed nursing plans that showed how things like skin care were dealt with. We had evidence to show that good nursing had helped someone with pressure ulcers and that the attention to wound care had helped these heal very soon after admission to the home. We also saw very detailed plans showing how to overcome poor nutrition and swallowing problems. We noted that someone who had only been in for less than a fortnight had been helped to get the right kind of pain relief and that action had been taken to help prevent falls.

We also saw evidence to prove that the spiritual, emotional and psychological needs of people were well met. We saw a nurse and care staff reassuring someone who was worried about the health of a partner. We also saw a lot of good humoured yet polite interactions between staff and service users.

We noted that people in the home had good help to maintain their dignity and sense of self worth. The men in the home were well dressed and shaved. Women were dressed in the way they preferred and it was obvious that 'hairdos' were a highlight of the week for them. People looked well and we noted that they ate well and looked forward to activities and outings. People in the home were interesting and interested people who, due to good care delivery, were alert and assertive.

"The food in here is marvellous...that is why we keep so well...that and the loving care and attention we get."

We shared a pleasant meal with people at lunchtime and we saw that this was a time for socialising and for sharing good food. Staff were attentive but not obtrusive and there was a lot of conversation and shared laughter in the dining room. We noted that people who needed special attention to help them eat were assisted first by the whole staff team. One or two people ate in the dining room at this first sitting but others were helped in the privacy of their own rooms.This meant that everyone in the home benefitted from the two sittings at meal times and no one was embarrassed or rushed with their meals.

**Safety and suitability of premises** ✓ Met this standard

**People should be cared for in safe and accessible surroundings that support their health and welfare**

## Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

## Reasons for our judgement

Silloth Nursing and Residential Care Home was situated near to the beach and was in a rural position. It was within walking distance of this small resort on the Cumbrian coast. It was set in its' own substantial grounds. There was ample parking at the front of the property.

The home was able to accommodate up to 38 people in single, largely ensuite, rooms. Only two rooms did not have ensuite facilities. All other rooms had toilet, wash hand basins and most had showers. There were three separate bathrooms with assisted baths. There were suitable lavatories around the building.

We visited people in their own rooms and saw that these were well decorated and had suitable furnishings and fittings. People with nursing needs had appropriate equipment in their rooms. We could tell that people were encouraged to have personal possessions in their rooms. Most people had their own television sets and some people had a telephone line. We saw that people had their rooms decorated appropriately to meet their needs. We saw one room with sensory lights and other objects so that this person would have the kind of environment that would relax them and suit their needs.

There were a number of lounges and quiet areas. Some people enjoyed the company of others in the lounge and some preferred to spend time in their own rooms. The quiet areas were used for family visits or just for people to have a different place to sit and relax quietly.

Outside there was a summer house, seats and a patio area. Staff and residents told us that there was a new sensory garden and patio area being designed. Several people went out in motorised wheel chairs or went for a stroll in the well kept grounds.

The home had recently built two more bedrooms and we went to look at these and we spoke to the people who had moved in just a week before our visit. These two rooms were of a high standard. Both had well designed ensuite shower and toilet facilities. The home had previously had two shared rooms but this new build meant that all rooms were single occupancy. People also spoke enthusiastically about the new hairdressing salon that was created as part of this extension.

We saw that the house was well maintained and decorated. Furniture all around the home was of good quality and suitable for people with mobility issues. We spoke to the housekeeping staff and they told us they cleaned all areas daily but that they thoroughly cleaned two bedrooms every day. All areas of the home were extremely clean and well cared for.

People told us they were very happy with their environment.

"I love my new room ...just waiting to put my pictures up...I am very lucky to live here."

"My room is cleaned daily and from time to time they 'bottom' it. Skirting boards and surfaces are cleaned and the carpet vacuumed every day. My bed is changed regularly and my clothes are really well cared for. I am very satisfied with the way the staff look after the house."

"I spend time in my room but I like to sit with others at meal times. The views from the dining room are wonderful. I enjoy being sociable sometimes and the lounges are always clean and tidy. This is a very good home and I am fortunate to be here. I am now what is called permanent and that is a relief to me...don't need to worry about things like decorating or repairs."

We saw some records of maintenance on the day and we spoke with an administrator who confirmed that there were routine health and safety checks and ongoing maintenance routines. The rosters showed that there was a handy man employed who kept the standards up all around the house and grounds. We saw the fire safety records and these were in order. Staff had training in this and in things like food hygiene, infection control and health and safety.

We walked around the building during our visit and we did not see any hazards or problems in the building. There were suitable staff facilities and all areas were clean, orderly and well maintained.

As one person told us:
"The home is a real home...very homely...despite looking after all of us. It doesn't feel like a nursing home...just a home."

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

We measured this outcome by talking with people who used the service and to some visitors. We also looked at staffing rosters and spoke with staff. We had information on staffing levels that the provider sent to an organisation called Skills for Care that we can access. Our observations and discussions on the day confirmed what we saw in terms of this data sent to the Care Quality Commission.

We had an interesting discussion at lunchtime with a group of people who judged that there were always enough staff on duty to give them the right levels of care and services. The residents considered all the jobs around the home and they were satisfied with the levels of staff to deliver nursing and care, keep the house clean and maintained and to deliver the catering. They felt that all the different staff did a good job and although they were busy they were:

"Never too busy to stop and have a chat...we know them all very well and they know us."

We heard from people and from the nurse in charge that there were good ratios of staff to residents. During the day there were seven care staff and at least one nurse. We were told that at night there were two carers and a nurse.On the day of our visit during the morning shift two of the staff were trained nurses.The manager of the home was supported by two administrators.

We learned from staff that there were at least two people cleaning the house and one person doing laundry every day. They said that at times there were four people cleaning on any one day so that they could do deep cleans of some areas.

The kitchen had three members of staff on duty and they said that this was normal levels with a cook and two kitchen assistants. We saw rosters that confirmed these levels. Staff told us that the home was "famous" for its cooking and that they liked to keep an orderly kitchen. The home had a five star rating of excellence for their food safety from the local Environmental Health officer.

We asked staff about their training. This is what someone who had worked in the home for a year told us:

"I love my job...it is a friendly place and we work as a team. I have support from nurses

and experienced care staff as I had not done any care before this. I get supervision and can go to Matron if I was worried. I had a full induction and go to any training on offer. I am now doing my diploma in care and am given lots of support to do this."

Another person told us:

"Our nurses are very good..experienced and efficient. They lead the shifts and we follow their leads. I think the care is delivered really well here because we are a stable team and we enjoy working together."

We saw from the data available that there were no vacancies and a low turn over of staff in this home. Staff had suitable training and we also saw certificates of completed training that confirmed the Skills for Care data. We also looked at dependency levels and staffing levels and we judged that the rostering was suitable for the needs of the people in the home. Staff said they were "kept busy but never too busy to give good care."

We asked for and were given four weeks worth of rostered hours and these confirmed our observations and discussions with people in the home. This home is suitably staffed at all times and this means people are given good care and services.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

## Reasons for our judgement

We spoke with around half of the people living in the home. Some people had discussions with us in groups but we also spoke with people confidentially and in private. We asked them about any concerns they had and how they would deal with them. We did not speak to any one who had any concerns or complaints. Every person spoken to said they would go to "Matron" if they had a serious complaint but that if they had a minor issue they would just talk to the staff directly.

We spoke with an administrator who had worked in the home for twenty years. She said she would be the administrative back up if there was a formal complaint. She said there had not been a formal complaint in all the years she had been in the home. She gave us a copy of the complaints procedure and we saw that this was largely in order. We asked that a minor change be made to this policy and procedure as there had been a slight change in legislation surrounding complaints management in care homes. She agreed to discuss this with the manager.

Staff and people in the home told us that:

"There is absolutely no reason to make a fuss here...there is really nothing to complain about...we do sometimes have a few 'niggles' but it is like a family and we sort it out between us. Matron is very good and deals with anything needed so that small things don't escalate."

"Residents do have things they complain about...thats only human...we try to sort them out...but the manager can deal with all sorts of things so that people are happy. That is why we are here...so the residents are happy. I don't think we get major complaints because we pay attention to them as people and deal with their needs and wishes as well as we can."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact –** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

| | |
|---|---|
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