Anchor Trust

Silk Court Care Home

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 caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We undertook an unannounced inspection of Silk Court Care Home on 4 and 5 August 2014. The service provides care and support for up to 51 older people. There were 51 people using the service when we visited.

At our last inspection on 17 March 2014 the service met the regulations inspected.

The service had a registered manager who had been in post since July 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only people who were deemed suitable worked within the service. There was an induction programme for new staff, which prepared them to do their role. Staff were provided with a range of training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs. There were enough staff employed in the service to meet people's needs although some staff told us they felt under pressure when members of staff were absent due to sickness.

People were supported to eat and drink and their nutritional needs were closely monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted.

Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

Summary of findings

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. We found staff were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS), and other aspects of the Mental Capacity Act 2005.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate actions were taken to prevent the likelihood of risks occurring.

Enough staff were available to meet people's needs and we found they had been recruited safely. However, some staff reported that they felt under pressure where a colleague was absent from work due to sickness.

Is the service effective?

Good

The service was effective. People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Is the service caring?

Outstanding

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's diverse needs and helped them to meet these. For example, the service ran a group for Lesbian, Gay and Bisexual residents.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Summary of findings

Systems were in place to ensure the quality of the service people received was assessed and monitored. We saw evidence of regular auditing which was overseen by the service's head office. Where improvements were required, action plans were put in place to address these in a coordinated manner.

Silk Court Care Home

Detailed findings

Background to this inspection

We undertook an unannounced inspection of Silk Court Care Home on 4 and 5 August 2014. The inspection was carried out by an inspector, a professional nurse advisor with knowledge and experience of mental health and dementia care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and an advocate to obtain their views of service delivery. Both made positive comments about their working relationship with staff at Silk Court.

During the visit we spoke with 11 people using the service and three of their relatives, 12 members of staff which included the registered manager, three unit managers and the deputy chef. We spent time observing care and support in communal areas. We also looked at a sample of 10 care records of people who used the service, six staff records and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in December 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People living at Silk Court Care Home and their relatives told us they felt safe living there. Comments people made included "I'm safe and comfortable" and "I'm safe and well looked after." People confirmed they did not have any issues regarding their safety and told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, they had completed training on safeguarding adults within the last two years, and they were aware of the provider's policy on safeguarding.

There had been some safeguarding alerts in the last year, and records showed that staff had involved relevant professionals and other agencies when taking action to keep people safe. We contacted a member of the local authority safeguarding team. They spoke positively about the working relationship with senior staff at Silk Court who they felt acted on their feedback.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The manager told us and we saw from records that people were asked questions about any cultural or other requirements they might have. Staff demonstrated an understanding and commitment to preventing the possibility of discrimination.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Senior staff had been trained to understand when an application should be made. At the time of our inspection there were no DoLS authorisations in place, however, the manager told us that she was in the process of reassessing people's needs in accordance with a recent Supreme Court ruling to ensure that no-one using the service was unlawfully restricted of their liberty. The manager told us that she was consulting with the local authority.

We found that Silk Court Care Home was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions.

People's behaviour that challenged the service was managed in a way that maintained their safety and protected their rights. Staff showed they understood how to respond to people's behaviour and we saw several examples of specific advice for staff within people's care records. We observed some people becoming distressed or agitated on the day of our inspection. We saw staff responded to people quickly and calmly and their actions appeared to ease people's anxiety. We spoke to a member of staff after one incident. They explained the techniques they had used to alleviate the person's distress and demonstrated that they understood the person's behaviour well.

Risk assessments were based on people's individual needs and lifestyle choices and included actions for staff to reduce or prevent the risk. We found risks to individuals were managed appropriately in accordance with written guidance and for each of the areas of identified risk people had an individualised care plan. For example, there were separate care plans on mobility, nutrition, communication and social activities depending on the needs of the person.

Staff received annual first aid training and were able to explain how they would respond to a medical emergency. Staff gave us examples of previous incidents and explained how they had correctly dealt with these. We saw that call bells were available in people's rooms for use during an emergency. We observed staff responding to these quickly on the day of our inspection. We also saw electronic call bell records for three separate days in the week prior to our visit and found almost all calls were responded to within 1-2 minutes. Most people told us their call bells were responded to promptly. One person said their bell was responded to quickly "most of the time," and another person told us there was "never any problem."

People told us there were enough staff available to meet their needs. Comments included, "there are enough staff," and "I think there are enough staff members." Staff told us that there were enough staff available for people, but some staff said that they felt pressurised when someone called in sick. We spoke with the manager about numbers of staff.

Good

Is the service safe?

They explained that they assessed people's dependency when determining staffing numbers and if people's needs changed, they would respond by scheduling extra staff. We were told that if a member of staff called in sick or was absent for any reason, they would either replace them with another staff member from another part of the building or hire a member of agency staff for the day. We reviewed the staffing rotas for the previous week and the week of our inspection. We saw staff were in place as scheduled but due to sickness on one floor of the building a senior member of staff had been moved to fill in for the absent person.

We looked at six staff files and we saw there was a process for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and understanding required to meet their needs. People felt that staff understood how to meet their needs. Comments included "staff are good" and "I'm really satisfied." We looked at the staff training matrix which detailed training undertaken by all staff in the form of a spreadsheet. This showed that staff had completed their mandatory training. We also saw that some staff had completed additional training which was specific to their role. For example we saw some members of staff had completed training in epilepsy.

Staff told us and records reflected that they had completed an induction prior to starting work within the organisation. Staff members told us they felt the induction prepared them for their role.

The manager told us staff received supervision every two months and the records we saw confirmed this. As part of this supervision, staff were asked about any further learning or development needs, as well as a discussion of other topics.

Staff told us they had received an appraisal in the last year and records confirmed this. Staff had a personal development plan that was reviewed annually and identified areas of future training and development. Staff told us that they found this helpful in supporting them to develop their skills further so that they could meet people's needs effectively.

People were supported to eat a balanced diet that they enjoyed. Most people made positive comments about the quality of food provided. Comments included "If you want anything you can have it," "the food's lovely," and "the food's alright." We looked at the food menu for the day and saw there were choices available for people. We spoke with the deputy chef. They demonstrated detailed knowledge about people's nutritional requirements including the food available for people on a pureed or high protein diet. The deputy chef explained and other staff confirmed that if people did not like the choices available on the day, they could prepare different food for them that was available outside meal times if requested. They told us they received weekly dietary summaries that gave updated details about people's needs or likes and dislikes.

We observed the lunchtime period on all floors of the building. The mealtime was unrushed and people were offered help when required. We saw food was brought out quickly and looked appetising.

People were supported to have food and drink that met their assessed needs, and preferences. We spoke with care staff about people's assessed needs which were identified in their care records. Care staff were able to correctly identify people who had diabetes and those on a soft food diet.

We saw evidence in people's care records that speech and language therapists and dietitians were consulted when required. People's needs were monitored by the multi-disciplinary team and detailed nutrition and hydration plans were prepared. Monthly weight monitoring was taking place and people's Malnutrition Universal Screening Tools (MUST) were also reviewed monthly. The MUST tool helps identify whether a person is underweight or at risk of malnutrition as well as those that are overweight. We found records to be accurate and up to date and staff were able to explain the importance of these checks for people's well-being.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs which included matters such as pressure area care, continence and other specific health problems. Staff and people using the service confirmed that the service had good links with the GP practice which was located next door to the service. We also saw evidence that people's medicines were reviewed by their GP and other health practitioners including community based psychiatrists, where required, to monitor appropriate use.

Outstanding ☆

Is the service caring?

Our findings

People told us that they were treated in a caring and respectful way by staff and were involved in decisions about their care. One person said staff were, "so kind and considerate," and another person said, “they’re lovely people.” We observed staff interacting with people in a friendly manner. Interactions demonstrated that staff knew people well and were not only concerned with carrying out tasks. On numerous occasions throughout the day, we observed staff telling people jokes and making them laugh.

Staff demonstrated a detailed understanding of people’s personal preferences and life histories. For example, one staff member gave us details about a person’s former profession and how this affected their behaviour now, as well as their preferences in relation to the type of care they required. For example, we were told that the person liked to dress in a similar way to how they had previously dressed during their working life and that they structured their day according to a specific timetable because this is how they used to structure their day when they were working.

Staff understood people's diverse needs and supported them in a caring way. For example, staff used communication cards for people whose first language was not English and we saw that people’s spiritual needs were met.

People were involved in decisions about their care. One person said, “They help when I want,” and another person said “You can get help if you want it.” Relatives told us staff discussed their family member’s care plans with them and records confirmed this. We observed a relative attending a care planning review meeting for their relative on the day of our inspection. Another relative told us they were “kept informed” and invited to care planning reviews.

Staff confirmed that referrals were made to external advocacy services where required. Staff told us the advocate would report any concerns they had to the manager who would follow this up. We spoke with a member of the advocacy service used and they confirmed that they did not have any concerns about people living at the service.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes and included their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence that people’s personal preferences were respected throughout our visit.

People told us that staff encouraged them to maintain relationships with their friends and family. Relatives confirmed they were able to visit without restriction and often attended unannounced.

People told us that they were treated with respect. On the day of our inspection, we saw a sign advertising the existence of a Lesbian Gay Bisexual and Transgender (LGBT) group within the organisation which was available for all people using the service to attend. A member of staff spoke knowledgably about this group and expressed their view of the importance of this group to people using the service.

We observed staff knocking on people’s doors before they entered and people confirmed that staff did this routinely. Staff gave us examples of how they protected people’s dignity. For example, one staff member said, when talking about personal care, “We explain what we are about to do and if there is two of us, we don’t talk to each other about things while helping the resident.” We observed staff responding to people quickly and with sensitivity when they required assistance.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed people's views were taken into account in the assessment of their needs and planning of care. We found these documents to be detailed with specific advice to staff in how to provide care for people. We also found the documents were reviewed on a monthly basis with reasons recorded if no changes to the care plans were required. Care plans had been written and reviewed with the involvement of people who used the service and their families.

Staff told us they always asked people if they were ready for assistance before providing it and the people we spoke with confirmed this. We observed staff asking people about what they wanted before providing assistance in communal areas. Staff explained the importance of ascertaining that care was delivered in accordance with people's valid consent and they gave us several examples of how they determined this on a daily basis. This included the use of communications cards, pictures and writing notes as well as an understanding of people's behaviour and body language and what this meant.

As part of the initial assessment that took place before people came to live at the service people had been able to spend time with staff to discuss their needs and had a trial period to help them decide if it was the right place for them to live. People and their relatives were given written information when first joining the service. This included specific details about the service provided. Staff told us that this information could be produced in an easy read format on request.

Care plans outlined how people's needs should be met. This included, for example, factors that might affect their emotional wellbeing. Details were recorded about people's preferred routines and the importance of these as they brought them comfort. Care staff demonstrated an understanding of people's individual needs and the importance of meeting these. Care plans were viewed monthly or as people's needs changed and review meetings were held with family members every six months.

People who used the service were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. The activities programme was run by an in-house activities coordinator who sought regular feedback from people. Activities were chosen using feedback from people and their relatives as well as details of people's personal histories and known interests. Care records described people's hobbies and interests and this included the music they liked listening to as well as whether they liked any particular activities. Organised activities included crafts sessions, dancing, quizzes and memory and reminiscence exercises. People's involvement in activities was monitored and recorded in their care records with specific objectives for people to help ensure their social and leisure needs were met.

People knew how to make a complaint and knew that their concerns would be dealt with. Copies of the complaints policy were available in the service. Records showed that action had been taken to address any complaints that had been made. We saw complaints were reviewed by staff at the provider's head office which had a dedicated "customer centre" to deal with some complaints where it was not appropriate for the manager to deal with these directly.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service, relatives and staff told us the manager was available and listened to what they had to say. We observed the manager interacting with people using the service throughout the day and conversations demonstrated the manager knew people well and spoke to them regularly. Monthly "customers and relatives meetings" took place so people could share their views, plan activities and identify any support they needed. We read the minutes of the last meeting held in July 2014. These demonstrated that relevant staff members were available to answer people's questions and we saw evidence that people used these meetings to express their views.

Staff told us they felt comfortable raising any issues or concerns with the management of the organisation. One member of staff told us "[the manager] sorts problems out. She doesn't let things wait, she's always on it." There was a whistleblowing policy in place and staff were aware the procedure to follow if they wanted to raise concerns. The registered manager demonstrated that they understood their responsibilities to report matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.

Staff gave a consistent view about the vision for the service. For example all staff emphasised the importance of communication with people and their relatives in determining people were receiving the right care and the importance of their training in delivering this. They confirmed that certain values were part of an ongoing discussion in team meetings and in their initial induction to the organisation. The manager told us that the service was committed to delivering person centred care. She explained that putting people at the centre of their care was integral and other staff we spoke with confirmed this.

The service had strong links with the local community. Voluntary organisations participated in activities and met with people using the service. This included people from the local gym who visited regularly and members of a local dance company, a nearby farm and children's nursery. The provider arranged visits to and from these groups to encourage involvement in the local community. The types of activities that these groups conducted included running errands for people using the service and general discussions.

Staff said the manager was open to suggestions about improving the service and records showed that staff were able to share their views at regular staff meetings that were held. Staff told us safeguarding concerns, complaints and incidents were discussed in staff meetings so that they could learn from these and take action to minimise a reoccurrence. Minutes of staff meetings detailed the discussions that were held and staff gave us examples of identified learning as a result of incidents. For example we were given an example of a fall and how staff correctly responded to this as well as another medical emergency.

We saw records of complaints, safeguarding concerns and accident and incident records. There was a clear process for reporting and managing these. The manager told us she reviewed safeguarding concerns, complaints and accidents and incidents to monitor trends or identify further action required.

The provider had systems to monitor the quality of the care and support people received. The manager explained and we saw copies of regular monthly audits in areas such as infection control and hand hygiene, pressure area care and health and safety. Detailed monthly medicine audits were conducted and weekly medicine counts were recorded. Following the most recent of these audits, we saw an action plan had been put in place to address the shortfalls identified. We also saw that staff conducted fire drills every six months and quarterly checks of the call bell system to ensure this was in good working order.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the pharmacist, physiotherapist, occupational therapist, dietitians and local social services teams. On the day of our inspection, we met the optician that supported people at the service and they provided positive feedback about their relationship with staff working at Silk Court Care Home.