

Nellsar Limited

Silverpoint Court Residential Care Home

Inspection report

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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?

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.

The inspection was announced. This meant the provider knew we were going to inspect the service. The last inspection took place in January 2014, during which, we found there were no breaches in the regulations.

At our last inspection to the service on 11 July 2013, six out of seven outcomes were judged to be compliant. A

Summary of findings

follow-up inspection was conducted in January 2014 to check that action had been taken to achieve compliance. The service was able to demonstrate that compliance had been achieved.

Silverpoint Court Residential Home is a purpose built care home that provides accommodation for up to 36 older people and older people living with dementia related care needs. At the time of our inspection there were 30 people living at the service.

Silverpoint Court Residential Home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was employed at the service.

Medication practices at the service were not robust and did not ensure that people's medicines were managed safely.

People told us that they were happy with the care and support provided at the service. We saw that staff provided good levels of care and staff were able to demonstrate that they knew the needs of the people they supported.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had had their capacity to make day-to-day decisions formally assessed. Where appropriate, referrals to the supervisory body (Local Authority) had been made if people's liberty had been restricted.

We found that appropriate systems were in place to ensure that there were sufficient numbers of suitable staff

employed at the service. Arrangements were in place to ensure that newly employed staff received an induction and received opportunities for training. We found that staff had not received regular supervision or an annual appraisal in line with the service's policy and procedure.

The care needs of people living at the service were assessed and recorded. Risk to people's health and wellbeing were clearly identified so as to minimise these and ensure people's safety. We found that people's healthcare needs were considered and access to healthcare professionals provided where appropriate.

Our observations throughout our inspection showed that people's privacy and dignity were respected and upheld.

Records viewed showed that the manager had responded to people's complaints and concerns in line with the complaints procedure. We found that people had been listened to and the issues raised acted upon. People told us that they felt confident and able to raise issues.

We found that assessments for people considered to be at nutritional risk were recorded. We found that information relating to discussions with healthcare professionals and the reason for the decision making process were not always clear and robust.

The service was able to demonstrate that there were systems in place that assessed and monitored the quality of the service provided. The views of the people who used the service and relatives had been sought.

We found two breach's of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not able to show that it could consistently provide a safe service.

People who used the service were put at risk because the arrangements for

People told us that they felt safe. Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse correctly.

There were sufficient numbers of staff to keep people safe and recruitment and selection procedures were appropriate.

Requires Improvement



Is the service effective?

The service was effective. People received a varied diet and were supported to have their needs met. People's nutritional needs were assessed and action was taken where people were considered to be at risk of poor nutrition and dehydration.

Staff received appropriate opportunities for training to carry out their roles and an induction. This ensured that people who used the service received their care and support in an appropriate way.

Staff had not received regular supervision or an annual appraisal. This meant that there was no formal support structure in place for staff to receive one-to-one support or to have their performance reviewed.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Requires Improvement



Is the service caring?

The service was caring. People who used the service and those acting on their behalf were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



Is the service responsive?

The service was responsive. The care needs of people living at the service were assessed and planned for so as to ensure that the delivery of care met the needs of the people they supported.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Good



Summary of findings

Is the service well-led?

The service was well-led. The manager and senior management team were clear about their roles, responsibility and accountability. People knew who the manager was and found them to be approachable. People told us that the service was well-run.

There were effective procedures in place to monitor the quality of the service provided.

Good



Silverpoint Court Residential Care Home

Detailed findings

Background to this inspection

This inspection team consisted of one inspector, a specialist dietician advisor and an Expert by Experience, who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete 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 the improvements they plan to make. We also reviewed the information we held about the service and contacted three healthcare professionals and commissioners of the service to obtain their views.

We spoke with 16 people who used the service, two relatives, four care staff, the registered manager and the deputy manager.

A number of people who used the service had dementia related needs and were unable to tell us about their experience of living at the service. To help us understand their experiences we used SOFI (Short Observational Framework for Inspection). The SOFI tool allows us to spend time watching what is going on in a service, taking into account the outcomes for people who use the service, people's level of engagement and staff interactions.

We reviewed four people's care plans and care records. We looked at the service's staff training plan, staff recruitment records, staff induction records and staff supervision and appraisal records. The nutritional records for people considered to be at nutritional risk were viewed. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People living at Silverpoint Court Residential Home told us that they felt safe and secure. No one living at the service raised any concerns about how staff treated them. One person who used the service told us, “I cannot fault this place. The staff are all so kind. I feel more than safe here.” Another person told us that their care needs were met in a timely manner and they had found that there were sufficient staff available to provide the care and support they required.

We found that appropriate arrangements were not always in place to ensure that medicines were stored safely and securely for the protection of people who used the service. We found that the temperature of the area where medication was stored were monitored and recorded each day and within acceptable limits. However, the dedicated fridge used to keep medicines cold, showed that there were several occasions when the temperature was recorded either above or below the recommended guidelines. We were therefore not assured that medicines were always kept in a way which maintained their quality. We discussed this with the manager and they advised that this had not been reported to the management team to action. They confirmed that as soon as this had been brought to their attention they had been in touch with the manufacturer of the fridge.

The medication administration records (MAR) for seven out of 30 people who used the service were looked at. We found a number of discrepancies with the records. For example, there were unexplained omissions giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. In addition, the MAR forms for three people showed that there were several occasions whereby the code ‘W’ (withheld or other) were recorded. However, on the reverse of the MAR form no rationale for the use of the code was recorded to explain why the person who used the service had not received their medication. This was discussed with a senior member of staff and they were unable to provide a rationale for the discrepancy. The MAR form for one person showed that a topical cream was not administered in line with the prescriber’s instructions. The MAR form showed that the medication was administered for a total of 21 days when it should have been applied for five. This meant that the arrangements for the safe administration of medication

were not appropriate as the medication had been administered longer than prescribed. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff training plan showed that all staff had received safeguarding training. The service had policies and procedures in place which provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff spoken with were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. For example, staff were able to tell us how they would identify, report, respond to an allegation of abuse and the roles of other external organisations who may be involved such as the Local Authority Safeguarding Team, Police and the Care Quality Commission. This meant that staff were aware of the arrangements in place to protect people from the risk of abuse.

The staff training plan showed that all staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The service had policies and procedures in place to support staffs practice. Staff spoken with were able to demonstrate a good awareness and understanding of MCA and DoLS. For example, all staff spoken with provided examples of those people living at the service who were considered to ‘lack capacity’ to make day-to-day decisions. Staff were also able to explain the meaning of ‘deprivation of liberty’ and what this meant for people living at Silverpoint Court Residential Home.

The care records for four people showed that each person had had their capacity to make decisions formally assessed. This meant that peoples ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. Records showed that these were reviewed which ensured that the information remained relevant.

Prior to this inspection the manager notified us that an application to deprive a person who used the service of their liberty had been made to the supervisory body (Local Authority) for consideration. This showed us that the service understood the key requirements relating to DoLS to protect people’s rights and freedom.

Is the service safe?

We looked at four people's care records. We found that risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Information included the specific detail of the risk and the steps to be taken by staff to minimise these.

The care records for two people recorded that they could display behaviour that challenged towards staff and others living at the service. Staff spoken with were able to demonstrate a good understanding and knowledge of both people's specific support needs so as to ensure their and others safety.

We looked at the staff recruitment records for three members of staff appointed within the last 12 months. Records showed that the service had operated a thorough

recruitment procedure and that all records as required by regulation had been sought. This meant that suitable arrangements were in place to ensure that the right staff were employed at the service.

We looked at staffing levels in the service. The manager advised us as to the numbers of staff on duty and the numbers of people living within the service. The manager told us that as a result of listening to staff an additional member of staff had been arranged within the last three weeks. Staff spoken with told us that they had found this to be invaluable. We reviewed four weeks of staff rosters for the period 23 June 2014 to 16 July 2014 inclusive. These showed that the staffing levels as told to us by the manager were being maintained.

Is the service effective?

Our findings

People who used the service told us that their healthcare needs were well managed at the service. Information relating to people's healthcare needs were clearly recorded. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing. There was clear information detailing staffs interventions and the outcomes of healthcare appointments. Three healthcare professionals were contacted by us prior to the inspection so as to find out what they thought of the service provided at Silverpoint Court Residential Home. They told us that they had no concerns about the service and that people received a good level of care. Comments included, "The staff are keen to learn and take advice given and to use it effectively. If unsure they (staff) always ask for advice." and, "The manager has been very receptive and refers people on any matter related to dementia. They (staff) would normally act on my advice given."

Staff spoken with told us that they were supported but had not received regular formal supervision. The manager told us that supervision for staff was not up-to-date. They told us that in line with the provider's policy all care staff should receive formal supervision every eight weeks. The supervision records for four member's of staff showed that staff had not received regular supervision. For example, the supervision records for two people showed that they had received two supervisions in 2013 and only one supervision in 2014. The policy and procedure also stated, "Each staff member will undergo a formal review of job performance annually." The records showed that only one out of four staff members had received an annual appraisal within the preceding 12 months. We discussed this with the manager and they confirmed to us that they were aware of the shortfalls. This is a breach of Regulation 23 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with eight people who used the service about the quality of the meals provided. All responses were positive. One person told us, "It's nice." Another person told us, "You cannot fault it, plenty of choice, hot or cold, whatever you want." A third person told us, "The meals provided are marvellous. The meals provided are plentiful and there are alternatives to the menu if you don't like what is on offer."

The staff training plan showed that the majority of staff had received training appropriate to meet people's needs. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to provide effective manual handling procedures to people living at the service.

We looked at the induction records for three members of staff employed within the preceding 12 months. The records showed that each person had completed an 'in-house' induction and where appropriate completed Skills for Care Common Induction Standards. The latter sets out the first things a new worker needs to know in relation to their job role and the people they are to provide support to. Staff spoken with told us that they had 'shadowed' a more experienced member of staff on between two and three shifts. They told us that they had found the experience to be of value.

People living at the service were able to make a choice for each meal. A menu was readily available and in an appropriate format, for example, pictorial menus. This enabled people to make decisions and choices about their food and drink preferences.

Our observations of the breakfast and lunchtime meals showed that the dining experience for people was positive. In addition, we saw two members of staff provide assistance for people to eat their meal. Staff were observed to provide this with sensitivity and respect. For example, people were not rushed to eat their meal and staff were noted to provide positive comments to encourage individual's to eat well. We spoke with six people who used the service and they told us that they could eat their meals where they wished. For example, the dining room, communal lounge or their bedroom. Where it was considered that people required the use of aprons to protect their clothes whilst eating, people were given the choice by staff of whether or not to wear one.

Staff spoken with were able to demonstrate a good understanding of individual people's dietary needs and how they would identify and monitor that these were being met. Where people who used the service were considered to be at nutritional risk, we found that an appropriate referral to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made.

Is the service effective?

We looked at the care records for people considered to be at nutritional risk. The records showed that not everyone as told to us by the manager were weighed each week. We discussed this with the manager and they told us that for two people who used the service, the decision to not weigh them had been as a result of a change to their manual

handling needs and; following a discussion with the person's GP. The manager confirmed that both people were at nutritional risk however, a record of the discussion and subsequent decision had not been recorded. No other means had been explored to assess the extent of either person's continued weight loss.

Is the service caring?

Our findings

People who used the service and relatives spoken with made positive comments about the quality of care provided at Silverpoint Court Residential Home. People told us that they received the care they needed. One person told us, “The care is wonderful, I could not wish for better care.” Another person told us, “The staff are always here for me.”, “The girls are so patient. The care and support is never rushed, I’d tell them if it was.” A third person told us, “I’m very well looked after fear not. Every carer I’ve ever had has been there for me.”

Relatives spoken with told us that staff were kind and caring. One relative told us, “I am very happy with the care my relative receives. I feel that my relative is in a very safe and caring environment.” Another relative told us, “The staff are very caring and always there for me.” A third relative told us, “The carers, you could not wish for better.”

We saw from our observations throughout the day that several people who used the service had dementia related needs. Therefore, not everyone was able to tell us about their experience of living at the service. To help us understand the experiences people have we used the SOFI tool for a period of one hour in a communal lounge.

Our observations showed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. Staff demonstrated affection, warmth and compassion for the people they supported. It was evident from our discussions with staff that they knew the care needs of the people they supported. For example, the care records for one person stated that they were at risk of falls. Staff spoken with were aware of a deterioration in the person’s mobility needs and that they had sustained a number of falls in recent months.

Staff were aware that the person had been assessed as being at “high risk” of falls and that they had seen a healthcare professional. Staff were seen to work well as a team and demonstrated a positive caring attitude to their role. For example, one person who used the service was observed to become upset and distressed. Staff were seen to comfort this person and to provide reassurance.

People told us that staff respected their privacy and dignity. We saw that staff knocked on people’s doors before entering. Staff provided clear explanations to people prior to and when undertaking a task. This meant that people were advised about what was happening. One person told us, “They always ask me quietly and discreetly if I want the toilet. It’s not shouted out for all to hear.”

We found that people had their personal preferences respected and taken into account. For example, choosing when and how personal care was provided, choosing what to wear, using their own choice of toiletries and choosing what time they got up in the morning and retired to bed at night. Staff were observed to use the term of address favoured by the individual.

The manager told us that no one who lived at the service currently had an independent advocate, however information about local advocacy services was readily available. An advocate helps people to make choices, to say what they want and ensure that their voice is heard and listened to.

We saw that people who used the service were supported to maintain relationships with others. People’s relatives and those acting on their behalf were able to visit the service when they wished and no restrictions to this were evident. One person told us, “My relative visits as much as they want to. They can come and go freely.”

Is the service responsive?

Our findings

People told us that they took part in social activities. One person told us, "I have my nails done regularly." Another person told us, "I get a daily newspaper and I am happy to sit and be left alone to read this." A third person told us that they liked the activities provided, for example, trips out for lunch and were looking forward to a day trip to Southend on Sea.

We found that the service had appropriate arrangements in place to assess the needs of people prior to admission. This ensured that the service had taken into account all available information and was able to meet the needs of the prospective person being considered to live at Silverpoint Court Residential Home. Relatives spoken with told us that they had visited the service prior to their member of family moving in to ensure that it was the right place for them. One person who used the service confirmed that their relatives had visited the service prior to them being admitted.

Each person was noted to have a care plan in place detailing their specific care needs and how they were to be supported by staff. The manager confirmed that care plans should be reviewed each month or sooner as people's needs changed. We found that each person's care plan had been reviewed and where a person's needs had changed the care plan had been updated to reflect the new information. For example, the care plan for one person showed that where their mobility had deteriorated and the risk to their health and wellbeing had increased, the care plan had been amended and appropriate risk assessments completed. We asked staff how they were made aware of changes in people's needs. They told us that information was shared through handover meetings, discussions with senior members of staff and reading people's care records.

People could spend time how they wished. Some people chose to sit in their own rooms, others used the communal areas while others spent time sitting in the garden. An activity programme was available detailing planned activities scheduled. People told us that there was a suitable range of activities to meet their needs and this included opportunities to access the local community.

The service's complaints policy and procedures which informed people how to make a complaint and included

the stages and timescales for the process was available. A copy of the procedure was displayed within the service's reception area. We asked to view the service's complaint records. The records showed that there had been two complaints received within the preceding 12 months. A record was maintained of each complaint and included the details of the investigation and action taken. We spoke with four people who used the service. They told us that where they had had questions or concerns, they had spoken with a member of staff. They confirmed that the staff had always resolved any concerns that they had.

Compliments from those acting on behalf of people who used the service were available so as to capture the service's achievements. These were displayed and included, 'This is the second time we have contacted you to officially express our thanks and gratitude for the manner which our relative has been cared for, and consequently the difference (for the better) which this has made to our lives. We are able to enjoy short breaks, confident that our relative is being well cared for.'

During our inspection we observed that staff were responsive to people's care needs and to individual requests. We found that where call alarms were activated by people who used the service to summon assistance, staff provided support in a timely manner. We discussed this with three people who used the service and they told us that support by staff was well-timed and if there were delays, staff apologised and provided care and support as soon as possible. We saw that where people requested a drink or required personal care, staff were responsive in their approach.

There was evidence to show that there were meetings for people who used the service and those acting on their behalf twice yearly. This enabled them to express their views about the quality of the service provided and to share ideas and suggestions. Minutes of these meetings were readily available and these were seen to be informative. The manager told us that a newsletter had recently been introduced and this provided information relating to forthcoming events and services available, for example, Summer Fair, hairdresser, chiropody, manicures and movement and music sessions. People who used the service told us that they found the information useful as it told them what was happening at the service.

Is the service well-led?

Our findings

The service had a registered manager in post. The manager was supported by a deputy manager and other senior staff members. It was clear from our discussions with the management team and from our observations that there was an effective management structure and they were clear about their roles and responsibilities. The manager told us that they felt “well supported” by the organisation.

We spoke with four members of staff and they told us that they felt valued and supported by the management team. They told us that the manager was approachable and there was an ‘open culture’ at the service. Four members of staff and three healthcare professionals told us that they would recommend the service to others. Staff confirmed that they enjoyed working at the service. Comments included, “This is the nicest place I’ve ever worked in”, “I love it here” and, “This home is run for the benefit of the people living here. I enjoy coming to work.”

The manager confirmed that the views of the people who used the service were sought in May 2014 and the views of relatives were sought in December 2013. A report of the findings (relatives) was collated and completed in January 2014. This told us that overall, relatives impression of the

service was either ‘excellent’, ‘very good’ or ‘good.’ The manager told us that the findings from people who used the service had yet to be collated, analysed and a report compiled.

Records showed that robust auditing and monitoring procedures were in place for the service and this referred to weekly, monthly, three monthly, six monthly and annual audits. An annual plan for the period January 2014 to December 2014 was in place and this provided evidence when audits and areas for action identified had been completed. For example, infection control, health and safety, complaints management, medication, Care Quality Commission (CQC) notifications, clinical audits relating to pressure area care, weight loss and gain, falls, staff recruitment and training. There was evidence through regular monthly reports to show that the provider regularly visited the service to ensure that the manager and management team were effective in their management of the service.

At the time of our inspection the provider and manager were made aware of our concerns in relation to medicines management and staff not receiving regular supervision and appraisal. Audits had not picked up the medication errors as the latest audit was being conducted on the same day as our inspection. The provider and manager provided an assurance that staff would receive regular supervision and appraisal as a priority.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

People who use services were not protected against the risks associated with the recording, safe keeping and safe administration of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

Suitable arrangements were not in place for staff to receive supervision and appraisal.