Anchor Trust

Silver Court

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 12 and 13 December 2017.

Silver Court provides care and accommodation for up to 42 people. On the day of our inspection there were 40 people living at the home. The home provides residential care for the elderly and frail and people living with dementia.

Prior to this inspection we received some information of concern about the management of people's skin and the staffing levels, mainly at weekends.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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. At the last inspection on the 26 August 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People told us they felt safe. One person said; "Safest place for me (living here not at home). Another said; "Security at the door makes me feel safe." Staff said; "People are safe because we know them and what they like." A relative said; "Want to express deepest gratitude for making mums quality of life in past few years something she could cope with and enjoy."

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff mostly said there were sufficient staff to keep people safe. However a few relatives and staff commented that weekend staffing levels were not always as good. Other staff said they were able to meet people's needs and support them with activities and trips out.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. People who required additional input to protect their skin integrity had input from the district nurse team. Professionals

stated people were safer now as all staff had received training and worked with them to keep people's skin integrity safe. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's end of life wishes were documented. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them. The staff had built strong relationships with people. People's privacy was mostly respected. However we did note that on occasions not all staff knocked on people's door before entering. People or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received would be fully investigated and responded to.

The service continued to be well led. People lived in a service where the registered manager's values and vision were embedded into the service, staff and culture. People, relatives and staff mostly said the registered manager was approachable. However a few commented that the registered manager was not always visible in the service. The registered manager said they walked around the service regularly to see and speak to people.

The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains good.	**Good**
Is the service effective? This service remains good.	**Good**
Is the service caring? This service remains good.	**Good**
Is the service responsive? This service remains good.	**Good**
Is the service well-led? This service remains good.	**Good**

Silver Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by two inspectors on 12 and 13 December 2017and was unannounced.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in August 2015 we did not identify any concerns with the care provided to people.

During the inspection we met most people who lived at the service. Some people had complex needs that limited their ability to communicate and tell us about their experience of being supported at Silver Court. Therefore we observed how staff interacted and looked after people and we looked around the premises. We spoke to ten people, four relatives, two healthcare professionals and spoke to nine members of staff. We also received information via survey from another four relatives.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration for both people living in the home. We also looked at quality monitoring of the service.

Good

Our findings

The service continued to provide safe care. One person said; "Security at the door makes me feel safe and secure." A relative said; "She (their relative) has a magic eye at night to alert staff she was moving to reduce likelihood of falls."

We received some information about concerns over people skin integrity and the staffing levels, mainly at weekends.

People said they felt safe with the staff who supported them. Some people who lived in the service were not all able to fully express themselves due to their dementia. People were observed to be comfortable and relaxed with the staff who supported them. Family members agreed their relatives were safe living at the service. A visiting professional said they believed people were safer now as all staff had received training and worked with them to help keep people's skin integrity safe. One professional commented how the service now referred people quicker to them for assistance in managing people's skin integrity.

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. However some relatives and staff said that at weekends the staffing levels were stretched. The registered manager confirmed that unavoidable sickness had resulted in less staff than normal at times. They went onto say that the overall number of people currently living in the service was reduced and staffing levels reflected this. Risks of abuse were reduced because the company had a suitable recruitment processes for new staff. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained. The PIR returned stated that; "We ensure adequate staffing levels and skill mix are appropriate to customer needs using customer dependency tool" and "All senior staff have completed risk assessment training."

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. Staff completed training in how to recognise and report abuse. Training covered what action to take if staff suspected people were being abused, mistreated or neglected. Staff said they would have no hesitation in reporting any concerns to either the registered manager or external agencies, such as the local authority.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care

Certificate and confirmed they covered equality and diversity and human rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported. The company, Anchor Care website states; "Diversity is key to Anchor's success and we strive to embrace it across all of our services. We work with our customers and employees to ensure diversity is part of our everyday language and ways of working."

People identified as being at risk had up to date risk assessments in place and people, or their relatives, had been involved in writing them. Risk assessments identified those at risk of falls or at risk of skin damage. They showed staff how they could support people to move around the service safely and how to protect people's skin. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and when people required extra support, for example if people became confused due to their dementia. This helped to ensure people were safe.

Staff followed safe procedures when using equipment to help people move safely. We observed a staff member assisting people to transfer from a chair to a wheelchair safely. Staff were confident in how they supported people to move safely and people appeared relaxed and comfortable when being assisted.

People's accidents and incidents were recorded. For example, people had been referred to the learning disability team for advice and support when there had been changes in their behaviour that could put them at risk.

People's finances were kept safe. People had appointees to manage their money where needed, including court of protection appointees.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines audit were carried out and medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example further advice from the doctor was needed. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place. However some people did not have protocols in place for as required medicines while those protocols already in place needed additional information to support staff in when, how much and what dose can be given to people. The registered manager agreed to action this immediately.

People lived in an environment that was safe, secure, clean, hygienic and regular updates to maintain the premises safely were carried out. However one area was noted to have had a strong odour. The registered manager was fully aware of this and had new flooring ordered. People were protected from the spread of infections. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Equipment used by people, such as hoists were serviced in line with manufacturing guidelines. The fire system was checked, and weekly fire tests were carried out.

The provider worked hard to learn from mistakes and ensure people were safe. The manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Good

Our findings

The service continued to provide people with effective care and support. People were cared for by staff who had received training to meet their individual needs. The provider made sure the staff team completed training courses which they deemed as mandatory so people's needs could be met by staff who had the right skills and knowledge. Staff were complimentary of the training opportunities, telling us there was regular training offered. Training courses included, diabetes, moving and handling and the Care Certificate (a nationally recognised training course for staff new to care). New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff received supervision and team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. A relative recorded on a feedback form sent to the service; "We appreciate the skill, kindness, friendliness and good humour of all those involved."

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings and the GP visited when required. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people. People identified as being at risk of pressure ulcers had guidelines produced to assist staff care for them effectively.

People said they were able to make choices on the food offered. The chef visited people daily to offer them a choice of food. Menus were displayed showing at least two choices each day. People identified at risk of future health problems through poor food choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example some people had seen a speech and language therapist to assist them with eating the correct consistency of food while others had been prescribed a meal supplement. One person said; ""Food very good – too much really – 3 choices." While another said; "they bring me my breakfast, they know what I like – I try and stick to a reasonably healthy diet, ask for green topped milk – I have choices."

People were encouraged to remain healthy, for example people did chair exercises while others went for walks around the building or made use of the secure gardens to help maintain a healthier lifestyle.

People had information on their communication needs to assist staff in understanding how best to communicate with people. For example an interpreter was arranged to assist one person for whom English was not their first language. The service was involved with a pilot scheme with the local authority and the PIR stated; "(Silver Court) Taking part in pilot project - West Sussex Digital Health' seeks to improve the care of people with long term conditions through the use of new technology, devices to achieve better monitoring of a patient's condition so that we can identify problems early, and prevent deterioration." Staff demonstrated they knew how to communicate with people and encouraged food choice when possible, including the use of plated meals to assist with visual choice. People had electronic tablets available to assist with communicate needs and contacting relatives via the internet. Care records recorded what food people disliked or enjoyed.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. People were heard to answer or make gestures in response to staff.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained and planned updates to the environment were recorded. Bedrooms were clean, warm and had clean linen on each bed.

Good

Our findings

The staff continued to provide a caring service. One person said; "I believe in angels and in here you will find them." While another said; "Thank you for all the care and attention you have given me." A relative recorded on a survey returned to the service; "Absolutely right decision having mum placed in your care." While another relative recorded; "The atmosphere is great, staff are always welcoming." Anchor website states; "We understand the value of maintaining your independence and that privacy and choice are important."

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the day and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People were observed to become anxious at times. So staff spent time listening and answering people even when the questions were repetitive and providing reassurance to people.

People and relatives told us people's privacy and dignity was respected. One person said; "Polite and courteous – always help if you want them." Most staff were observed to knock on people's doors and ask them if they would like to be supported. However we saw on a number of occasions that staff just walked into people's private space without knocking. The registered manager said they would emphasise to staff the importance of knocking. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. When staff passed people, they always spoke to people and asked if they were OK or needed anything.

People or their representatives were involved in decisions about their care. People had their needs reviewed

on an annual basis or more often if their care needs changed. Family members said they were involved with their relatives care.

Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity. The care people received was clearly documented and detailed. For example, one person was unwell and the senior staff sought advice from the GP and 111 services. An ambulance was called to take this person to hospital.

Staff understood people's communication needs, for example if they were able to verbally respond or if they were distressed. People had information on their communication needs recorded in their care plans. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the regular staff team with little or no agency staff used. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Good

Our findings

The service continued to be responsive. One relative told us how they had raised an issue with the registered manager about their relatives care and said how responsive the registered manager was to their request.

People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, any decreases in people's general health or dementia, specialist advice was sought. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while other where shown visual choice to choose from. For example meals plated up for people to see and choose from.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support while others said they would talk to family members. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates available to them to help ensure people who were unable to effectively communicate, had their voices heard.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people wishes were respected.

People took part in a range of activities. There was a designated activities co-ordinator to arrange activities. Some entertainers visited the service. During our visit a variety of activities had been provided including a craft session. A local school choir was due to visit and a trip out had been arranged.

Good

Our findings

The service remains well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's website records; "As England's largest provider of housing and care for older people, Anchor ensures that dignity, equality and justice are central to the way we work, and that the distinctive, diverse and unique contributions of our employees and customers are valued."

The provider and registered manager were open and transparent. The registered manager was committed to the company and the service they oversaw, the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. However some relatives commented that they did not see the registered manager often and commented that the registered manager was not always available to listen to them. The registered manager said they walked around the service at least twice a day to meet and talk with people, visitors and staff. They went onto say they were available for meetings with relatives when needed.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. Staff spoke positively about the leadership of the company.

Staff spoke of their fondness for the people they cared for and stated they were happy working for the company but mostly with the people they supported. Senior management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. For example, the provider's website held information on how they support people with Assistive Technology and Assistive Information. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012. The company's website records;

"Anchor are pioneering the use of modern technology."

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to help such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required. The PIR recorded; "Support services visit log in place, including district manager, care and dementia advisor, catering business support manager, governance and safeguarding , health and safety support services."