

Nellsar Limited

# Silverpoint Court Residential Care Home

## Inspection report

Silverpoint Marine  
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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

About the service: Silverpoint Court Residential Home provides personal care and accommodation for up to 36 older people, some of whom may be living with dementia. Accommodation is on three floors. There is a passenger lift to enable people to access the second and third floors. There is an accessible garden to the rear of the property, including an area for charging and storing mobility scooters. At the time of our inspection, there were 29 people using the service.

People's experience of using this service:

Staff knew people well and were kind and sensitive to their needs. They treated people with dignity and respect and promoted their independence. Positive relationships had been formed between staff and people using the service.

Staff were recruited safely. There were enough staff to meet people's needs and people told us when they needed assistance, staff responded promptly. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. People's medicines were managed safely. Incidents and accidents were investigated and actions taken to prevent recurrence. Effective infection control processes were in place.

People's needs were assessed prior to them moving into the service to help ensure they were cared for and supported effectively. Staff knew people's care and support needs. They had received relevant training, support and supervision to enable them to effectively fulfil their roles and responsibilities. People were provided with a nutritious and varied diet and they were complimentary about the quality and choice of food offered. Staff worked well with external professionals to promote people's health and wellbeing. People had access to social activities and events.

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.

The culture of the service was person-centred. The registered manager was visible around the home and staff had a clear understanding of their roles and responsibilities. People were encouraged to express their views on the service they received and be involved in the running of the service. There were effective quality assurance systems in place to drive continuous improvement.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 21 December 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well led

Details are in our Well Led findings below.

# Silverpoint Court Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was conducted by two inspectors 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. The expert by experience's area of expertise was old people and dementia care.

#### Service and service type:

Silverpoint Court Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also looked at the information in the provider information return. This is key information providers are required to send us about their service,

what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 13 people who used the service, to ask about their experience of the care provided and five visiting family members and friends. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We also spoke with four members of care staff, activities worker, deputy manager, registered manager, operations manager and two visiting health care professionals.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed complaints and quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm and abuse.
- Staff had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns.
- People told us they felt safe living at the service. A relative told us, "I can breathe now [person] is here. I used to be worried all the time, didn't sleep properly, was always being disturbed, but now I have peace of mind, I know they're safe. I can visit at any time I want to, and I've never found anything that has worried me."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Systems were in place to identify, manage and review the risks to people.
- People's care plans contained risk assessments associated with people's safety and the environment. This included, where appropriate, people accessing the local community independently.
- Risks associated with people's health conditions had also been identified and guidance was in place to help staff meet people's individual health needs.
- We observed people being assisted to move from wheelchairs to armchairs safely and being reminded to use their walking aids where appropriate.
- People had individual personal emergency evacuation plans which described the support they would need in the event of a fire or other emergency evacuation of the building.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were safe to work with vulnerable people.
- A dependency tool was used to determine the number of staff required to meet people's care needs safely and effectively.
- A new passenger lift had recently been installed. However, on the day of our inspection, it was out of order for part of the day. A relative told us, "They had more staff here when the lift wasn't working, but of course it's not working again, and they've lost the extra staff." We noted staff managed admirably whilst the lift was out of order, despite this causing them lots of extra work.
- People were generally positive about staffing levels. One person told us, "They come to me quite quickly, as soon as possible. I never feel I wait for very long." Another said, "They normally come quickly when I call them, if I wait a bit they're very apologetic." A relative told us, "I will say if [person's] needs are urgent they're sorted quickly, but other things sometimes take some time. That's ok, we understand that."
- Staff told us they felt there were enough staff to meet people's needs. One member of staff said,

"Sometimes I wouldn't mind a little more time. The buzzer is going and I would want to sit longer and speak to people. But generally, this is a great team and we really work well together. We communicate well."

#### Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records indicated people received their medicines regularly by appropriately trained staff.
- The management team completed regular audits of medicines to ensure policies and procedures were followed.

#### Preventing and controlling infection

- People were protected from the risk associated with infection control.
- Staff had completed infection control and food hygiene training. This mitigated the risks of cross infection and poor food hygiene practices.
- Staff were provided with Personal Protective Equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- Systems were in place to facilitate the analysis of incidents and accidents and the registered manager and provider used this to identify themes and learning. For example, if incidents were occurring at a specific time of day or in one place.
- The registered manager encouraged staff to report concerns and incidents. Lessons learned were shared with staff to help improve the service provided.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them using the service to ensure these could be met.
- Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience

- New staff received an induction to the service. This included an orientation of the building, training, information about policies and procedures and fire safety.
- Staff had received relevant training to enable them to acquire the knowledge and skills to meet people's individual needs effectively and safely.
- Staff received supervision and felt supported by the deputy and registered managers who were approachable and available at any time for support and guidance.

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

- People were supported to maintain a healthy and balanced diet.
- A relative told us, "When [person] came in here they were very ill, not eating and very underweight. Now they've put all the weight back on and loves the food here; they have improved immensely since being here."
- We observed the lunchtime experience. Due to the passenger lift being out of order (as highlighted in the safe section of this report), several people were unable to access the downstairs dining room as they would normally do, however staff dealt with this efficiently and in a calm, kindly manner. Staff were friendly, engaging, and listened intently to people's preferences and requests. Meals were very individual and included salads, mince casserole and vegetables and fish in parsley sauce.
- One person repeatedly refused to eat or drink anything. Staff continually offered different options and techniques to encourage them to eat and drink. The person eventually agreed to try a little cranberry juice. During this time, staff showed considerable patience, and kindness towards them, giving reassurance whilst expressing concern for their health.
- People told us they always had enough to eat and drink. One person said, "I'm never hungry or thirsty. If anything, they give me a bit too much, but it's all very nice." Another said, "I have the full Monty for breakfast. I'm cutting down on salt so I'm not having bacon so they give me an extra egg instead."
- People were regularly offered cold and hot drinks, ranging from various fresh juices, tea, coffee, cappuccino, and hot chocolate. A relative told us, "When they found out [person] doesn't drink tea or coffee they ordered in cappuccino for them, and others now enjoy it too."

Adapting service, design, decoration to meet people's needs

- The service was suitable to meet people's needs. A passenger lift enabled people to access all areas of the home and ramps had been added to enable people with wheelchairs and mobility issues to easily access garden areas. At the time of our inspection, decoration works to communal areas were being carried out by the provider.
- People's bedrooms had been individually decorated the way they wanted them.

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

- The service worked alongside local community and medical services to support people and maintain their health and well-being. The service raised concerns about people's wellbeing to health professionals such as GPs, and supported people to attend hospital or other medical appointments if needed. Outcomes had been recorded in people's care plans together with necessary actions for staff to follow. One person told us, "If I'm not well they notice immediately, and they'll call in a doctor."
- A relative told us how their family member had recently been diagnosed with cancer, because of a carer's vigilance when delivering personal care. They said, "They immediately phoned me to inform me, and [person] was soon diagnosed. I was grateful that they were so 'on the ball.'" Another relative said, "[Person] has had COPD (chronic obstructive pulmonary disease) for a long time but had never seen a COPD nurse before. As soon as they came here, the COPD nurse was called in, and it's made a massive difference. They come in once a fortnight."
- Healthcare professionals spoke positively about the service. A health care professional told us, "There's always enough available staff when I visit who are available to help, for example, if we need to reposition someone. They know their clients well and are 'in tune'. There's no hesitation in contacting us for advice. [Staff] follow what we advise them to do. It's a nice home, the residents always seem cheerful and happy which I think reflects on the care they receive." Another said, "I've been coming into the home for about five years. It's very homely and there's always staff around. I never have to wait to get in and staff stay with me. All the staff from seniors to the kitchen chef know people's needs well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- People reported to us their choices were always respected by staff. When people could not make a decision, staff completed mental capacity assessments and the best interest decision making process was followed and documented.
- Appropriate applications had been made to the local authority for DoLS assessments. This meant people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were very kind, caring and friendly and we saw that interactions were warm. One person told us, "The staff here are brilliant, they would never ever be nasty to anybody." Another person said, "The staff are lovely, they do a really good job. They don't rush me even though they've got plenty to do. If I'm fed up they'll sit down and listen to me and try to cheer me up." Another said, "If people don't have family to make a fuss of them, the home will buy a birthday cake for them, and make them feel somebody cares. You can't blame them for not caring here."
- Relatives also spoke positively about the caring attitude of staff. One relative told us, "The staff are fantastic to [person]. We come in at all times of the day, and I've never come in to see or hear anything that worries me about the staff's attitude to people."
- People's diverse needs were respected, and care plans identified people's religious, cultural and spiritual needs. Care plans did not contain information on people's sexuality needs. We discussed this with the registered manager. They informed us no one would be discriminated against and told us they would update their documentation to include any needs associated with sexuality.
- The service had scored highly in feedback surveys completed by people and their relatives, including feedback left on independent websites.

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

- People told us they were able to choose how and where they spent their day. We observed staff checking with people before providing support and encouraged them to express their views and wishes. One person told us, "I'm normally up by 9ish, but I'm feeling rough today and didn't sleep very well. I asked to be left in bed a bit later, they didn't mind; I'll get up later though."
- People were given the opportunity to provide feedback about the service and the care they received through a variety of formal and informal forums. For example, questionnaires, resident meetings and day to day conversations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff could tell us how they protected people's dignity, for example when providing personal care, by ensuring doors and curtains were closed.
- People's independence was promoted and staff encouraged people to do as much as they could for themselves.
- People were supported to maintain their personal appearance to ensure their self-esteem and self-worth.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support needs were assessed prior to them moving into the service. From this assessment, care plans had been developed to make sure these needs were met.
- Care plans were person centred and provided information and guidance to staff. This included people's preferences on how they wished to be cared for and how staff should best support them. Where possible, people were involved in the care planning process.
- Care plans were reviewed monthly or sooner if people's needs changed.
- The service employed an activities coordinator who was supported by a part time activities worker. A weekly programme of activities was available for people to participate in.
- On the day of our inspection, the activities coordinator was not at the service. One person told us, "[Activities coordinator] does a very good job, I recently made a Pug with them, it was good fun, they make things interesting." Another person told us about a recent Mother's Day celebration, they said, "The tables were all laid out beautifully with a box of Maltesers for every lady, and Narcissus on every table. We had a lovely three course meal, and the men weren't allowed in that part of the lounge that day because it was 'Ladies Day.'"
- The activities worker provided examples of how they engaged with people. This included playing games, having one to one conversations and using Interactive Me tablets. Interactive Me enables people to store memories on individual tablets. The activities worker showed good knowledge and insight of people's needs and the importance of engaging with everyone living at the service.
- From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service identified people's information and communication needs by assessing and recording them. The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- There were effective systems in place to deal with concerns and complaints.
- The registered manager and provider took complaints seriously and all complaints were investigated and responded to in a timely manner.
- People told us they had no complaints about the care they received. One person said, "The staff here can't do enough for you, I've got no complaints. They don't just do the barest minimum, they go over and above what they have to do."

End of life care and support

- Staff worked closely with other professionals to ensure people had a dignified and pain free death. A member of staff told us, "We had SALT (Speech and language team) come in. We learnt about swallowing problems and dietary needs and end of life training. I learnt about empathy and how important understanding people's needs is and people's diet when they are coming to end of life and honouring peoples wishes."
- Where people had disclosed their wishes in relation to their end of life care and funeral, these were recorded in people's care plans.
- A local pastor attended the service annually to deliver a memorial service. The registered manager told us, "We want to value people's lives, support people, relatives and staff and help give closure."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning

- The registered manager and all the staff we spoke with, demonstrated a commitment to providing person centred care. They placed people using the service at the centre of everything they did. One member of staff told us, "I want to make people happy and make them smile. Last week [person] started singing to me when I was supporting them to eat. It brought me to tears it was so lovely as they don't interact that much and it was nice to see them happy."
- The registered manager understood their responsibility under duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The registered manager and operations manager informed us the provider would be implementing an electronic care planning system which would enable staff to record information in 'real time'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management and staffing structure. Staff were aware of their roles and responsibilities.
- The registered manager understood quality performance, risks and the regulatory requirements of running a service.
- The management team completed a full range of quality audits monthly and actions were identified and addressed to bring about improvements. Audit results were monitored by the provider. Representatives of the provider visited regularly to provide support and undertake their own quality monitoring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and through questionnaires and meetings.
- A relative told us, "Resident and relatives meetings are held about once every three months at different times so most people should be able to get to some; they email me with the times of them. They are helpful, and we always have a chance to talk about anything. [Registered Manager] and one of the seniors leads them. They tell us about any plans or alterations, changes in staff etc., I think they're run very well."
- People were complimentary of the registered manager. One person told us, "We see quite a bit of [registered manager]. They even come around with the pills sometimes. I could talk to them about anything. I reckon they run this place well, I'd recommend it as a good home." Another person said, "[Registered manager] is very good, I like them a lot. They are easy to talk to and takes things seriously." Another said, "All

the staff from the manager to the cleaners, all lovely people. I couldn't wish to be in a better home. I'm grateful to every single one of them."

- Regular staff meetings were held and hand over meetings between shifts. Staff told us communication was good and they worked effectively together as a team.

Working in partnership with others

- Feedback from health care professionals was positive.

- Management promoted person-centred, high-quality care and good outcomes for people, by working in partnership with other professionals to support safe care.