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

The inspection took place on the 1 December 2016 and was unannounced.

Silverpoint Court Residential Care Home is registered to provide accommodation with personal care for up to 36 older people, some of whom may be living with dementia related needs. There were 33 people receiving a service on the day of our inspection.

The service had a registered manager. 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 our last inspection we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 13 Management of Staff and Regulation 23 Supporting Staff. During our inspection we found improvements had been made in these areas and in accordance with the new regulations.

People told us the service was a safe place to live. The registered provider's recruitment procedures ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care and there were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

People's capacity to consent had been assessed. The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff knew people very well and were kind and sensitive to their needs and ensured their privacy and dignity was respected. People told us they were happy with the care and support they received. People's nutritional needs were met and people were supported to maintain a healthy and balanced diet. People received support to access health care professionals and services when required.

Where possible people and their families were involved in the planning and review of their care and support; care plans were person centred and were regularly reviewed. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Staff shared information effectively which meant that any changes in people's needs were responded to appropriately.

There were systems in place to regularly assess and monitor the quality of the service provided and people living and working in the service had the opportunity to say how they felt about the home and the service it provided. The registered manager was able to demonstrate how they measured and analysed the care and

support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Staff knew how to identify and raise safeguarding concerns.

Risks to people were managed and assessments were in place to manage identified risks and keep people safe.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received an induction when they came to work at the service and ongoing training to support them to deliver care and fulfil their role.

Staff had an understanding of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

People were cared for by staff who knew them well and treated them with kindness and compassion.

People's independence was promoted and staff encouraged people to do as much as they were able to.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs.

Care plans were regularly evaluated to ensure they continued to reflect people's individual needs.

The service had appropriate arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

The service was run by a committed manager who had a clear vision for the service. Staff felt valued and were provided with the support and guidance to provide good quality care.

There were systems in place to seek the views of people who used the service, and others.

The service had quality monitoring processes in place to ensure the service maintained its standards.

Silverpoint Court Residential Care Home

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 was planned to check 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.

This inspection took place on the 1 December 2016 and was unannounced. The inspection was completed by one inspector, one inspector manager and one 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.

Before our inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with 11 people, three relatives, one health care professional, eight members of staff, the deputy manager and the registered manager. We reviewed a range of documents and records including four people's care files, five staff recruitment and support files, training records, arrangements for medication and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. We observed people looking relaxed and happy in the company of others and staff. One person told us, "I feel so safe here staff are really kind." A relative said, "I know [name of relative] is really safe in here and is being well looked after." We also saw written feedback from relatives stating they felt their loved ones were safe; one said, 'The overall feeling in the home to us is one of 'family'; the staff actually care for the residents and we feel that our [relative] is in a safe and secure environment.'

There were systems in place to keep people safe and protected from harm. Staff had received safeguarding training and there were safeguarding procedures in place. Staff demonstrated a good knowledge of the procedures and were clear on the actions they would take if they suspected abuse. One member of staff told us, "If I thought someone was not right I would follow the procedures and go straight to one of the seniors. If I thought they were involved I would go to the next level of management." Staff were aware they could contact external agencies such as social services or the Care Quality Commission (CQC) to report any concerns. Ask Sal' posters were displayed throughout the service. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Risk assessments had been completed to help keep people safe, for example for their pressure area care, nutrition, mobility and for falls and were reviewed on a monthly basis. Staff had a good knowledge of people's identified risks and described how they would manage them. All the staff we spoke with told us that people's care plans and risk assessments contained sufficient information and guidance to help them keep people safe. Staff told us that if they felt the information was not correct they would report this to their manager who would immediately arrange to update the information contained in the person's care plan and/or risk assessment.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to undergo a three month probationary period and there were staff disciplinary procedures in place to respond to any poor practice.

There were sufficient staffing levels to meet people's needs and people received care from a consistent staff team. The sample of rotas we looked at reflected sufficient staffing levels. However some staff told us that sometimes they felt 'rushed'. Comments included, "We feel rushed at times as the needs of residents have changed and this can sometimes impact on us and on the residents. We can ask the seniors to help but they are always busy." And, "There's not always enough staff." The registered provider stated in their Provider Information Return (PIR) that they were 'exploring various dependency tools that already exist within the company to consider other examples and over the next couple of months decide on an "effective tool" that aligns staff allocation and resident need to improve the service further.' We discussed this with the registered manager who told us this piece of work had not yet been completed. We also noted that staffing

levels had been discussed at a recent team meeting and that the registered manager would be discussing staff concerns with the registered provider. During our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual needs.

People received their medicines safely, when they needed them. All staff who administered medication had received medication training and had their competency checked regularly. The medication administration records (MARS) we looked at were completed appropriately. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. Regular audits were undertaken to ensure that people were receiving their medication safely and correctly. There were safe systems in place for ordering, receiving, storing and disposal of medicines.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was ongoing. There were up to date safety certificates in place for the premises such as for the electrical and gas systems. Records showed that the building had been well maintained and that repairs had been carried out swiftly. The service employed a maintenance person to carry out general maintenance and day to day repairs. One person told us, "[Maintenance person] is great, a really nice man to talk to and he's really helpful."

Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager and the registered provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence for example making a referral to the falls team. Processes were also in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans (PEEPs) were in place for people. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies.

Good

Is the service effective?

Our findings

People were cared for by staff who had the skills and knowledge to meet their needs. Staff had completed an induction programme when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. Training records confirmed staff had completed the registered provider's mandatory training. The registered manager told us that all new staff were required to complete the Care Certificate. The Care Certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role. Where required staff had received specialised training to enable them to support people; for example dysphagia awareness, stoma care and caring for people with a visual impairment. Staff we spoke with told us they felt well trained, one member of staff said, "I like the training, things change so quickly so you need to keep your training up to date." This demonstrated that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received regular supervision and had an appraisal in place. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us, and records showed that they received supervision and had an appraisal of their performance however we noted some staff appraisals were overdue. We discussed this with the registered manager who told us they were in the process of arranging these. Staff told us they felt well supported by management who were always available if they needed any support or guidance. Staff we spoke with said they were actively encouraged and supported to continue their professional development to expand and develop their skills and records confirmed that a number of staff had been supported to develop their roles and had been promoted to senior positions. This demonstrated that staff had a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff understood their responsibilities and the key principles of the MCA and DoLS. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. One member of staff told us, "If people have capacity it's their choice and we have to respect that [their decision] even if we feel it's an unwise decision." Where required people's mental capacity had been assessed and any decisions were made in their best interests in the least

restrictive way in line with legislation. Although staff were aware that people had to give their consent to care and support and had the right to make their own decisions, we noted that in the records we looked at that people's consent to care had not been formalised in writing in their care plans. We discussed this with the registered manager who informed us they would immediately address this. Where people had been deprived of their liberty appropriate applications had been made to the local authority for a DoLS authorisation. Throughout our inspection we observed staff asking people if they were happy to receive support and respecting people's decisions. We heard staff using phrases such as 'what would you like to do', 'would you like me to' and 'would you like a drink' and giving people the time they needed to make a decision. This told us people's rights were protected.

People were supported to eat and drink enough and maintain a balanced diet. People chose what food they wanted from a rolling four weekly menu; alternative meal choices were available if people did not want what was on the daily menu. A pictorial menu was displayed in the lounge and care plans noted people's food dislikes and likes. Where required, people's dietary needs had been assessed and their food and fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. People told us the food was good, one person said, "I love the food here I always clean my plate." Bowls of fresh fruit and drinks were available throughout the service for people to help themselves to. We observed the lunch time meal and saw that staff encouraged and supported people to eat their lunch. Where people were being supported to eat their meal, staff did so sensitively. People enjoyed a pleasant relaxing mealtime experience.

People were supported to access healthcare services as required such as occupational therapists, district nursing team, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. Care records demonstrated the service worked effectively with other health and social care services to help ensure people's care needs were met. A health care professional told us that staff were caring and helped to ensure people's wellbeing; they said, "It's really good. Every time we come in there is a communication book and staff are always good at keeping us informed."

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the service. Many staff had worked at the service for a number of years which enabled positive relationships to develop. A staff member said, "We are like a family, residents and staff, we are always checking everyone is ok." Throughout our inspection we observed staff interacting with people in a kind, caring and respectful way. Staff consistently acknowledged people and engaged in appropriate conversation with them. Our observations showed that people enjoyed excellent relationships and people were at the heart of the service. Comments from people included, "The carers are all lovely here"; "The staff make the place for me, they are really nice people"; and "It's lovely here, I call it a neighbourhood".

People were involved in making decisions about their care and support. For example people told us they were able to make choices about what they wanted to wear and how they liked to spend their time. Care plans also contained information about people's likes, dislikes and preferences in regard to all areas of their care. It was evidence from speaking with staff and our observations during the inspection that staff had a good knowledge of people's preferences.

People were treated with dignity and respect. Throughout our inspection we saw people and staff were relaxed in each other's company. There was free flowing conversation and exchanges about people's wellbeing and how they planned to spend their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, for example kneeling to people's eye level and offering reassurance where required. Staff were not rushed in their interactions with people and took time to listen closely to what people were saying to them. Staff demonstrated a good understanding of privacy and dignity and described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms, ensuring curtains and doors were closed when supporting people with personal care and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth.

People were supported to maintain their independence and staff recognised the limitations of each person and empowered them to be as independent as possible. One member of staff explained that it was important for people to do as much as they could for themselves if they were able to such as wash or dress themselves but said, "We are always close by in case they need our support."

People were supported to maintain relationships with friends and families. There were several areas within the service where people could receive their visitors including a 'tea room' lounge which offered a private space. A communal computer was also available in the main lounge to enable people to stay in contact with friends and families via the internet. One member of staff told us how one resident had been supported to 'skype' their relatives who lived in another country.

People's diverse needs were respected and recorded in their care plans. The registered manager said that staff would support people to access religious services should they require this. A weekly religious service was held at the service. One relative said, "There is a church service here regularly which [relative] enjoys

and gets along to."

The service had information on local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us that no one was currently accessing advocacy.

People had end of life care plans in place and the service had a strong commitment to supporting people and their relatives before and after death. However, some staff told us they would like to receive specific 'end of life' training. One member of staff said, "I think staff would benefit from end of life training as we want people to have a good life as well as a good death." We discussed this with the registered manager who immediately arranged for end of life training to be delivered to staff in January 2017.

We saw comments from relatives thanking staff for the care their relatives received. Feedback included, "[Name of person] loves it we cannot ask for anything more, the staff and management are without doubt the most caring." And, "A massive thank you for looking after our [relative]; your love, care and devotion shown to them was second to none."

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and the registered manager was committed to providing person centred support to people to enable them to lead as independent and happy life as possible.

Before moving into the service a pre-assessment was undertaken to identify people's heath, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to inform and develop people's care plans. Care plans were personalised and covered a range of care needs such as mobility, medication, mental and physical health and socialisation needs. Care plans were reviewed monthly and included information relating to people's specific care needs and how they were to be supported by staff. People who were able to were involved in the review of their care and, where appropriate, relatives were also invited to be involved in the review process. If an individual's needs changed these were discussed at daily handover meetings and recorded in the person's care records. The deputy manager told us that care staff were present at handover meetings and that every person living at the service was discussed. This meant there was clear up to date information available on how staff were to support people.

Regular residents and relatives meetings had been held where people had the opportunity to be involved in the day to day running of the service. A relative told us, "I attended the last residents meeting and there were lots of people there which was good." Records confirmed that various topics had been discussed at the meeting including new staff and the refurbishment of rooms. Where issues had been raised the registered manager confirmed that they would be taking action to address these. The registered manager told us that they were eager to engage families and have volunteers coming into the service and we saw posters displayed throughout the service to attract volunteers. An example of a recent volunteering activity included college students painting the service's garden fence panels under the supervision of people living at the service. The registered manager said that students were also due to visit the service in December to offer people hair styling and make overs.

People were supported to follow their interests and take part in social activities. The registered manager told us they had recruited two activities coordinators who were due to start their induction shortly after our inspection. There had been a gap between the former activities coordinator leaving the service and the new activity coordinators starting however staff had stepped in to ensure activities were available for people. Staff were passionate about supporting people to participate in activities and would come in on their days off to support with activities. We saw this on the day of our inspection when staff had come in to support people to attend a local Christmas event.

People were empowered to follow their interests, one person told us, "I used to be an entertainments officer in the company I worked for. I love big bands and play lots of music here in my room, and I've been asked to arrange a music afternoon for the residents in the second floor lounge and I'll play all my favourites, Glen Miller, Ambrose, Andre Rieu and big bands, I hope the other residents like it and we can make it a regular event." Another person said, "Each day I have a game of cards with a few other residents and we have a nice

chat together, I enjoy that."

Staff were responsive to the individual needs of people for example one person who used an electric buggy told us how adaptations had been made to enable them to easily enter and exit their room without the need to call staff for assistance. They told us this helped them to maintain their independence.

The service had a clear policy in place for dealing with complaints and this was clearly displayed at the service. One person told us, "I do like the manager, when we tell her things, she gets things done". Records showed that the service had received two complaints in the last 12 months and these had been dealt with appropriately in line with the registered provider's policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who had been in post since January 2016. They were supported by a deputy manager and both managers were visible within the service and knew people well. Staff told us they felt well supported and valued and that they had confidence in the registered manager. They said management were always available and listened to them. Comments included, "The deputy manager and team leader are easily accessible and approachable, we can go to them for absolutely anything and they would listen and provide guidance." And "[Registered manager] is really supportive and is approachable, always checking everything is alright; I think the service is well led, [registered manager's] door is open to anybody."

The service promoted a positive person centred culture and consistently focussed on ensuring people's life experience at the service was of the utmost importance. Staff had excellent knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. They shared the registered provider's philosophy to provide good quality care.

Regular staff meetings were held and topics such as updates on people living at the service, staffing levels, recruitment, staff champions, nurse call buzzers and support from the district nursing team had been discussed. Staff told us that they felt involved in how the service was run; one member of staff said, "We have regular staff meetings and if we are not able to attend we see copies of minutes. We can air anything we are not happy about or put forward ideas; at the last team meeting we discussed concerns about staffing levels and [name of registered manager] told us they would speak to head office." This showed us that staff had the opportunity to be involved in how the service was run and that their views were listened to and acted upon by the registered manager.

The registered manager actively sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people, resident and relative meetings and questionnaires. Feedback was used to improve the quality of the service. We looked at the results of the last survey undertaken in 2015. 16 responses had been received and noted that all the responses had been very positive about the quality of the service.

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as health and safety, medication and the fire system to ensure people's health and welfare. Call bells were also monitored to identify the length of time it was taking staff to answer calls for assistance. The registered provider also visited regularly to undertake quality assurance checks. A quality monitoring report by the Local Authority was completed in July 2016 and showed that a score of 83.7% had been achieved by the service. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

The registered manager told us that they had spent the first six months of their employment getting to know people, staff and families and building up links with the local community and health and social care

professionals. The registered manager was passionate about delivering an excellent person centred service and had clear plans for improving the quality of the service. For example they had arranged for 19 rooms to be refurbished and had an ongoing plan of refurbishment works. They were also encouraging staff to become 'champions' in specific areas of care such as infection control, dementia and manual handling and we noted that this had been discussed with staff at a recent team meeting.

The registered manager told us they was supported by the registered provider and attended regular meetings with other managers within the Nellsar group to share experiences and good practice, seek ways to continually improve the service provided to people and keep up to date with changes in the care sector.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.