

Anchor Hanover Group

Silver Court

Inspection report

Halsford Lane
East Grinstead
West Sussex
RH19 1PD

Tel: 01342321717
Website: www.anchor.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Silver Court is a residential care home providing accommodation and personal care to 41 people aged 65 and over. People living at the home had a variety of care and support needs, such as dementia and physical disabilities. The service can support up to 42 people in one adapted building.

People's experience of using this service and what we found

Risks associated with people's care and support had been appropriately assessed and managed. People felt safe living at the service and with the staff team who supported them. One relative said, "They support [person] well to the best of their ability and make her as comfortable as possible. Overall, they understand her and her risks and put measures in place to keep her safe." Staff told us they knew how to manage risks effectively and identify signs and symptoms of abuse and who to report concerns to.

The home was clean, and people were protected from the risk of infection. Lessons were learned when things went wrong, and the registered manager had oversight of accidents and incidents. People's medicines were managed safely. One relative told us, "They are pretty good with medicines, there have been several changes, but we have been notified and everything is recorded."

People and their relatives thought the home was well led. One relative told us the home was, "Very well managed, always clean. Meals are on time, there is a good boss, everyone does their best for my wife." Quality assurance systems were in place to drive improvement to the care people received. People, their relatives and staff were engaged in the running of the service and staff worked well with other professionals. People were supported in a person-centred way and we observed friendly interactions between them and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received about moving and handling practices and potential safeguarding concerns. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

The inspection was also prompted in part by notification of a specific incident. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The provider and registered manager had taken action to reduce risks to people by working openly with the local authority safeguarding team and by welcoming support from external agencies such as local authority

moving and handling assessors.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same, good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Silver Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by an inspector 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.

Service and service type

Silver Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public. We reviewed the information of concern that we received which instigated this inspection. We spoke with a health and social care professional to gain their views on the service.

During the inspection

We spoke with five people who used the service and six of their relatives, the registered manager, two district managers and four members of staff. We pathway tracked the care of four people. Pathway tracking is where

we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

After the inspection

We asked the registered manager to send us additional information relating to staff meetings and feedback received from people and their relatives through questionnaires. The registered manager sent this information in a timely way. We also spoke with a second health and social care professional. Their feedback has been included within this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and could identify potential signs of abuse. Safeguarding concerns had been appropriately referred to the local authority safeguarding team. One of these concerns is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.
- Staff, the provider and the registered manager were working openly with the local authority safeguarding team to support people's safety. One member of staff told us, "Although I have not seen or experienced any concerns here, we are working closely with other people to improve the service and people's safety." A social care professional told us, "The registered manager and provider have been open during safeguarding investigations and engaged in the process."
- People's relatives told us the home was safe. One relative said they were very, "pleased with this place, I can go home at night and know she is safe." We observed positive interactions between people and staff, people were comfortable in the presence of staff and appeared to trust them.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place to mitigate the risk identified. Risk assessments were detailed and reflective of current risks to people. Risk assessments were person-centred and addressed people's individual needs. For example, one person was unable to transfer independently and required support with moving from their bed to a chair using a hoist. Their risk assessment was detailed and provided staff with clear individualised guidance to reduce risks to them and support them safely.
- Environmental risks to people had been considered and people had personal emergency evacuation plans in place. These plans supported staff to understand the risks to people in an emergency and how to support them out of the building in a safe way.

Using medicines safely

- People's medicines were managed safely. There were safe systems in place to store, administer and dispose of medicines. A relative told us, "They are pretty good with medicines, there have been several changes, we have been notified and everything is recorded"
- Staff were trained to administer medicines and had regular competency and spot checks which supported safe practice. We observed one member of staff administering medicines to people. They were competent, knowledgeable and caring when speaking with people.
- Safeguards were in place to ensure people received their medicines safely. For example, a photo of the person was on their medicine administration records to support staff to administer the right medicines to the right person.

Staffing and recruitment

- There were suitable levels of staff to support people safely. We observed people's needs being responded to in a timely way. One person told us, "they use agency but usually the same ones." This aided continuity of care. A recent survey showed that people thought staff were always available when they needed them and there had been a significant improvement in this area.
- There were safe recruitment practices in place. Checks were made to ensure staff were of good character and suitable for their role before they started working.
- The provider had worked creatively, involving people, to improve recruitment of staff to the home. Staff were involved in an initiative run by the provider involving social media, which showed potential applicants the fun of working with people who need care and support. The registered manager told us this had increased the number of applications they received.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager analysed incident reports to reduce the risk of a similar incidents happening again. For example, one person had experienced a number of falls. The registered manager sought assistance from their GP and the falls team to improve the care they received. They further learned from these incidents and improved staff's knowledge of supporting people at risk of falls by supplying additional training in this area.

Preventing and controlling infection

- People were protected from infection risks and staff had received training in this area. The home was clean, and staff followed a regular cleaning schedule.
- Care had access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them. We observed staff to use these appropriately.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received support from staff who promoted person-centred care. People and their relatives told us they were happy with the care they received. A relative told us, "(Registered manager) and the staff are extremely patient with people and are always friendly." In a recent survey completed by people living at the home, 100% of people said they were happy living at the home and satisfied with the care they received.
- The registered manager and provider were consistently looking for ways to support good outcomes for people. For example, they had recently developed their work in supporting people's wellbeing and community links. They had links to a local school and started a 'pen pal' scheme where residents and children write to each other and send drawings. They had also entered a local art exhibition and were displaying people's art within the home for an open day with the local community. This has supported people's wellbeing, sense of achievement and reduced their risk of isolation.
- There was a friendly and calm atmosphere within the home. Staff commented on their positive working relationships and how they have learnt from recent safeguarding concerns to improve the care people received. One member of staff told us, "Staff morale is good. It has been a difficult few months and we have been supported and things are improving at the home. I am happy working here, I really enjoy it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was clear about their responsibilities and understood the regulatory requirements of their role. The registered manager felt well supported by the provider and their line manager. They told us, "I feel very supported by my district manager, they have been extremely supportive as manager and personally. They are always available for advice and guidance."
- Staff understood their roles and felt valued by the registered manager. A member of staff told us, "They are a good manager. She is very proud of the home and makes it feel like a friendly and family orientated. There is a lovely atmosphere. Jane's door's always open and people always see her and spend time with her." Another staff member said, "I feel valued in my role I am entrusted to do all sorts of jobs, I love working here it is such a nice environment."
- Quality assurance processes were in place to drive improvements to the quality of care people received. For example, the registered manager had identified through an audit that although people's care plans contained person-centred information, these could be improved upon. They implemented an action plan and sought support from another registered manager who had expertise in this area. This proactive and collaborative approach from the registered manager, to improve the service, meant people received care in

line with their preferences.

- The registered manager and staff were committed to continuous learning and driving improvements to the care people received. The registered manager told us how they keep up to date with changes in the sector and attended management training opportunities. They also told us how the provider arranged regular managers meetings, so they could share best practice across their services.

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

- People, their relatives and staff were engaged in the running of the service. They were given various opportunities to provide feedback to the management team such as; surveys, meetings, and care reviews. The management team also delivered care, so they could observe staff practice and offer people informal chats to listen to their feedback.
- People's feedback was listened to and acted on. For example, people said they wanted more involvement in meal planning. The registered manager listened and arranged for the chef to attend a resident's meeting where they discussed menu options. The chef also provided a tasting session for people, so they could sample new foods and pick which ones they would like on the menu. This received positive feedback and people enjoyed being involved in making these decisions.
- The registered manager ensured feedback was an item on the residents meeting agenda. Minutes from these meetings showed that they encouraged people's feedback and informed people of the different ways they could provide feedback to improve the service.

Working in partnership with others

- The registered manager and staff worked well with other professionals to meet people's needs. For example, one person had very specific dietary requirements. The registered manager worked closely with speech and language therapists to assess the person's needs. They then worked with the chef to create a varied diet for the person. Their proactive approach to partnership working meant the person's needs were met whilst still enjoying meals and foods they liked. The person achieved a positive outcome of weight gain due to the personalised support they received.
- Staff understood the benefits of partnership working to improve people's care. One member of staff told us, "We have been very proactive in responding to falls and seeking health professional advice to reduce falls. It has really helped improve our knowledge by working with the experts." A health and social care professional told us, "The management team are open and engaged in partnership working. They have worked well with our moving and handling team during reviews."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had a good understanding of the duty of candour. People's relatives told us the registered manager listened to them and their loved ones. A relative told us, "She is a good manager, all the dealings we have had with her have been good. If there are any issues she deals with them quickly and proactively."
- The registered manager was open and honest with people when things went wrong. For example, in relation to a recent safeguarding concern, the provider and registered manager had worked closely with other professionals to investigate the concern. They were open with the person's family and implemented actions to improve their oversight of the service in response to this concern. They have tested different ways of improving communication with staff and now the registered manager spends more time out supporting staff deliver care directly. They told us this had greatly improved their oversight and ability to support staffs' specific needs.