

Anchor Hanover Group

# Silk Court Care Home

## 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

### About the service

Silk Court Care Home is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection 47 people, including those living with dementia were using the service. The service can support up to 51 people.

### People's experience of using this service

The provider used creative ideas to ensure people's hobbies and individual interests were met and a wide variety of activities provided. Staff used innovative techniques to stimulate people's memories and imagination which helped to motivate them to remain well.

The registered manager used inventive ways for people review of the menu and meals. Staff had a clear understanding of people's meal preferences and nutritional needs.

The registered manager understood equality and diversity and created links with voluntary services to celebrate cultural, religious and gender identities.

People said staff were helpful, kind, compassionate and respectful. Comments included, "They respect my intelligence" and "I am never talked down too, which is rather perceptive of them." The provider asked people for their feedback of the service. People's responses were positive.

The provider's safeguarding processes guided staff to recognise and report any allegations of abuse. The registered manager referred allegations of abuse to the local authority team for investigation and a clear record was made of the outcome.

Staff managed people's medicines well. Staff understood how to support people to have their medicines as prescribed. People gave mixed views on whether there were enough staff available to support them. The registered manager completed a review of the staff mix. As a result, the staffing levels were increased.

Assessments placed people's needs at the centre of the care provide. Staff completed assessments to identify people's care needs and potential risks to their health and well-being. Management plans were put in place to manage and reduce any risks and concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection

The last rating for this service was outstanding (report published on 12 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Silk Court 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.

#### Inspection team

This consisted of one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

#### Service and service type

Silk Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 sought feedback from the local authority and health and social care professionals who work with the service. We used all of this information to plan our inspection. During the inspection visit the registered manager told us they had completed and were sending the provider information return (PIR) to us. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection.

#### During the inspection

We spoke with 21 people and three relatives, the registered manager and one of the provider's senior

managers, the activity champion, chef and a health and social care professional. We reviewed a range of records including five people's care records, five staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five care workers on the telephone because we could not visit the service due to risks related to the global pandemic COVID 19.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Enough staff were available to provide care in line with the provider's recommendations. People gave mixed views on whether there were enough staff to support them. People's comments included, "Yes there is enough staff to meet my needs however they are rushed off their feet at night", "It is fine in the daytime but not quite as good in the evenings", "There seem to be enough [staff]" and "[Staff] are busy but I think there are enough."
- The registered manager used a dependency tool to assess staffing needs. We shared people's feedback about staffing levels. The registered manager reviewed staffing levels and found staffing levels met the provider's requirements. However they found that during busier times the service would benefit from additional care staff. The registered manager had listened to people and acted to increase the numbers of staff at night and two additional staff for the day shifts to meet people's needs. We will review the effectiveness of the staffing levels when we return to the service.
- The provider recruited suitably skilled and experienced staff by using established recruitment processes. The application process involved staff completing pre-employment checks before working at the service. This ensured staff were suitable to work in a care setting.

### Systems and processes to safeguard people from the risk of abuse

- Staff provided care and support to people in a safe way. People said they felt safe living at the service. Comments included, "I do feel safe here and I am happy" and "I feel safe and comfortable." A relative said, "I can always see people keeping an unobtrusive eye on [my family member]."
- There were established safeguarding systems and processes used by staff for identifying and managing allegations of abuse.
- Staff completed training in safeguarding and understood the different types of abuse which improved their skills to promptly report this.

### Assessing risks, safety monitoring and management

- Staff assessed potential risks to people's health and well-being and effective plans were put in place to manage these.
- Each person had a risk assessment completed by staff that recorded potential risks to their health. People using the service were living with complex health care conditions and it was critical for staff to identify and manage risks. A variety of potential risks were found including, wandering, moving and repositioning, nutrition, continence care, mental health and medicine management.
- Staff developed detailed risk management plans to help in the management of each potential risk. For example, there was a risk assessment and management plan for a person using oxygen therapy. These records ensured risks were managed well and staff provided safe care for people.

### Using medicines safely

- People had their medicines safely managed by staff and as prescribed. Comments included, "I have medication which they bring to me and sign that it has been given" and "They give me my medication and seem to know what they are doing. There have been no errors."
- There were systems in place for people to manage their medicine independently. A medicines assessment was completed to assess people's abilities to manage their medicines themselves. The outcome of the assessment determined whether a person could manage this task. One person said, "I manage my own medication."
- The provider's medicines management policy gave staff clear guidance on the administration of medicines. Staff completed medicines administration records (MARs) to document when people were supported with their medicines.
- Medicines not administered were accounted for with an explanation given. Records used for the administration of medicines were completed accurately.

### Learning lessons when things go wrong

- There were established systems that recorded accidents, incidents and safeguarding allegations. These were monitored so trends or patterns could be identified and action taken to mitigate them.
- The registered manager encouraged staff to report any concerns, for example, if a person had an accident or a 'near miss'. Staff recorded if people sustained injuries and completed a body map with those details. All incidents were discussed with the staff in charge and the registered manager. Any areas of concern were shared with staff to improve and reduce the potential concerns of reoccurring at the service.

### Preventing and controlling infection

- The provider's infection control policy gave staff guidance to protect people from the risk of infection.
- Training in infection control was available for staff. Staff applied their knowledge learnt to reduce the risk of infection and cross contamination.
- There was a dedicated housekeeping team that followed established cleaning schedules. The home was clean, uncluttered and tidy. A person said, "The standard of hygiene is very good and they clean my room every day."
- The registered manager provided staff with Personal Protective Equipment (PPE). PPE is protective clothing and equipment designed to protect the wearer's body from injury or infection. We observed and staff confirmed they had gloves and aprons available for their needs.
- Before the pandemic the provider had in place a COVID 19 policy in place that gave staff guidance on how to care and support people in a safe way. The registered manager knew the actions they would take to manage an outbreak of COVID 19 at the home while protecting people from this risk.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had meals that met their preferences and nutritional needs. Comments about meals were mixed, "Breakfast is good but in general it is very bland", "The meals are good, and you can always have a snack if you want" and "The food is boring but there is plenty of it."
- The registered manager sought people's feedback of the variety and quality of meals and people had mixed views. Each person provided staff with information of the types of food they enjoyed eating, such as bacon and eggs and stews. As a result of this feedback further action was taken to revise the menu.
- People were consulted and directly involved in the development of a new menu at the service. This involved people and their relatives giving suggestions of meals they enjoyed. The meal suggestions were collected and the chef began preparing samples for taste testing. The meals that were approved by people and relatives were added to the menu.
- People enjoyed their meals because these met their preferences. We noted meals looked appetising, staff encouraged people to eat and supported others who needed help. People could request an alternative meal, such as an omelette.
- People had access to food and drink for their needs. There were drink and snack stations on each floor of the service. People could make a hot drink and have fruit, a snack and cake made by the chef. If people were unable to make drinks themselves then staff supported them.

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

- Assessments with people took place which helped to identify their individual needs and the staff support to meet those needs.
- Each person had a plan of care which was developed using the information gathered from the care assessment. Staff used the details in the care plan to ensure people received safe care.
- The registered manager provided care and support that reflected the guidance of the Equality Act (2010). Care assessments recorded individual characteristics that were protected within the act. These included people's religious beliefs, age, culture and sexuality.

Staff support: induction, training, skills and experience

- The registered manager had a support system in place for staff. Staff had access to an induction, training, supervision and appraisal. All new members of staff completed an induction which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had continuous training during their employment at the service. Training included dementia awareness, food and hygiene, first aid and nutrition. Staff said, "The training is really good, I have done

health and safety and moving and handling" and "I have done all of my training and I am up to date."

- Each member of staff had access to regular meetings with their manager to discuss their role. Staff supervision and appraisals enabled staff to identify their professional development needs and reflect on their individual achievements.

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

- People had access to health and social services to meet their changing needs. People said, "[Staff] make an appointment to see the doctor and chiropodist. I have been to the dentist and the optician comes regularly" and "The chiropodist comes here, the doctor and dentist you go out and see."
- Staff commented that the GP was flexible and provided home visits and medical advice in an emergency.
- People's care records were updated when they received health care advice and support. This helped staff to be informed of any additional support required to meet and help maintain people's needs.

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

- The home was purpose built and suitable for the needs of the people living there. The service was well decorated and adapted for people with mobility needs or those who used wheelchairs.
- Areas of the home were dementia friendly by the way it was decorated. The registered manager had decorated a window in a sitting area with wallpaper that had green trees on them. Staff had put artificial grass and leaves on the inside window sill. This gave the illusion of bringing the outside garden into the home. We saw people seated around that area some looking out the window and others chatting with each other.
- Each person's room was decorated and had personal items such as photographs of friend and relatives.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People made decisions about their care and support needs and the support they wanted from staff. Records of people's decisions were recorded so all staff were aware of these.
- The registered manager made referrals to the local authority for a DoLS assessment when people lacked the ability to make decisions for themselves. Staff provided care and support to people in line with the DoLS authorisation and within the legal framework of the MCA.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed to good. This meant 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 said staff treated them well. Comments included, "They are always very nice to me" and "We have a bit of banter but always treat me properly."
- The registered manager created a safe environment for people to have discussions about gender and sexual identities. Staff encouraged people to be proud and celebrate their Lesbian, Gay, Bisexual and Transgender (LGBT+) identity. People attended a support group and had developed links with local voluntary organisations that could provide support, advice and guidance for LGBT+ people. The registered manager ensured people's identity and culture were promoted and respected.
- Staff respected people's choice to practice their religious beliefs. People commented, "I like the church service", "There is always a church service but I don't go" and "I am a Christian we have a church service and the vicar comes every fortnight and for special celebrations such as Ash Wednesday."
- Staff had training in equality and diversity which enabled them to provide care in line with best practice. The registered manager had planned a diversity day at the service in April. This event involved people, relatives and staff learning from each other and sharing information around diversity through, education, music, food and social activities.

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

- People and relatives attended assessments and contributed to them. People commented, "[My relative] was involved in drawing up the care plan." Assessments gave people the opportunity to discuss their care needs and staff support required to meet those needs.
- Staff reviewed people's current care needs, charts, assessments and care plans to ensure they met people's current needs. Staff updated care records when required and when their needs changed.
- The registered manager stored people's care records securely and only authorised people could view them. Records were stored in line with the requirements of the General Data Protection Regulation (GDPR). The GDPR is a regulation in EU law on data protection and privacy.

Respecting and promoting people's privacy, dignity and independence,

- Staff provided people with care in the privacy of their own rooms. We observed staff knocking on people's doors then sought permission from them before entering.
- People confirmed staff were mindful to ensure care was carried out with dignity. People said, "I am treated with dignity and respect" and "Privacy is respected by staff."
- Staff ensured care records had details of people's individual abilities and things they could do for themselves. This included whether people could manage their medicines, personal care and go out

independently.

# Is the service responsive?

## Our findings

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

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager supported people to maintain relationships with people who mattered and were important to them. Staff encouraged relationships with friends and partners. Partners not living at the service were able to visit the home and share meals with their loved one. This helped them to maintain their relationships.
- The registered manager used innovative and creative ways to meet people's interests and to create new hobbies especially those living with dementia. Since the last inspection the service had used best practice guidance to ensure activities were meaningful for people living with dementia. People used a virtual cycle as a tool for gentle exercise and reminiscence. A virtual cycle is a stationary bike with a video projection that plays whilst the person pedals. People commented "Oh can we go to Wapping, I used to live there" and, "This is fun, where else can I go." People said where they wanted to go on their virtual tour. People were able to visit where they were married, went on honeymoon, lived or places they had wanted to visit like the French Alps. From the conversations, laughter and discussions on the places people visited, there was a positive response to the activity and people were enjoying themselves. Staff commented, "People really love using the bike. Remembering nice memories of where they visited, they do gentle exercise, that is a bonus" and "The bike distracts people especially when they become agitated or have advanced dementia helping them to remain happy."
- People took part in activities in and outside the home that they enjoyed. People said, "The activities are quite good. I join in music, dance and games", "The activities [champion] is highly skilled and is brilliant" and "Some days they take me down the pub and leave me there with my mates and collect me in time for tea. Otherwise I sit in here and watch TV with a Guinness."
- There was an updated activities timetable displayed on the notice board and people could choose what they wanted to take part in. The activities were varied including dramatherapy, hairdresser, outings to the seaside and Stepney farm.
- There were sensory awareness features in rooms that people used to socialise in. A person told us, "I like to stay in this room during the day, it is really calming." There was a waterfall projected on the wall that also had the sounds of running water the person said they enjoyed.
- The home had a cocktail lounge for people to use. People could relax in the bar and this was designed like a local pub. People were able to socialise with each other and have their favourite drink. People and relatives were invited to attend cocktail parties or other social events.
- The provider encouraged and trained staff to be involved in social activities at the service. There was an activities champion who identified, managed activities and supported care workers to organise activities for people during the weekend. The service had its own minibus which took people to the pub for lunch, to the

Museum of London and a dementia friendly social group 'Singing for the Brain'. Singing for the Brain is a service provided by the Alzheimer's Society, which uses singing and other activities to bring together people with dementia or memory loss.

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

- People's care and support needs were identified before they came to live at the service. The provider sought pre-assessment information from health and social care professionals. This ensured staff had enough details about people so they could determine whether their needs could be met safely at the service.
- Assessments were completed with people and their relatives. Staff explored with people details of their health, care and support, life histories, hobbies, and any medical conditions. Staff developed care and support plans which met people's individual needs.
- Care records were reviewed and updated when people's needs changed. Staff recorded in people's records throughout the day to describe the care and support received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and these were recorded in their care records. This included whether people required information presented to them in a different format.
- The registered manager had access to large print and easy read documents for people who needed information in alternative formats.

Improving care quality in response to complaints or concerns

- The provider had a complaints process and policy in place. People were given information about how to make a complaint when they began using the service. People told us, "I would tell [my relative] if I had any concerns, he/she would go all the way to find a solution. No, he/she has never had to make a complaint before" and "If I wasn't happy about the service, I would tell the main team leader and she/he would listen."
- The registered manager told us that complaints were managed in line with the guidance and any complaints were investigated and responded to. There were no open complaints.

End of life care and support

- The registered manager was aware of how to support people with life limiting conditions. Staff assessed people who had experienced a deterioration of a health condition. Any concerns were referred to the GP for additional support to manage the person's needs.
- Staff had developed working relationships with local services such as the hospice and palliative care teams that could support a person at the end of life.
- Training in end of life care equipped staff with an understanding of how to support people in line with best practice guidance.
- People told staff how they wanted to live the rest of their lives. Staff developed end of life care plans that described people's wishes, including pain management, where they wanted to die and any funeral arrangements in place. Each care record detailed people's next of kin and health and social care professionals who would be involved in end of life care planning.

# 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 outstanding. At this inspection this key question is good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager provided clear leadership of the service. Staff were clear about their roles and responsibilities and which member of staff they would go to for advice and support.
- The provider and registered manager had worked with staff to work as a team. We observed that staff worked well together and junior and senior staff supported each other. A member of staff said, "Everyone works as a team" and "I like working here. It is a really a nice place to work. I like the atmosphere. I like how the managers value you and give you praise it makes the job worthwhile." The provider's senior management team were supportive to the registered manager and staff through management support in an emergency.
- The provider had established systems in place to monitor, review and improve the service. The registered manager evaluated the service and strived for improvement. Checks were carried out on the quality of care, fire safety, food, environment, communication and equipment. The registered manager reviewed those outcomes which gave them oversight of the service so they could act to resolve any concerns.

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

- Staff performance was celebrated in several ways. The registered manager implemented a system for recognising staff who had contributed positively to the service. Staff were rewarded with a voucher as a 'thank you' for their dedication to providing quality care. The reward system motivated staff to go the extra mile which meant they were motivated in their jobs and enjoyed working with people. This made people feel and tell us, "[Staff] are so nice, they check with me that I am settling in and get people to talk to me if we are in the dining or sitting room" and "I love them [staff], they understand me."
- Staff told us they felt very well supported in their role. They said, "I understand how my work contributes to the success of the service" and "The senior leadership is committed to providing high quality services."
- The registered manager had a 'open door' policy for staff and people. Staff confirmed they were welcomed to speak with the manager and give feedback or have a discussion. People said, "I don't think they could make [the home] better" and "Care workers are worth their weight in gold."

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

- The registered manager asked people and their relatives for their views of the service. People and their relatives gave positive views of the care, staff and management of the service. These comments were

recorded in the quality survey.

- People and relatives gave positive feedback about their care. They said, "I find that the staff are very amenable" and "Staff have time to talk."
- The registered manager ensured people's rights in relation to the Equalities Act were respected. People joined the LGBT+ group. This gave people a safe place to give feedback specific to their protected characteristics and for the registered manager to take action to address any particular concerns. The provider had guidance to support people who had different religious beliefs and needs, including Islam and Judaism. People could access other religious services if this was requested which helped them to meet their religious needs.
- The provider arranged staff team meetings which were used to share information and used for staff training. Each member of staff on duty attended a handover meeting. This meeting was used to share and discuss any concerns, appointments, visitors or events that were happening on the day with staff.
- Staff gave their feedback about the service and they said they enjoyed working at the service. Staff wanted to have a microwave in their staff room. In response the registered manager agreed to purchase a new microwave, toaster, kettle and kitchen accessories for the staff room. Staff said they were pleased with this response to their request. People were complimentary of the registered manager and the service. They said, "The manager is very good, she always comes says 'good morning how are you' and asks if you have any complaints" and "The overall quality of the service is very good for example little things like they give you a napkin with your meal."

#### Continuous learning and improving care

- The registered manager shared new learning with staff following a review of the care people received. The Inspire project focussed on reviewing people's experiences of living at the service through a service self-assessment. An area of improvement was in the decoration of the service. In response people were involved in choosing paint colours for decorating the dining room and materials for their choice of curtains.
- Staff were asked for their views and opinions of the service and to suggest ideas for the development of the service. Staff made suggestions and ideas about social activities and events for people such as a café area and this was implemented into the service.

#### Working in partnership with others

- Positive working relationships were developed with key organisations, including the local authority, safeguarding teams and clinical commissioning groups and multidisciplinary teams, to support care provision, service development and joined-up care. The registered manager and staff worked with hospital occupational therapy services for social activity ideas for people with mobility and mental health needs, this helped to create meaningful activities for people to enjoy and improve their health and well-being.
- The provider, registered manager and senior team members were involved in the leadership of meetings, forums and network groups where other providers shared information, knowledge and innovative ideas to help to improve services. Staff applied new knowledge learnt, ideas and best practice to ensure people had effective care.
- The registered manager understood the duty of candour and the need to share information when concerns are raised or when things go wrong. There were established systems to monitor and investigate safeguarding allegations, complaints and other issues of concern and to report these in line with the required national standards.
- The registered manager understood their registration responsibilities to the Care Quality Commission (CQC). All reportable incidents were submitted to CQC as legally required.