

Anchor Trust

# Silk Court Care Home

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 10 and 14 August 2017. The inspection was unannounced.

Silk Court is a care home providing accommodation for up to 51 older people, some of whom were living with dementia. The home is located in Bethnal Green close to shops and local amenities. The purpose built building has three units namely, Velvet (ground floor), Satin (first floor) and Cotton (second floor). The bedrooms were single occupancy with en-suite facilities. The building and units were accessible by wheelchair and had a passenger lift. At the time of our inspection, 49 people were living at the service.

At the last inspection of 4 and 5 August 2014, the service met the regulations inspected and was rated Good overall and Outstanding in Caring.

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 and associated Regulations about how the service is run.

People living at the service and their relatives were extremely happy with the high standards of care they received. People using the service, their relatives and health and care professionals commended staff for their compassionate and caring manner. They were consistent in describing the positive impact of the care provided at Silk Court Care Home on people's well-being.

The registered manager and provider actively promoted a person centred culture at the service. People knew the registered manager very well, said she was visible at the service, and spent time with them. The registered manager and provider demonstrated excellent leadership.

The registered manager and provider exceeded expectations in the provision of social activities and engagement for people using the service. People immensely enjoyed taking part in a variety of activities provided at the service and in the community. The registered manager engaged people and health and social professionals to design creative activities in ways which enriched each person's life. Staff supported people to live an active, independent and full life as possible

People experienced exceptional high standards of care because the registered manager had developed solid relationships with external organisations, health and social care professionals and the local community. People living with dementia received specialist support which significantly improved the quality of their lives. Staff had a sound understanding of dementia care and used their specialist knowledge to provide care in line with best practice and to communicate effectively with people.

People using the service and staff were highly complimentary of the registered manager, her leadership and the running of the home. People felt very valued, listened to and were able to talk to the registered manager

about any concerns about their welfare. The service was proactive and welcomed people using the service, their relatives, and health and social care professionals and staff to voice ideas about how to develop the service. The registered manager audited the quality of care and made changes when needed.

Staff delivered people's care and support with respect for their dignity and privacy. People received all-inclusive care that enhanced their quality of life. Staff had developed positive relationships with people using the service and their relatives. People consistently praised staff for meeting their individual needs and preferences and going over and above to make them comfortable and happy.

The registered manager assessed each person's needs and found creative ways of reviewing and anticipating changes in people's health and well-being. Health and social care professionals were very pleased with the responsiveness of staff to people's conditions and their application of guidance given.

Staff managed risks to people's health and well-being in accordance with the identified strategies and support plans in place. Staff followed the safeguarding policies and procedures in place to keep people safe from avoidable harm and abuse. The registered manager deployed a sufficient number of staff to meet people's needs. New staff underwent appropriate recruitment and selection checks to ensure their fitness and suitability to provide care at the service.

People received care from a motivated and competent staff team who took pride in their roles. Staff attended regular training and received supervisions, an appraisal and feedback about their performance.

Staff championed people's rights to freedom and choice in their day-to-day service provision. People received care and support in line with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People benefitted from timely access to healthcare services. Medicines were managed, administered and stored safely. People received food that met their nutritional and hydration needs. People spoke positively about the quality of meals and the choices available to them.

## 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. People were safe from the risk of harm. Staff knew how to identify and report abuse to keep people safe.

Staff followed guidance in place to manage identified risks to people's welfare.

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

People received their prescribed medicines when needed. Staff followed safe medicines management processes at the service.

Good 

### Is the service effective?

The service was effective. People received care from staff who had the skills and knowledge required for their roles. Staff attended training and received regular supervision and support to undertake their work.

Staff sought people's consent before providing care and worked within the principles of the Mental Capacity Act 2005.

People enjoyed the meals provided at the service and their nutritional needs were met. People had access to healthcare professionals to maintain their health and well-being.

Good 

### Is the service caring?

The service was exceptionally caring. People received care that went over and beyond expectations. People were involved in planning and reviewing their care.

People using the service and their relatives consistently felt well cared for and valued. Staff and people using the service had developed trusting relationships. Staff showed great compassion and empathy when providing people's care.

Staff provided care that took into account people's individual needs and based on best practice. Staff treated people with respect and maintained their dignity and privacy.

Outstanding 

### **Is the service responsive?**

The service was exceptionally responsive to people's needs.

Staff understood the needs of the people they cared for. People received exceptional care and support that was responsive and enhanced their quality of life.

The service went the "extra mile" to organise activities for people and involvement with the local community.

People using the service and their relatives were actively involved in planning their care.

The registered manager listened and responded positively to people's suggestions to develop the service.

**Outstanding** 

### **Is the service well-led?**

The service was very well led.

People using the service, their relatives and health and social care professionals and staff were very complimentary about the registered manager and the management of the home.

People received personalised person centred care that significantly improved their quality of life.

The registered manager and staff applied the provider's vision when providing people's care. People benefited from staff that were committed to their work and the provider's values.

The registered manager provided excellent leadership and was committed to a culture of continual improvement within the service.

**Outstanding** 

# 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 was 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 10 and 14 August 2017 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience on the first day and one inspector on the second day. 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. We looked at Silk Court's previous inspection reports and other information we held including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with 18 people using the service and eight of their relatives who were visiting the home. We also spoke with four health and social care professionals who were visiting about their experience of the service. In addition, we spoke with the registered manager, regional area manager, a deputy manager, a care and dementia advisor, an administrator, the cook and kitchen assistant, housekeeper, two team leaders and nine members of care staff.

We looked at 18 people's care plans and 12 medicine administration records. We reviewed 14 staff records relating to recruitment and selection, training, induction, duty rosters, supervision meetings and annual appraisal. We read management records in relation to the operation of the service that included policies

and procedures, incident reports, safeguarding reports, complaints and quality assurance audits. We checked feedback the service had received from people using the service, their relatives, health and social care professionals and visitors.

After the inspection, we received feedback from six health and social care professionals and the local authority who commissioned the service. We spoke with six relatives of people using the service who gave us feedback about their experience of the home.

# Is the service safe?

## Our findings

People were safe at the service. One person told us, "I am safe here. [Staff] keep an eye on me and they are always around when you need them." Another person said, "They is always someone around to keep us safe." Relatives were happy with the arrangements at the service to maintain people's health and well-being.

People received support to keep safe from harm and abuse. Staff knew how to recognise abuse and their responsibility to report any concerns about people's welfare. Staff attended safeguarding training to enhance their understanding of how to protect people from harm. Staff were able to tell us what action they would take if they suspected a person was at risk of abuse. They were confident the registered manager would act on their concerns. The registered manager discussed safeguarding at team meetings and during one to one supervision sessions. Records showed the registered manager worked closely with the local authority safeguarding team when needed to ensure people's safety. Staff knew how to whistle blow to alert the registered manager, senior management or external authorities of poor practice or concerns that were not resolved.

People received safe care at the service. The provider followed appropriate recruitment and selection procedures to ensure applicants' suitability and fitness for their roles at the service. People using the service interviewed applicants and made recommendations about their suitability. One person told us, "We have to feel safe around the staff. I sit on the interview panel and ask them how they will look after us." Recruitment records showed completed applications forms, interview notes, competency assessments and the applicant's work history and experience. The provider obtained and verified applicant's employment references, photographic identity and the right to work in the UK. Criminal record checks ensured staff barred from working in the care sector did not work at the service. New staff only started working at the service once satisfactory checks had been completed. They completed a probationary period to enable them to learn and settle into their job role before being confirmed in post.

People received support to manage known risks to their health and well-being. Risk assessments identified areas that could put people at risk such as falls, mobility, skin integrity, poor nutrition and self-neglect. Care plans contained strategies for staff on how to support people safely whilst enabling them to retain their independence as far as practically possible. Staff involved healthcare professionals when needed on how to provide safe care. For example, a person at risk of falls received support from an occupational therapist on how to use a walking aid to mitigate the likelihood of falling. Staff had guidance on how to provide safe care by supporting the person to stand up from a chair and ensuring they kept the environment around them free from obstacles.

Positive risk taking was encouraged. Staff understood that risk was part of everyday life and supported people to keep safe. For example, a person was at risk from scalding from hot water when preparing a cup of tea. Staff ensured they remained with the person until the kettle had boiled and supported them to pour water into the cup. Records showed staff followed the guidance in place on how to manage identified risks to people's well-being.

Staff knew how to keep people safe in the event of an emergency. Personal emergency evacuation plans (PEEPs) were in place and indicated the risk and number of staff required to evacuate each person safely. Fire safety systems were in place and records confirmed staff had undertaken the fire safety training and regular fire safety checks regularly.

External contractors carried out a fire safety visit on the day of the inspection. They identified that a number of corridor and people's bedroom doors either had gaps or potentially delayed closing mechanism faults which required urgent alteration. The registered manager and provider had ensured the maintenance staff resolved the issues within 48 hours of that visit. The registered manager and records confirmed the works were completed and we observed that the doors were in good working order.

People were safe from the risk of avoidable harm. The registered manager monitored and investigated accidents or incidents that occurred at the service to identify any trends and take preventive action. Staff reported and recorded accurately any incident or near misses. Records showed detailed accounts of incidents and the action taken to keep people safe. The registered manager discussed incidents at team meetings and ensured staff understood how to avoid a recurrence.

There were sufficient numbers of staff deployed to support people safely. People's comments included, "I get all the support I need." "I never have to wait for long periods before I get help." Relatives told us they always saw staff about when they visited and did not have any concerns about staffing levels. The registered manager told us and records confirmed they used a dependency tool to identify the level of support each person required. For example, two members of staff supported a person assessed as having high dependency needs in accordance with their care plan. Staff duty rosters showed all shifts were planned and covered. The provider had bank staff who covered annual leave and sickness absences and did not need to use agency staff. We observed staff responding to people's requests and call bells in a timely manner. Housekeeping and catering teams provided support services of cleaning and meal preparation, which enabled care staff to focus on their caring role.

People received the support they required to take their prescribed medicines safely. Assessments in place showed the support each person required to take their medicines. Staff were competent to manage people's medicines. They completed the provider's and external pharmacist's medicines management training and had their competency assessed. Staff followed the provider's protocols when administering "as required" medicines and highlighted on records the reasons why they needed to be given and at what frequency and dose. Staff completed medicine administration records accurately which indicated that people had received their prescribed medicines. Medicines were safely and securely stored at the service. The registered manager carried out regular checks and audits on medicines management to ensure people received the support they required and in line with the provider's policy and current guidelines. The latest bi-annual audit by an external pharmacist showed medicines management was safe. No medicine errors had occurred during the past 12 months.

People lived in a clean and well-maintained environment. One person told us, "Spotless." One relative commented, "Housekeeping is very good. The home is always kept clean." Cleaning schedules were completed and regularly audited to ensure the service was hygienic for people to live in. Staff had access to personal protective clothing such as gloves and aprons to minimise the risk of cross contamination. Hand-washing soap and paper towels and gels were available and used to reduce the spread of infection. Staff were aware of the provider's infection control procedures such as good hand-washing techniques. There was a safe clinical and domestic waste disposal system at the service. Premises were clean and free from offensive odours.

## Is the service effective?

### Our findings

People using the service and their relatives were confident that staff had the appropriate skills to meet peoples' needs. One person told us, "Staff do their job very well." Another person said, "Those [staff] who do not conform to high standards of care do leave." Health and social care professionals made positive comments about staff's competence and skills.

People were supported by staff who were skilled and equipped to undertake their roles. Staff benefitted from the extensive training provided and refresher courses to keep their knowledge up to date. Staff had attended the provider's mandatory training that included, moving and handling, safeguarding adults, whistleblowing, fire safety, infection control and medicines management. Staff completed e-learning courses and attended classroom based training. The provider maintained an electronic training matrix and a flagging system to highlight when staff refresher training was due. Records showed all staff were up to date with their training, which showed the provider's commitment to having staff who were knowledgeable to deliver people's care.

New staff received support to understand their role of providing care. They underwent an induction that included training, familiarisation with the environment, the service's policies and procedures, care planning, meeting people using the service and shadowing experienced colleagues. The registered manager assigned a mentor and supervisor to new staff during their induction to support them to understand their role. Staff new to care undertook the Care Certificate training that highlighted the standard of practice expected from health and care workers. We saw completed workbooks in staff files. The registered manager assessed new staff on their competency before confirming them in post.

People were supported by staff who had their practice monitored. Staff told us and records confirmed they had regular supervision. They said the supervision sessions were beneficial and supported them in their role. Supervision notes showed they discussed equality and diversity, safeguarding, care plans and any support staff required. Staff received an annual appraisal to discuss their work practice, to set objectives and to identify any learning and development goals for the following year. Staff could request further training to progress from care workers to team leaders.

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. The application 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. Staff had received training related to the MCA and understood how to support people in line within its legal requirements. The registered manager carried out mental capacity assessments when needed to determine a person's ability to make specific decisions about their care and treatment.

Best interests meetings were held with people's relatives (where appropriate) and health and social care professionals when people showed they were unable to make decisions about their care. The registered manager maintained an up to date record of people's relatives or health and social care professionals who had the authority to support a person to make decisions about their care. This ensured that the provider protected people's rights under the MCA.

People's rights to make choices about their care were respected. Staff explained that they asked each person what they wanted to do and provided them with adequate information to enable them to make choices. Staff sought people's consent and respected their decisions for example when they declined to take part in an activity. Staff informed the registered manager when a person showed a pattern of refusing care and treatment and made a referral to healthcare professionals for a review of their support plan.

Staff respected people's liberty and freedoms when they provided care. People who were subject to a DoLS authorisation received the support they required such as assistance to manage their medicines and personal care. The registered manager maintained a clear and up to date record of people subject to DoLS and followed the correct procedures to apply to the local authority for renewal when needed. At the time of the inspection, 14 people were subject to a DoLS authorisations.

People received sufficient amounts to eat and drink and were positive about the quality of food. One person told us, "The portion sizes are good." Another person said, "The meals are freshly prepared and delicious." One relative told us, "The food is well presented. I have had tasty meals here." Staff supported people who required support to eat and drink and had sufficient time to do so during mealtimes. Staff displayed menus at the entrance to the dining rooms to enable people to choose their meals unrushed. Staff held menu-planning discussions at keyworker sessions and residents meetings. People had taster sessions where they sampled their proposed meals before the catering staff made any changes to the menu.

People were able to choose where and when they could have their meals. Care records contained information about people's dietary and nutritional needs. People on special diets such as gluten or dairy free or low sodium received appropriate foods. The catering team had information about people's food requirements and showed us labels they used to highlight the presence of ingredients such as nuts that could cause allergic reactions. Staff made a referral to healthcare professionals about people who were at risk of choking or malnutrition for guidance. There were "hydration stations" set up in each of the unit's dining areas that provided beverages and snacks for people throughout the day. One person at risk of malnutrition had benefitted from the unlimited access to the variety of food and drink, which had seen them gain weight as per a dietitian's recommendation.

People's health needs were met. Staff supported people to access healthcare services when required. Visiting healthcare professionals we spoke with were complimentary about the staff's timeliness in raising concerns about people's health conditions. They told us staff were observant and noted changes to people's health and contacted them appropriately. The home had a good partnership with a local GP practice which was adjacent to the service. Records showed other healthcare professionals visited the service for example opticians, occupational therapists, community nurses, chiropodists and speech and language therapists. We saw staff followed guidance provided.

## Is the service caring?

### Our findings

At our last inspection in 2014, we found people received care that was outstanding. At this inspection, we found that people continued to receive exceptional care that made a huge impact on their day-to-day lives and continued to be outstanding.

People using the service and their relatives were consistently positive about the exceptional care provided. Positive comments from people included; "[Staff] are very good and have patience with me." "I have settled in well and enjoy living here." "What makes a difference to me is seeing the staff being tender with people [living] with dementia; they are hands on, seeing them touch them as how it should be." "I am not lonely. Here I have company and I like to talk to the staff and they like talking to me." Relative's comments included, "Since being here [my family member] has never been happier." "The staff are very caring and nothing is too much trouble." "The staff are very attentive. We couldn't ask for anything better." Health and care professionals said people were very well cared for and said the service demonstrated a holistic approach to care.

People were supported by staff who were compassionate and caring. One person told us, "See our smiling faces, we are happy here." Another person said, "The staff are angels". We observed staff were interested in people and one person commented, "The staff are genuine, very loving." Another person said, "All the [staff] are like my granddaughters. They are ever happy and every day is like a treat. They are not only good with me but I see it everywhere." We observed positive interactions and good working relationships between people using the service and staff throughout our inspection.

The service had a strong person-centred approach to providing people's care. Staff delivered care in a manner that was flexible and attentive to people's individual needs. There were staff assigned to each unit who knew the people they supported very well. One person told us, "[Staff] come round and check on me. They know already if things are not ok before I even say so." Another person said, "I can have a lie in and have meals in my room. [Staff] respect that." One member of staff told us, "We treat everyone as a unique individual and go along with their plans for the day." Staff knew people preferences for example a wash over a bath, food choices and dislikes, routines such as waking up and bed times and how each person wanted to spend the day. Records showed people received their care in the manner they preferred.

People using the service were affectionate with staff and described them as "the most caring grand-daughters" and "The best there can be." They told us they were happy with the care at the service and would not wish to live anywhere else. Staff were very caring towards people. We observed staff sat with people, they touched people affectionately, stroking and holding hands, brushing their hair gently and sitting beside them in silence when needed. One relative told us how these acts of kindness supported people to relax, feel reassured, loved and had seen that it reduced their family member's anxieties. One member of staff told us, "Our staffing system allows us to spend extra time with people and just to be there when they need someone around them." We saw that conversations between people and staff were very pleasant, jovial and unrushed.

The service worked towards a more inclusive environment for Lesbian, Gay, Bisexual, Trans and Intersex (LGBT&I) older people living in Anchor care homes. Staff were informed and educated about respecting people's individuality and provided a welcoming environment for LGBT&I people. Information about LGBT&I was discussed at staff meetings and one to one keyworking sessions with people to develop their understanding. Posters with information about LGBT&I were displayed at the noticeboards at the service detailing organisations and links in their local community. People spoke positively about the LGBT&I programme at the service.

Staff understood the needs of the people they supported and spoke positively about them. One member of staff told us, "People like to dress up and look very smart." Care records of one person stated that they liked to dress in buttoned shirts and belted trousers and we saw them dressed in the manner they liked. Staff returned people's laundry the same day, as they understood how people could become unsettled if they could not find their clothes in their bedrooms. Another person enjoyed wearing starched shirts because of their past career as an office worker. We saw the person dressed in formal trousers, starched shirt and a tie they liked. People using the service were well groomed and looked impeccable in their outfits. They wore well-matched clothing with accessories of their choice. People enjoyed the services of an in-house hairdresser. People had well-groomed hair and beautifully manicured nails.

Staff we spoke with were knowledgeable about the care and support people required. For example, one person was able to keep their cat in their bedroom since they started living at the service. They told us, "I could not bear the thought of being separated from my cat." Care records showed the support the person required to maintain the cat's wellbeing including feeding and cleaning. Staff supported the person to look after the cat and we saw them cleaning the cat's cage. Staff told us allowing the person to keep their pet enabled a smooth transition to their living at the service and enabled them to settle.

People received exceptional care that took into account their health and well-being. Staff used their specialist knowledge about dementia to recognise how the condition affected people's lives and sought creative ways for providing their care. For example, people were involved in a "Dementia doesn't stop us" project that highlighted how they could maintain their independence and have a normal life as far as possible. We saw photographs of people carrying out a variety of activities in a normal day displayed in communal areas. Staff told us the photographs were an aid for people to remind people of what they could do for themselves, for example eating. People's bedroom doors had a framed picture that was unique to them. Staff told us people associated the images of their favourite picture with their bedroom, which reduced the incidents of people wandering and going into other people's rooms.

People received the support they required to maintain relationships that mattered to them. One person told us, "My family is down here all the time." Another person said, "The atmosphere here is relaxed and staff make my family welcome." Staff invited relatives to the service to spend time with their loved ones and to celebrate important events such as birthdays, anniversaries, festivities and national celebrations. Family members and visitors were welcome at the service and could stay as long as they wanted to. Staff supported people to keep in touch with their families as they wished via the telephone, mobile, emails, Skype and video calling. Care records identified the relationships people wished to maintain.

People living at the service enjoyed friendships that they had developed amongst themselves. Staff encouraged and supported people to spend time together as they wished. For example, people chose whom they wanted to sit next to in the dining room which ensured people had pleasant experiences during meal times. We saw people enjoying each other's company in the communal areas and they were comfortable to meet and chat. One person told us, "I have friends here and we do quite a few things together." Staff ensured people benefitted from regular visits from befrienders. Befriending services provide

people with a new direction in life, open up a range of activities and support an increase in self-esteem and self-confidence. One member of staff told us, "Not everyone has a friend in the home and we don't want people to feel isolated from those around them." Befrienders visited the service regularly and spent time with people. People told us they had developed meaningful relationships with the befrienders and enjoyed their companionship.

Staff went an extra mile for people using the service and their relatives. One person told us, "I will never forget the trip [to attend the funeral of a loved one]." One relative told us how they were moved to tears when the service went over and beyond what was expected by arranging for their family member to travel and attend a funeral of a close relative, over 200 miles away. They said a member of staff had accompanied the person and sat with them throughout the funeral. This showed a very caring service that valued relationships between people and their families and how they were determined to be there for them when it mattered.

People displayed postcards, photographs and ornaments that were important to them in their rooms. Staff told us they were respectful of people's property and did not change or move around any of their belongings without asking, as they understood this could cause upsets. This showed a high level of empathy by the staff.

People were actively involved in planning and making decisions about their care. One person told us, "[Staff] never do anything without checking." One member of staff told us, "We cannot do anything for them without their say so." Staff held one to one keyworker monthly meetings with people to understand how they wanted their care provided. A key worker's responsibilities included providing individual one to one support and coordinating a person's care with their family, health and social care professionals and the service. Staff told us they were allocated time to enable them to carry out the key working role effectively. People received the support they required to enable them to make decisions about their care and their relatives were involved when necessary. One relative told us, "The staff communicate very well with us and keep us updated if there are any changes in our family member's condition." Advocacy services were available for people when needed. Care records documented people's choices and showed staff respected their decisions.

People were treated with utmost respect. One person told us, "[Staff] are respectful and always polite." Another said, "[Staff] are always smiles and friendly." Staff maintained people's privacy and dignity. One relative told us, "I have seen staff put up a lot with my relative and never lost their cool. They are patient and considerate." One member of staff commented, "The attitude is to treat others as you would expect to be treated yourself." Another member of staff said, "The people who live here are our priority and we respect that this is their home." The domestic staff were discreet, worked with care, and respected people's decision to stay in their rooms and not to enter when they were resting.

Staff gave us examples of how they promoted people's dignity and privacy. This included providing care behind closed doors, respecting people's choices, talking to people discreetly and discussing their care away from visitors. We observed staff were very attentive and respectful in their approach and manner when talking to people. Staff spoke fondly of people and care records showed staff upheld people's dignity. Staff called people by their preferred names and their daily observation records reflected that.

Staff had embedded the core values of providing people's care with dignity, respect and privacy in their practice. Staff had specific roles to champion a particular aspect of the service. For example, a dignity champion ensured staff provided care with dignity. Champions received additional support and training to enhance their level of understanding and to help their colleagues embed good practice in their work.

Staff respected people's cultural backgrounds and their religion and supported them to practice their beliefs. There was a weekly church service held on site, which people attended when they wanted. Staff checked with people if they wanted to attend and took time to bring them to the service. People told us the church service was an important part of their life and were happy that the service supported them to worship and celebrate important events such as Easter and Christmas. The service was inclusive and respected people's individuality. At the time of our inspection there were no people practicing other faiths outside Christianity. However, the registered manager said they would support people to practice other faiths.

## Is the service responsive?

### Our findings

People's involvement and engagement in social activities at the service and in the community was an exceptional attribute of the service. One person told us, "The activities are meaningful, not child-like." One health and social care professional commented, "Activities for residents are high up the agenda and supported, something which is important for residents wellbeing, and which not all homes prioritise. This is backed up with practical arrangements." Another professional commented, "[Staff] go out of their way to move things around to make different activities happen. They are experimental and try things together to shape them to work for older people." Staff had information about each person's needs and preferences documented in a bespoke "my social activities care plan" and group activity plan. There was a huge commitment and effort that went into organising the wide range of the social and community based activities people enjoyed.

People using the service were exceedingly happy about an initiative that celebrated their lives. An activities coordinator developed the "Streetwise" project" which involved people visiting London streets, which bore their name, and having their photograph taken next to the road sign by a professional photographer. After the photographs, they had afternoon tea at a café on or near that street. One person told us about the project, "It's been the most exciting event since I came to live here." Another person said, "Everyone loves Streetwise. We talk about it every day." The project resulted with a photographic album/book featuring all the people who participated, their life histories and their contributions at the service. Visitors to the service talked about how people's lives changed with their "newly found fame and recognition." The photographs of people and the write-ups about their lives indicated that they were very happy to have been involved. The service held a "Streetwise" exhibition at the local community hall where people enjoyed the opening party and displaying their life history. Framed photographs of people from the "Streetwise" project were on permanent display and hung on the walls in the corridors at the service. We saw people and visitors to the service continued to marvel at the framed photographs and a photo album displayed at the reception and people felt valued at the service.

People living with dementia received outstanding support because staff attended specialist training on advanced dementia care to motivate and inform their practice. Staff had attended a 12 week specialist dementia training, which they found very helpful because it provided in depth knowledge of the condition and proven ways of supporting people. This was demonstrated by the inspiring activities staff supported people to do. For example, people who used mobility aids such as zimmer frames and walking frames to retain their mobility and independence were inspired to improve their quality of life. Staff were creative and designed a 'Tour de [zimmer] frame' walk-about at the service encouraging people to walk competitively while taking into account their frailties. The event was modelled along the Tour de France event, which is an annual multiple stage bicycle race run over challenging terrain. One person told us and staff confirmed that this event had changed people's life as they set challenges for themselves to have daily walks around the service. The person had started walking a few metres with their zimmer frame and had over time set themselves a good pace and walked around the home happily. We observed the person confidently use their zimmer frame to walk around the home and the courtyard.

People living at the service, their relatives and health and social care professionals were very positive about how the activities improved people's quality of life. Staff knew people well and carried out a project to celebrate "the old and new" which reconnected them with their past. For example, staff prepared "old fashioned food" which enabled people to enjoy "those sorts of things they saw on the menu when they were a child." People were involved in a project that gathered photographs of the towns they lived in during the 1960's and their current state. People enjoyed seeing the photographs on display at the service as this reminded them of the times they grew up.

People enjoyed taking part in a "Cocktails in Care Homes" project run by volunteers from the organisation Magic Me. Volunteers visited the home and hosted cocktail parties to socialise with people using the service. The project enabled people to develop relationships with younger members of the local community who volunteered. People benefitted from the parties as this reduced the risk of social isolation, encouraged volunteering and bringing communities together. Local schoolchildren visited people at the service, decorated Christmas trees, and sang Christmas carols. People told us they enjoyed the visits from a baby and mother group because it reminded them of their grandchildren. Staff said this helped bridge the generational gap between the young and old.

People took great pride in contributing to an open day at the service and celebrated their community involvement. They told us they enjoyed talking to aspiring care workers by giving them insight about what it takes to work in the industry and chance to tell them what good care looks like.

People enjoyed strong links with the local community, which the registered manager played a pivotal role in organising. Volunteers from a local bank were involved in garden cleaning and painting benches in the courtyard to the delight of people using the service. People were attracted to spend time outside because of the colourfulness of the benches. People enjoyed trips to the seaside, cruises on the River Thames and outings for lunch and tea in the local community.

People using the service received recognition at the provider's Anchor Inspire award and took part in the Dementia awareness day at Mile End hospital in 2015 and 2016. One person using the service took pride by entering an annual handwriting competition to showcase their best and neatest handwriting.

People's care was very responsive to people's needs. Healthcare professional's comments included, "Staff are very good at identifying if people need support." "The staff in this home are pro-active and keen to learn and open to suggestions." "Staff are receptive and follow recommendations and advice given." One professional explained that a person had a difficult lifestyle before they moved to the service on a temporary basis. However, because of the staff's responsiveness, they were able to get the person to settle in the home and they were now on permanent placement.

The registered manager reviewed each person's care plan within a month of them starting to use the service. This was to ensure that the support was appropriate and to assess whether any changes were needed. Reviews were then carried out monthly or sooner if people's needs changed to ensure care provided continued to be responsive to people's needs.

People received exceptionally person centred care that met their individual needs and preferences. One relative said, "The staff communicate very well with the family and keep us updated if there are any changes in our relative's condition." People were assessed before they moved into the service and this helped to ensure that their individual needs could be suitably met in the home's environment and by the staff. Pre-admission assessments contained people's personal details, past medical and mental health history, current medicines, any known allergies, communication, current health issues, moving and handling,

personal hygiene, mobilisation, continence, eating and drinking, skin integrity and sleep and rest patterns. Care plans provided detailed information for staff regarding the care and support people required. Staff received an update of each person's condition during handover at the beginning of each shift to ensure they were aware of people's current individual needs.

People were extremely happy that the registered manager listened to them and took any of their concerns seriously. One person told us, "They will resolve any issue within the day and suggest how to make things even better." People knew how to make a complaint and felt confident that their concerns would be resolved. One relative said, "I would have no hesitation in making a complaint but have not needed to do so." The registered manager provided feedback regarding complaints at staff meetings and any potential changes to practice were discussed. People had access to the complaints procedure. The registered manager chaired residents' meetings and records showed these were very well attended. Issues discussed included catering, care delivery and activities offered at the service. A person had suggested that the walls in a lounge needed decorations because he liked "colour and style in my home." The service had painted large murals on the walls, which made the communal rooms very attractive and peaceful. We observed people enjoyed spending time in the lounges relaxing.

## Is the service well-led?

### Our findings

People received care from an exceptionally well-led service. People using the service, their relatives, health and social care professionals and staff consistently spoke about this. They all described the registered manager and provider's drive to continually develop the service and provide the highest standards of care possible. They stated that the excellent leadership and management of the service enhanced their family member's quality of life. One health and social care professional commented, "It is a well-run and lead service and possibly the best care home I have worked with over the last 20 years." Another professional commented, "I enjoy coming to this service as the staff communicate well and the managers are very supportive." Another professional added, "It is good to be working with staff who are committed to quality."

A registered manager was in post. They demonstrated a high commitment to providing exceptionally good care to people using the service. One relative told us, "The registered manager demonstrates the right attitude that a care home can be a home for life. This is it. A brilliant service." The registered manager involved people in developing the service and offered them numerous opportunities for social engagement and living an active lifestyle as indicated throughout this report. We observed one person sat in the office chatting to the registered manager whilst they had a cup of tea. Their interaction showed this was a regular occurrence. Health and social care professionals, visitors and people using the service told us the registered manager and management had excellent communication skills and had time for them. They said they were comfortable to speak out as the registered manager fostered an honest and positive culture of openness on care provision.

The registered manager and provider led a service that was committed to continuous innovation. The vision of the provider was clear in the PIR and we saw how this was translated into the provision of high standards of care through "giving older people a choice of great places and ways to live and to meet their changing needs."

Silk Court Care Home was part of the provider's wider project of working together with Middlesex University. The project aimed to support innovative ideas to improve the care, support and quality of life for the older LGBT&I people living at the service. People were pleased with the project as it removed the stigma and demonstrated that people of all sexualities were welcome and not discriminated against at the service. The LGBT&I project had wider organisational benefits and used to benchmark activities with other care homes and to share best practice.

The provider and registered manager pre-emptively learnt from incidents publicised in national news to improve the quality of care people received. For example, a fire safety company engaged by the provider was asked to review the fire worthiness of the premises and to confirm that they did not use materials that could compromise the safety of people following a tragic fire in London. Team meeting records showed the registered manager discussed publicised incidents in care homes to enable the staff to reflect on their practice. This showed outstanding leadership and a commitment to improving the care provided.

The service had a dedicated management team and a clear structure of roles and responsibilities for staff.

The registered manager was supported by a committed team of a deputy manager, team leaders and care and housekeeping staff. The registered provider provided a supportive role to the service through management oversight by a regional area manager, a district area manager and a care and dementia specialist on the operation of the home. Records showed their passion and close working together where creative ideas were discussed and translated into plans as highlighted in the caring and responsive section of this report. Staff were very complimentary about the registered manager's passion about the service and said she was a role model who demonstrated how to embrace and apply the provider's vision and values.

Quality assurance checks were instrumental in driving standards of care to an outstanding level. The consistency, thoroughness and frequency of checks and audits of the quality of the service ensured people received extremely good care. Care planning and reviews, record keeping and medicines management were audited regularly. The suitability and cleanliness of the premises, infection control measures, health and safety, equipment and catering were subject to regular checks. There was a service improvement plan where issues requiring action were acted on. The registered manager and provider were highly responsive to issues requiring attention, for example the issue of the fire doors. This demonstrated a proactive management team that was focussed on the welfare of people using the service.

Staff development was a key strength of the service in providing high standards of care to people. Supervisions were monitored to ensure staff's practice was reviewed regularly. Audits of staff skills enabled the registered manager and provider to provide the relevant training for the service. The home boasted a training rate of 99.5%, the highest amongst the provider's group of services in the London region. The provider worked with other agencies and organisations to carry out specialised training for staff such as advanced dementia care courses and advanced medicines management. Staff's knowledge was tested through reflective exercises, written exercises and specific knowledge testing on current best practice. This ensured people received care in line with current guidance. The impact of the training on best practice is reflected in the whole report through the outstanding care provided to people.

People using the service, their relatives, health and social care professionals were positive about the registered manager and staff's consistent approach to providing a service that allowed people to make the best of their potential. They told us the standards of care continued to improve and surpass expectations. One relative told us, "I brought [my family member] on recommendation; and it's the best decision I ever made." One health and social care professional commented, "The standard of care is excellent, the best I have seen in over the so many care homes I visit every week." The registered manager and staff are committed. This I would say is a vocation to them not just a job."

People's quality of life at the service was enhanced by the staff commitment to their work. One health and social care professional commented, "The service embraces change, responds well to constructive criticism." Staff demonstrated a passion for their work and were proud of their contributions to providing exceptional care. All the staff we spoke with commented that the registered manager was very approachable and supportive. One member of staff told us, "The registered manager is there for every member of staff. She is always there for advice and guidance." Staff said daily handovers and team meetings were productive and used to challenge each other's practice to develop the service. We observed a handover between the night and day staff and that information about people's conditions was clear and a detailed plan of what required to be done such as booking a GP appointment.

Staff said teamwork was excellent and when they came back to work, they did not feel that any work had been left for them to do but a continuation of providing a consistent service to people. We observed the staff team were very respectful to each other. Staff told us the registered manager kept them informed about developments at the service and they were able to share their views.

People using the service and staff celebrated events that mattered to them through a monthly newsletter. Newsletters we read demonstrated people's involvement at the service and with their community. People were at the centre of the service and said this made them feel very valued and empowered to control their daily lives. People using the service and their relatives drove the changes they wanted to see at the service. They were given opportunities to share their ideas and the resources they required to develop the service. A person using the service was supported to apply to the provider's Anchor Legacy Fund for the "Streetwise" project funding and they were successful in their bidding.

People told us they could talk to the registered manager at any time in person, by telephone contact or email. The provider's senior management team were known at the service and regularly took part in activities at the service. For example, the communication and engagement team visited the service and took part in a baking session to commemorate the end of the Second World War. We observed the registered manager, deputy manager and team leaders carried out daily walk rounds and maintained a high presence at the service. People told us the registered manager checked on them in their rooms and asked if everything was working well and ensured any issues they raised were resolved quickly.

People's views to develop the service were acted on. Satisfaction surveys were used regularly to gather people's views of the service. Feedback from the 2017 survey was highly complimentary of the care delivery and management of the service. The service was very proactive in making changes people requested. People told us and records confirmed the registered manager implemented the changes in a timely manner and informed people using the service and relatives under a theme called, "You said it, we did it." For example, people wanted to have more cushions on the sofas and chairs around the home. Records showed that the cushions were provided by a local organisation with links to the service. People requested that the main meal of the day be served at 5pm and this was implemented after a consultation with each person.

The registered manager and provider were well informed about developments in the care sector and made changes to the service when needed. Since our last inspection in 2014, the registered manager had won an award from the Great London Care Awards for the category as the "Best in putting people first" in London care homes. The award "is to promote best practice within both home care and care homes sectors, and pay tribute to those individuals who have demonstrated outstanding excellence within their field of work." The registered manager attended the care home providers association meetings, care home forums and roadshows and workshops run by the Care Quality Commission. The registered manager told us they benefited from attending the registered manager's meeting within the provider's Anchor group of care homes because they shared best practice. We read staff and management meeting notes where the registered manager highlighted the characteristics of an outstanding service as described by the Care Quality Commission and the continuous work they had done to achieve that. Staff had embedded the ethos of empowering people and providing a person centred care as highlighted throughout this report.

People's records were thorough, well documented and maintained. The registered manager operated an efficient record keeping system and produced the information we required. Staff told us they had access to all documents they required. We saw policies and procedures were displayed in the staff room and available on the computers. Noticeboards around the home displayed key information about how to report a safeguarding concern, whistle blowing, activities schedule and any events at the service. Staff told us they referred to these documents when needed to keep up to date with guidance.

The registered manager and provider understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). Notifications to the CQC were submitted in a timely manner and contained sufficient information about the action taken to keep people safe. The registered manager practiced their obligations under the duty of candour and shared information with other agencies

as appropriate to ensure people's safety. Staff told us the registered manager encouraged them to be open and transparent about how they provided care and to acknowledge and learn from their mistakes.