

Hill Care 1 Limited

Simonsfield Care Home

Inspection report

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Date of inspection visit:
27 September 2016
29 September 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 27 & 29 September 2016 and was unannounced.

The home was last inspected on 12 December 2013 and met the requirements of the legislation at that time. Simonsfield Care Home is a care home situated in Runcorn. It has good transport links and access to public transport. Simonsfield Residential Home provides residential and dementia care. The home is situated near to shops and the town is within easy reach of public transport. The home can facilitate up to 63 people. On the day of our inspection 62 people were living in the home.

The home had a registered manager who had been registered in October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the administration, storage of medications was safe. Improvement was needed in recording discontinued medication awaiting return to the pharmacy in a more timely manner.

Staff received training and understood the principles in protecting vulnerable adults. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the management was using the information to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

People were supported by motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received effective supervision and support.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff who were kind and compassionate.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Relatives told us that the staff were caring and supportive.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People were actively encouraged to engage with the local community and maintain relationships that were important to them.

Is the service well-led?

The service was well led.

There was a registered manager in place who had been in post since October 2015. The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

There was a positive culture within the service and clear values that included involvement, compassion, dignity and respect. The provider and manager provided strong leadership.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and seek the views of all stakeholders.

Good ●

Simonsfield 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.

The inspection took place on 27 & 29 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We looked at any notifications received and reviewed any other information held about the service. We invited the local authority to provide us with any information they held about Simonsfield Care Home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed five care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with eleven people living in the home and with eight relatives of people living there. We also spoke with nine staff, the registered manager, the area manager and the administrator. We had the opportunity to speak with a visiting doctor and a district nurse at length regarding their patient's care.

We also 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 communicate with us because they were living with dementia.

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. One relative told us "I have peace of mind and know that dad is happy here and feels safe". Another said "I know mum is safe here, nothing is too much trouble". One person living in the home told us "I haven't got a bad word to say about any of the staff", and "They are all wonderful".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed by staff that we spoke with and staff training records. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

We saw that the provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the registered manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staff acted in an appropriate manner and that people were comfortable with staff.

During our inspection we observed a senior carer administer medication to people. This was done safely. We looked at the medication records for three people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. We looked at the medication storage facilities and found that medicines and controlled drugs (CDs) were stored correctly. (CDs are classified (by law) based on their benefit when used in medical treatment and their harm if misused.) We found that processes were in place to return medicines to the pharmacy however improvement was needed in recording this information in a timely manner, so that the stock of expected returns could be reconciled at any given point in time.

People said that staff met their needs and came promptly when called. Staff said that there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned in advance according to people's support needs. We looked at the staff rotas and saw that, as well as the registered manager who was present in the home most days, there were two senior care staff and seven care assistants on duty from 8am to 8pm and usually one senior and four care assistants from 8pm to 8am. In addition the home employed an administrator, a cook, maintenance person and housekeeping staff for the laundry and cleaning each day.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked four staff files, which confirmed that all the necessary checks had been implemented before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out, which included fire and water safety, environment audits, hoists and wheelchairs. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site. The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire.

Staff received fire instruction on their induction and had fire safety training. Fire drills were carried out monthly. There were personal evacuation plans in the event of an emergency for all of the people who used the service.

The home was very clean and staff had received training in infection prevention and control. Anti-bacterial hand cleanser was available in the bathrooms and we saw that staff had appropriate access to personal protective clothing such as gloves and aprons.

Is the service effective?

Our findings

We had the opportunity to speak with a visiting district nurse and a GP during our inspection, a few of their comments are as follows, "They [staff] are great, staff are educated and well trained and understand their role". "They have no problems in following instructions to meet identified health needs". "Staff are very good". "It is always a pleasure to come, they have my patients ready and staff make appropriate referrals to the surgery for medical assistance when required". "I find staff very knowledgeable about the individual's needs".

We spoke with people living in the home and joined them for lunch, people told us that the food was good. One person said that they got "plenty to eat". We saw that people were given a choice and decided on the portions size they wanted. Staff were attentive and saw when someone appeared not to be enjoying their lunch they provided an alternative. This was eaten and the person told us they enjoyed it. One person told us that they would like to have tripe for lunch occasionally but had not told the chef they liked this. We discussed with the manager who said it would be added to her information and provided as a choice for her lunch.

We spoke with eight relatives, one relative raised concerns regarding their relative's weight loss. We examined care records and saw that in the period following their admission they had lost a significant amount of weight. We saw that the GP had been involved with their care and support and found that there had been a mis-communication in respect of the instruction to support them to eat. We saw that care records had been updated to reflect the level of support to be given, that a fortified diet was in place and the frequency of monitoring the persons weight had been increased. We saw that the person was now gaining weight.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can 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. We found that people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. We saw evidence that best interests meetings had been held with relevant professionals to ensure care was delivered in the least restrictive way. The manager had systems in place to identify when the DoLS had been

applied for, date of authorisation, any imposed conditions and the expiry date of the authorisation.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist, occupational therapist or speech and language therapist, as required. Where possible people were encouraged to choose who provided their healthcare services, and where possible people continued to receive support from those involved in their care prior to them moving to the service.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well.

We saw that staff had the skills to be effective in their role. New staff had received a comprehensive induction which covered the 15 Care Certificate Standards (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.) Staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. Some staff had been identified as needing refresher training in certain topics and we saw evidence that this had been scheduled. Staff said they were not asked to do anything for which they felt untrained.

The home was split over two floors, with some additional communal areas used for both floors situated on the ground floor, which included a bar, a coffee shop an activities room and a cinema. Communal lounges and dining rooms were on both floors. Quieter lounges and small additional dining space was available to those preferring quiet. We saw that signs and pictures were used to guide people around the home, bedrooms and bathrooms were easily identifiable. A secure garden to the rear of the home provided seating and activities during warmer weather.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were complimentary about the staff. Comments included: "More than happy with my relatives care"; "Nothing is too much trouble". "I am always informed and kept up to date with Mum's care". "The staff are brilliant". "My dad is so settled here and that makes me settled and free from worry".

There were a number of thank you cards that included comments such as: "Thanking everyone for the care and attention you gave to our mother" and "Thank you for the loving care given to (name) during her stay." We spoke with one relative who had raised concerns, but they told us these were now addressed.

People told us that friends and relatives were able to visit at any time without restrictions. The relatives we spoke with confirmed this and told us they were always made to feel welcome. One relative told us that they visited everyday, another said that they came as often as they wanted. We observed some relatives taking their loved ones out for the day or for a walk, and other relatives popping in and out with shopping.

We saw that people who lived at the home and their family members were involved in planning their care. Relatives told us that they were generally kept well informed regarding her relatives well-being.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom. Most bedroom doors had photographs outside the door to remind those people where their room was and aid with memory.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting, reading with people, discussing news events or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

People's right to privacy and dignity was respected we heard staff knocking on doors. People were able to spend some time alone in their bedrooms in communal lounges and meet with relatives in quiet lounges.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team so that the people's care needs could continue to be met and dignity and comfort maintained. Senior staff at the home were in the process of training to assist them in working in line with The Gold Standards Framework (GSF). This is a way of working that has been adopted by the GP practice and District Nursing team (your Primary Care team) along with thousands of others across the UK. It involves them working together as a team and with other professionals in hospitals, hospices and specialist teams to help to provide the highest standard of care possible for patients and their families.

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People who used the service and the relatives we spoke with told us that the service responded well to people's needs and requests. One person said "It is the best thing I did moving here, I still see my family and I feel safe". We asked whether call bells were responded to promptly. Overall people said staff responded quickly if they asked for assistance. One person told us "they [staff] are there in a flash".

The care records we looked at showed that people's needs were assessed and they could visit before deciding if they wanted to move in. People's needs were reviewed again on admission and appropriate care plans were drawn up. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's independence and maintaining their safety. Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that one of the larger bedrooms had been set up to include a lounge area for a married couple living in the home. We spoke with the couple and their family who told us that they couldn't ask for anything more.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests. Tea and coffee making facilities were available for families so they could enjoy time with relatives.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to keep in touch.

We found that there were a number of activities taking place in the home and there was a monthly activities planner displayed in reception. This included, birthday teas during the month, trips out for afternoon tea, visits to the Halton Lea coffee shop called the Dementia Café, visiting local businesses for a fashion show, pampering sessions and singers. Also there was an activities schedule organised on a daily/weekly basis to include quizzes, films visits arranged by Widnes Vikings Rugby club. There were photos of people enjoying activities and posters inviting family members to attend. On the morning of the inspection one of the senior carers was talking with people who used the service about their life histories to enable the service to provide people with activities that were of interest to them. This information was added to people's care files and staff were informed at handover of any new information. We saw that films were shown in the cinema either by request or people's interests had been considered. Staff said they took people out for walks sometimes

and trips out to places of interest took place occasionally.

People could have a television in their room, we spoke with people who did not have a TV and they confirmed this was through choice, a telephone was available for people to use and newspapers and magazines were ordered on request.

The home had a complaints procedure that was displayed in reception and people who lived at the home and relatives told us they would feel comfortable raising concerns and complaints.

Is the service well-led?

Our findings

The home had a registered manager who had been in post at Simonsfield for two years. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home. At the entrance to the home we saw a sign stating, "Our residents do not live in our workplace we work in their home". All staff we spoke with demonstrated an awareness that they needed to respect they were in someone's home and that they needed to act accordingly. One care worker told us that it was a privilege to work with older people and this demonstrated that they valued the people they supported.

People's views on the quality of the service were regularly sought through regular residents meetings which included relatives. Satisfaction surveys were carried out, which included questions about the standards of accommodation, care, activities and staff skills. Regular meetings were held with the chef to discuss the quality of food and to include favourite dishes. Periodic surveys were sent to visiting professionals in June 2016 which provided positive feedback in respect of the care for individuals.

All care staff attended daily handovers to ensure effective communication was maintained.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. Regular quality assurance audits were also completed to assess the safety and performance of the service; these audits included medication, care plans, infection control and complaints.

Accidents and incidents were audited monthly to identify any trends. Where a person who used the service had had a number of falls we could see that their falls risk assessment had been updated and a referral had been made for a health assessment.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists and the lift.

We saw that the managers monthly audits were scrutinised by the area manager who also conducted a quality monitoring visit monthly to ensure the manager was working in line with the company's expectations.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had

lots of opportunity to develop. When asked whether they liked working in the home, one person said "I love it" and another said "I'm happy here", another told us that they had left and found working in another setting impossible and had returned to Simonsfield.

We had been notified of reportable incidents as required under the Health and Social Care Act 2008.