

Leonard Cheshire Disability

# Symonds House - Care Home with Nursing Physical Disabilities

## Inspection report

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Date of inspection visit:  
17 February 2020

Date of publication:  
02 March 2020

## 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

Symonds House is a residential care home providing personal and nursing care for 20 older people and young adults living with physical disabilities in one purpose-built building.

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

People felt safe living at the service. Training had been provided to give staff the skills to safeguard people from potential abuse. Risks to people's safety and well-being were assessed and mitigated as much as possible. The provider ensured pre-employment checks were completed before new staff were employed.

People's medicines were managed safely. The provider undertook assessments of staff practice to satisfy themselves that staff were competent to safely administer medicines. The service was clean and welcoming. Staff had received infection control training and protective clothing including gloves and aprons was available to them.

People's needs and preferences had been individually assessed and were kept under constant review. People told us the care and support staff provided met their needs. Staff received training necessary for their roles and felt supported in their roles.

People enjoyed the food provided for them. People accessed healthcare services as needed. 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.

Staff treated people with respect and dignity. People were involved in making decisions about their care as much as they could be. People's right to privacy and confidentiality was respected and their right to make decisions was promoted.

People received care and support that was flexible and responsive to their individual needs. People were encouraged and supported to be part of the local community they lived in. Opportunities for engagement were routinely brought into the service for people to enjoy. Relatives and other visitors were welcomed into the home at any time. The provider had an effective policy and procedure to support people to raise complaints. The provider and staff team were very clear that Symonds House was people's own home and they would be supported to remain there should their health deteriorate.

The management and staff team demonstrated a culture of ensuring people and their needs were a priority. The management team was available for the staff if they needed advice or guidance. Quality assurance processes such as audits were used to help ensure the provider's standards were upheld. Systems had been developed to enable people, their relatives and external professionals to contribute their feedback about the way the service operated. The registered manager kept themselves up to date with changes in

legislation and 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 Good. (published 11 August 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Symonds House - Care Home with Nursing Physical Disabilities

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

Symonds House 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, the clinical lead, nurses, an activity co-ordinator and a support worker. 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with a visiting health professional to gain their opinion of the health support provided for people.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Training had been provided for the staff team to give them the knowledge and understanding to safeguard people from potential abuse. Staff were able to describe how they would report any concerns externally to the local authority safeguarding team or to CQC.
- People said they felt safe living at Symonds House and we saw them confidently engaging with the staff team. One person told us, "I feel safe. I get a bit anxious sometimes but they (staff) have been really good at supporting me with that."

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and mitigated as much as possible. Assessments included risks associated with such areas as choking, moving and handling, using a power chair in the community without staff support, sailing and ice skating. Staff understood how to keep people safe from these risks.
- The provider had procedures for dealing with emergencies. Personal emergency evacuation plans (PEEPs) included information to enable staff to support people in the event of an emergency such as a fire. The provider had a fire risk assessment and fire drills, emergency lighting checks and regular fire alarm tests were carried out.

Staffing and recruitment

- Appropriate pre-employment checks were completed before new staff were employed. These included receipt of satisfactory references and criminal record checks. However, copies of identity documents had not been signed and dated to confirm that the original documents had been seen and when. The registered manager undertook to ensure this was included in recruitment practices going forwards.
- The management team had a process to ensure nurse registrations were up to date and their competencies were current.
- People, staff and external professionals confirmed current staffing levels met people's needs. However, the service was struggling to recruit and retain permanent staff. The management team told us that a core group of regular agency staff worked alongside permanent staff to provide consistent care and support. Staff said the increased use of agency staff had a negative impact on the staff team's morale and had the potential to impact negatively on people's engagement away from the service. The registered manager shared various recruitment initiatives and told us the provider was working with them to explore different avenues for more effective recruitment.

Using medicines safely

- People's medicines were managed safely. Robust systems had been developed for receiving medicines

into the service, administering and storing them appropriately. Medicine administration records (MAR) indicated people had received their medicines as prescribed. The service had recently moved to an electronic system for managing medicines. A nurse told us, "For safety purposes the new system is so much better."

- Staff had received training to support them to manage people's medicines safely. Assessments of staff practice in this area were undertaken to confirm staff were competent to administer people's medicines safely.
- Medicines were stored safely and at the correct temperatures. Daily stock checks took place and weekly medicines audits were carried out to help ensure procedures were followed.

#### Preventing and controlling infection

- The service was clean with no malodours. Staff had received infection control training and protective clothing including gloves and aprons was available to them to help reduce the risk of spread of infection.

#### Learning lessons when things go wrong

- Lessons were learned and shared across the team when an error occurred. We were given an example of a medicine administration error that had occurred. A full investigation was undertaken and staff practice was reviewed to see where preventative measures could be introduced to reduce the risk of the error being repeated. The outcome was shared with all staff responsible for the administration of medicines to help ensure the error was not repeated.



# 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.

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

- People's physical, mental and social needs were assessed. Person centred care plans developed from these assessments supported staff to deliver people's care and support effectively and in line with legislation, standards and evidence-based guidance. Information on best practice guidance was available for staff to access as needed.
- An external professional told us that people received the care and support they needed. They told us, "Of all the care homes I look after, people here receive the best service."

Staff support: induction, training, skills and experience

- The staff team received face to face training in basic core areas such as infection control, safeguarding people from abuse, moving and handling, health and safety and fire awareness. Additional training was provided in response to people's specific and changing needs. This included in areas such as behaviour support awareness and dementia care.
- Staff routinely had individual supervision with line managers and said they could access support as needed. People told us they felt staff were skilled and knowledgeable. However, they said they would be happier if the service could successfully recruit more permanent staff and rely less upon agency staff. People said the agency staff were skilled but they felt unable to form a strong bond with them as they would with a permanently employed key worker.

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

- Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet. The lunchtime meal smelt appetising and people received support to eat as and when they needed it. Each person had a nutrition care plan. People's weights were reviewed monthly, however, if any concerns were identified this changed to fortnightly or weekly as needed.
- A meeting had been held to involve people in planning a new menu. People were encouraged to have their say about the wide range of suggestions made. For example, a person had given their feedback about the merits of corn on the cob saying, "I do like them, but they are a struggle to eat as you need to be able to hold onto them with two hands. Sweetcorn is the easiest option."

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 professionals including GP, dentist, optician, speech and language therapists, dietician, continence nurses, chiropody, inhouse physiotherapy and access other services via local hospitals and health centres.

- Staff had good relationships with external professionals. A health and social care professional told us they were confident that people received appropriate support from the service.

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

- People's bedrooms were spacious and fitted with ceiling track hoists to support safe and comfortable transfers for people with physical disabilities. People's bedrooms were personalised to their individual needs and wishes.
- People and staff gave positive feedback about some recent refurbishment work undertaken in a communal area. One person said they were pleased because, "It is a much more grown up space now."

#### 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). 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 had the appropriate legal authority and were being met.

- Staff understood MCA and DoLS and how this applied to the people living at Symonds House. Staff encouraged people to make day to day decisions independently based on their ability. Where people were unable to verbally communicate, staff used other methods to enable them to make decisions. For example, they used communication books.

# 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 Good. At this inspection this key question has remained the same. 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 were positive about the quality of care provided by the staff team. Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours.
- People's choices and preferences were respected even if there was a potential for a negative impact. For example, one person declined certain aspects of care and support despite having had advice from staff and external professionals. This meant the person was empowered to have control of their life.

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

- People were as involved in the planning and reviews of their care and support as they could be. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs. However, people and staff told us that some permanent staff had left in the last six months which had meant some people had lost a valued bond they had formed with their key worker. The management team were actively working to fill vacancies and address this situation.
- People were supported to access advocacy services to obtain independent advice and guidance relevant to their needs as needed.
- People were encouraged to be involved in many aspects of running the service. For example, training was to be provided to empower people to be more involved in staff recruitment. This would involve showing prospective candidates around the service and observing how they interacted with people and their general demeanour. People would then feedback to the registered manager and these observations would form part of the interview notes.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive in protecting people's privacy and promoting their dignity. We saw many examples where staff knocked on doors and waited to be asked to enter people's rooms.
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that took account of their individual preferences and personal circumstances. Each person had a person-centred care plan that detailed the support they needed. The information within the care plans supported staff to deliver consistent care and support in the way that people wanted and needed.

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.

- People's care plans detailed their communication needs. This meant staff had detailed guidance to enable them to support people safely and in a way they wished.
- The registered manager reported that people used a variety of ways of communication. In some instances staff read to people and confirmed their understanding. Alternative formats of documents could be made available, such as braille, easy read and pictorial.

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

- People's care records included personalised information about their interests and preferences. This helped staff to support people to engage in meaningful activity they enjoyed. The activities coordinator was passionate about supporting people to enjoy their lives as much as they were able. They told us, "Everybody is so different." We were given examples of people going out for lunch, being supported to visit relatives living a distance away from Symonds House, and enjoying shopping trips to purchase items for the newly developed activity space.
- A folder was being developed with activity ideas and wishes for people to browse through to gain ideas. These included such things as carriage driving, sledging, narrowboat trips, ice skating, trips to zoos and wildlife parks, sailing and other water sports. The activity co-ordinator told us, "We discuss things with people all the time."
- We heard staff helping a person to plan a significant birthday celebration. There was much laughter as the person decided what food and drink they wanted, what guests they would like to invite and deciding to have a DJ.
- There was fund raising undertaken by 'Friends of Symonds House' who raised money to support outings and events chosen by people who lived at Symonds house. People told us they had redesigned their garden

area last year with the help of the activities team. People had chosen a gazebo, a large umbrella and flowers to attract butterflies in memory of a person who had previously lived at Symonds House.

#### Improving care quality in response to complaints or concerns

- The registered manager listened and learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures. The registered manager described how they were currently managing a complaint made by a staff member, the process included meeting up after actions had been taken to ensure there had been a positive outcome.

#### End of life care and support

- The service supported people to remain at Symonds House at the end of their lives if this was their preference.
- People had care plans in place to address their needs at the end of life. However, these primarily addressed practical and clinical issues. The care plans failed to inform staff about how to meet people's emotional needs and how to keep each person as comfortable as possible at this time. The registered manager and clinical lead acknowledged this and undertook to further develop the care plans to be more holistic.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider and staff team demonstrated a clear culture of ensuring people and their needs were a priority.
- Staff said they enjoyed working at the service, they felt supported and involved. Regular staff meetings were held to encourage clear communication about all aspects of the service. For example, recent staff meeting minutes included discussion about refurbishment of the building, introducing new staff, people's needs and clinical governance issues.

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

- The service informed people's relatives of any concerns such as if an accident had happened.
- The provider fulfilled their responsibilities under the duty of candour and had advised local authority commissioning bodies and CQC when accidents happened.
- The management and staff were open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was ingrained into every aspect of the service operation.

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

- Care records were kept up to date and accurately reflected people's needs.
- The provider's management structure ensured staff could access any support they needed.
- Quality assurance processes such as audits were in place. These included in areas such as medicines management, care planning and health and safety. Any issues arising from audits or feedback from people, relatives or external stakeholders were entered onto the service improvement plan. Actions were developed for named people to undertake and progress was closely monitored. This meant the registered manager and provider had a clear overview of all aspects of the service provision.

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

- Systems had been developed to enable people, their relatives and external professionals to contribute their feedback about the way the service operated. The provider regularly distributed questionnaires to people, their relatives and external stakeholders to gather their feedback about the service provided. The surveys were made available for people in easy read formats and were anonymous to encourage people to

speak up.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health professionals and people's relatives to help ensure people could live as normal a life as possible.
- The provider maintained their skills and knowledge and updated themselves about changes in legislation and practice. They did this through reading publications shared by CQC and other health and social care organisations and attending network events facilitated by a local care provider's association.