

## Squeaks House Residential Care Home

# Squeaks House Residential Care Home

### Inspection report

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Date of inspection visit:  
28 October 2019  
29 October 2019

Date of publication:  
06 December 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Squeaks House Residential Care Home is an adapted building providing personal care for up to 29 older people, including people living with dementia. At the time of our inspection there were 17 people living in the service.

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

People and their relatives told us they were happy with the quality of care being provided.

We found improvements were needed where risks associated with people's environment were not always being identified and acted on. Action was taken by the provider to address this during the inspection.

People were being supported to take their medicines as prescribed. Where people are prescribed pain relief, on an as and when needed basis, there was no assessment tool used to support staff in identifying pain where a person's ability to report or verbalise pain is compromised. We have made a recommendation that the service improve in this area.

Recruitment procedures were safe, and people were supported in a clean and hygienic environment. People told us they felt safe living in the service and there were enough numbers of staff to support their needs. Staff knew what action to take if they had concerns over a person's safety or welfare.

People were cared for by staff who were trained to meet their needs. There was a programme of ongoing redecoration and refurbishment, influenced by feedback from people, their relatives and staff. People's needs, including in relation to their health and nutrition were assessed and planned for. 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.

People and their relatives praised the caring, friendly staff and said they would not hesitate to recommend the service to others. One relative told us, "I do recommend to everyone I see." Staff knew people well and understood their preferred routines, likes and dislikes and what was important to them. They supported people to maintain links with those that mattered to them, and ensured their visitors felt comfortable visiting.

Care plans showed people were being consulted over their care. Staff encouraged people to join in and try new activities to promote their wellbeing. People knew who to talk to if they had any concerns or complaints and felt confident that any would be dealt with.

People were supported by management and staff who enjoyed their work and were highly motivated. The governance systems supported the registered manager and provider to assess the service provided and

identify and address shortfalls.

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 28 April 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

**Good** ●

# Squeaks House Residential Care Home

## **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

This inspection was carried out by one inspector.

#### Service and service type

Squeaks 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 carried out over two days; 28 October 2019 was unannounced, and 29 October 2019 was announced, so we could give feedback with the provider present.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications which tells us about specific incidents that have occurred in the service. We used all of this information to plan our inspection.

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 eight people who used the service and four relatives about their experience of the care provided. We spoke with one of the provider's partners [referred to as provider in this report] and eight members of staff including the registered manager, deputy manager, senior care workers, care workers, domestic and catering staff. We observed the care and support and interactions between people who used the service and staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records, reports from fire and health and safety professionals, survey feedback and thank you cards.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included records relating to medication audits, behaviour monitoring sheets, quality assurance analysis.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Improvements were needed to ensure people were consistently supported in a safe environment.
- The provider had commissioned a health and safety report of the service; however, it did not support them in identifying all the potential environmental risks associated with the people they supported. This included risks associated with legionella, free standing wardrobes; if they toppled over, accessing the cluttered attic area, or ensuring the window restrictors met current guidelines.
- The registered manager took action during the inspection to update their environmental audits to include these areas. This supported them to identify which wardrobes needed to be secured first and make arrangements for it to be done straightaway.
- The registered manager printed off the government's 'Health and Safety in Care Homes', publication to support them in consistently identifying and taking action to minimise potential risk. Using the information to support them in identifying and making arrangements for the correct window restrictors to be fitted by a competent person.
- Although water was being tested and clear of legionella, a full environmental risk assessment of the water supply by a competent person had not been carried out. As soon as we pointed this out to the provider, they took action and arranged for the risk assessment to be carried out.
- People's care records continued to include risk assessments, which guided staff how risks were reduced. This included risks associated with falls, behaviours and mobility. A relative told us how staff had, "Changed the layout," of their family member's bedroom to accommodate their mobility needs and reduce the risk of falls.

### Using medicines safely

- People told us they were provided with their medicines when they needed them and were satisfied with how their medicines were managed.
- Management had identified the temperature of the medicine's fridge fluctuated, and sometimes warmer than it should be, and were taking action to address this.
- Staff who administered medicines were trained and had their competency checked by a member of the management team to ensure their practice was safe.
- We saw staff administering medicines in the dining room. It was carried out in a safe and person centred manner.
- A person's care records stated, 'I will indicate if uncomfortable by vocal sounds and facial expressions.' The registered manager confirmed that they did not use a pain assessment tool.

We recommend that the service acquires from a reputable source, a pain assessment tool. This will support staff in identifying pain where a person's ability to report or verbalise pain is compromised.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service. One person said they felt safe because, "All of them [staff] are friendly...patient, do things nicely."
- One relative told us they were, "Not worried about," their family member as they had confidence in the management and staff. Another felt their family member was, "Very safe, I couldn't wish for better carers they are all amazing, they include you, have a good rapport. If they were aloft wouldn't be happy, they actually bother."
- Staff were aware of the approaches to use to reduce any anxieties or behaviours that could impact on a person's well-being, and others near them.
- Staff spoke about the indicators they would look out for, in supporting them in identifying abuse. This included a person becoming, "Withdrawn not wanting to talk to you, flinching." They said they would report such concerns straight away to the management; and if not acted on, local authority safeguarding team.
- The registered manager had carried out an investigation into some missing jewellery and the police had praised them for their thorough investigation.
- The information board, which we observed visitors reading, held a document, 'Understanding and report abuse and the right to live safely, free from abuse and neglect'. This explained what abuse was, and who to report it to if they had concerns.

Staffing and recruitment

- People told us there were enough staff to meet their needs.
- We observed staff were available to people and responded to requests for assistance promptly.
- One relative told us, "No problems," with staffing levels, and, "Staff seem quite consistent."
- The registered manager said they had a vacant post to fill for a weekend cook. Until appointed, they were covering. A relative commented, "It's good to see [registered manager] at the weekend cooking a meal, good to see the manager can do it themselves."
- The service continued to follow safe recruitment procedures. Records showed that checks on new staff were undertaken to ensure they were of good character and suitable to work with vulnerable people.

Preventing and controlling infection

- People told us their environment was kept clean. One person said staff visited daily, "They tidy and make my bed."
- A relative told us the staff kept the service, "Clean and tidy." This reflected the feedback in the provider's July 2019 quality assurance survey, which included, 'Excellent standard [cleanliness] throughout the home', and 'Always clean and no smells'.
- Staff had received training in infection control. A staff member talked us through the different coloured, disposable cloths they used on different surfaces. This showed they were following good practice to prevent the risk of germs that could cause harm being passed on.

Learning lessons when things go wrong

- Incidents and accidents were analysed and checked for patterns. Actions were taken to reduce the risks of reoccurrence.
- Where jewellery had allegedly gone missing, extra precautions of photographing jewellery was in place to support identification.

# 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

- Prior to moving into the service, people told us they were visited by the registered manager and deputy manager who carried out an assessment of their needs. This was to ensure the service could meet these needs.
- The assessment was completed with the input of people who would be using the service, their relatives and other professionals involved, where appropriate.
- One relative said the admission process had, "Been amazing, been brilliant, [family member] has been so happy...staff are fantastic."

Staff support: induction, training, skills and experience

- One relative told us staff, "Have the skills and the humour," to provide good care, "Brilliant, communicate well." Another described their family member as being, "Very content and happy." They spoke of the improvements they had seen in their family member's health and well-being since they moved in, which they attributed to staff having the right skills.
- In the July 2019 quality assurance survey, the provider asked people's relatives and visiting professionals to rate the quality of care people received; two rated it as good, and 12 as excellent. Comments included, 'I am very pleased with the highest standards of care at Squeaks House'.
- Staff new to care were supported to complete the Care Certificate. The Care Certificate is a national approach to ensure staff received thorough training related to a career in care.
- Staff received a range of training to meet people's needs and keep them updated in best practice. One staff member said they received a, "Good variety of training, spread through the year."
- All 12 staff who had completed the provider's July 2019 quality assurance survey, felt they were given the right training to perform their role. Comments included, 'All training is provided,' and, 'Yes up to date with training.'
- Staff received one to one supervision meetings and yearly appraisals. This provided them with protected time where they discussed their work, received feedback and identified any training needs.

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

- People were supported to maintain a healthy, balanced diet and were offered regular snacks and encouraged to drink often. One person said they were, "Very happy with the food." A relative commented on their family member's low weight before they were admitted was, "Now getting three meals a day plus snacks." This had led to weight gain, which they were pleased about.
- Catering staff were knowledgeable about how people needed their food to be prepared and their individual likes and dislikes.

- A relative described the catering staff as, "Very caring and they seem to be aware," which foods their family member didn't like, as they would visit and say, "You don't like [what was on the menu that day] and cook them something else to eat."
- People's care plans contained information about their nutritional needs and where applicable, specialist diet.
- At lunch time we saw the mealtime experience was a positive one, with staff engaging with people, offering support where required, in a discreet and unrushed manner.

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

- People were supported to maintain good health and had access to a range of health care professionals including specialist nurses, GP, chiropodist, private dentist and dieticians.
- Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff.
- Relatives told us staff kept them updated on any changes in their family member's health.

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

- Since the last inspection, trees at the front of the service which was taking away light from lounge had been removed, providing a light and airy room for people.
- People's bedrooms varied in size, and were personalised, accessible, comfortable and decorated with personal items. One person told us they had a, "Very nice room, I am very fortunate."
- Another pointed to the enclosed garden area, "Lovely out there, I like that you can go outside and have a drink." A relative felt there had been, "A big push this year, outside is a big improvement. The garden is much better."
- Minutes of meetings and action plans following analysis of the provider feedback survey, showed the leadership were constantly listening and adapting the service to support people's needs.

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).

- The registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to restrictions in place to keep them safe.
- The registered manager told us where they had made applications, but none had yet been authorised.
- Capacity assessments were in place regarding specific decisions including medicines and personal care. Where people were unable to make a decision, this had been made in their best interests.
- Staff received training on the MCA and knew the importance of asking consent from people. Throughout the inspection we heard staff offering people choice and checking for their agreement before giving assistance.

# 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 and their relative's comments about the quality of care received were positive. They told us staff were kind and caring and supported people with compassion.
- One person told us staff were, "Very, very caring." Another said, "Everyone here is fantastic, everyone has gelled together... [staff] are good, will do anything for you, really good."
- There was a relaxed atmosphere and lots of laughter. One person told us it was a usual occurrence, "See a place like this and see a crowd of people really getting on."
- The staff team knew people well and had developed good relationships with them. This reflected comments in the provider survey feedback which included. 'Such a lovely caring environment...staff are like [family member's] family.'
- When a person living with dementia walked into the lounge, they smiled at a staff member and gave them a hug, which led into an impromptu dance together to the music. We could see the physical contact, instigated by the person, enhanced their wellbeing.
- People could have visitors when they wished, and relatives told us that they were made to feel welcome. This was reflected in the provider survey feedback where all had rated the friendliness of staff as excellent or good. One person had written, 'Everyone very friendly, lovely atmosphere.'

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

- People and their families were involved in discussions about how people wanted to be supported. This information was then used to give staff guidance in people's care plans on how they wanted to be supported.
- One person told us, "Staff here are really good...will explain if they can't do something," and why. For example, where a person had requested to sit on two cushions, staff were worried they would slip off.
- Staff knew people well. They understood people's preferred routines, likes and dislikes and what mattered to them. One relative had commented in the provider feedback how well their family member was supported, and how staff, 'know residents needs and likes.'
- Throughout the inspection we saw people making their own choices or being supported to by staff. This included where they wanted to eat, sit, or choosing if they wanted to take part in the activities being offered; and staff acted on what the person told them.
- If people required them, information regarding available advocacy services and how to contact them, was on display.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained.
- People were encouraged to be as independent as possible. One person showed us their drinking aid, "One I can hold... I like to keep my independence." Care plans included what people could do for themselves and where they required further assistance.

## 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

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- However, we found the information given in people's care plans which covered assessing, supporting and monitoring people's oral care could be improved. The provider told us they were aware of the CQC 'Smiling matters: oral health care in care homes' and would be using the publication to improve in this area.
- People and, where applicable, their relatives told us they were happy with the care being provided. One relative said they were, "More than happy," and would, "Absolutely," recommend the service to others.
- Another relative told us they just wanted their family member to be, "Comfortable and happy, and they [staff] are doing that."
- Both the January 2019 and July 2019 provider feedback survey showed relatives and professionals all felt staff were being responsive to people's needs. Comments included, 'Clinicians advice, family input and [family member's] preferences all considered and contribute to quality life.'

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.

- The service identified people's information and communication needs by assessing and recording the level of support a person required on admission in their care plan.
- This included information if they wore a hearing aid, and / or required glasses. We observed where a person said they couldn't see the television, staff noted straight away they had their reading glasses on and fetched the right glasses. Staff enquired when the person put them on if it was better, they smiled and said, "You're on the right track."
- Information in the service was provided in different formats, including picture format and large font. The registered manager said this was an area they were consistently working on, taking note of any best practice in this area, and implementing it to drive improvements.
- Staff used an orientation board which supported people to know the time, date, day and weather.
- Staff's photographs and names were displayed in the entrance, which supported people who could not remember a name to identify them.

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

- Staff encouraged people to socialise and join in with activities that would support their interests and wellbeing. Staff were aware as people's ability to take part varied, linked to how a person's dementia was progressing, and adapted accordingly. Trying different activities and monitoring to see how it benefited people's wellbeing.
- During the inspection a staff member was trying a new activity they had been trained in 'Imagination gym,' to relieve stress and support people's wellbeing. A staff member described how one person, "Got right into it", where for another, whose dementia journey was further along, did not get the same benefit.
  - People described how they liked to spend their time. One person told us, "I read quite a lot, I love reading." Another enjoyed regular visits from their family and going out.
  - In the entrance hall, a television screen continuously displayed images of people living in the service involved in different activities. We observed how it enhanced people's wellbeing when one person living with dementia saw a photograph of themselves holding a snake, they smiled and giggled, "That's me." When another image came up with a person holding a mixing bowl, the person in the photograph said they enjoyed cooking and had been helping in the kitchen.
  - Staff also joined in, using the images to instigate meaningful conversations with people, as well as a lot of laughter, as they explained why staff were dressed in fancy dress. The registered manager said they had over 1000 photographs stored on the software, which were kept updated.

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

- The provider had a complaint procedure in place, which was displayed in the service.
- People knew who to talk to if they had any concerns. One relative said, "If I had a problem I know I can ring them [management] up and they will do something."
- Another relative said they knew how to make a formal complaint, however they hadn't needed to, as any minor concerns are dealt with straight away.
- Staff were aware of the provider's complaints policy and confirmed they would report / act on any concerns raised.

#### End of life care and support

- Support was provided with end of life care, although at the time of the inspection no-one was currently receiving end of their life care.
- People's care records included their choice of how they wanted to be cared for at the end of their lives, such as if they wanted to be resuscitated.
- Thank you cards from bereaved relatives included the following comments; 'We are so pleased [family member] spent the remaining time of [their] life in such a caring and loving home with such lovely people,' and, 'To be somewhere there were people [staff] constantly available to support [family member].'

# Is the service well-led?

## Our findings

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

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

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

- People, their relatives and staff were all complimentary about the quality of the service provided. One relative told us the provider had a, "Good rapport... like the staff, friendly, nice."
- Another relative said when enquiring about the service, the registered manager had suggested they turned up unannounced, which they did on a weekend. They felt it supported them in getting a true feel of the service and had found staff, "Very welcoming."
- A staff member described the leadership as, "Approachable," and if there were any concerns, "I feel like it gets brought up and dealt with."

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; Continuous learning and improving care

- The registered manager understood their roles and responsibilities relating to duty of candour.
- The provider was also a director for another service in Suffolk. Arrangements were in place for them to have a joint monthly meeting with the registered managers. They told us this inspection identified the meeting needed to be more structured to support shared learning and keeping updated in health and safety registration and CQC publications. Having these topics as set agenda items, with recorded outcomes / actions, they felt would address this.
- Records demonstrated where investigations had been undertaken and relatives informed when and why things had gone wrong. Learning from these incidents to drive improvements. Including, following a misplaced hearing aid, putting a monitoring log in place to reduce the risk of it happening again.
- Comments given by relatives and professionals in the provider's feedback surveys included, 'All my dealings with [registered manager, provider and deputy manager] have been candid, honest and professional.'

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role.
- A staff member told us the registered manager was approachable and always spoke to them in a respectful manner. They said the registered manager was, "Firm but fair, will pull you up, but that's their job."
- There was a clear organisational structure. Staff were aware of each of the management teams delegated

responsibilities and felt they worked in a supportive culture.

- A relative described the registered manager as, "Very approachable," and if they had any concerns, "Would tell them."
- Comments given by relatives and professionals in the provider's feedback surveys included, 'Home seems well managed', and, 'The management is excellent and overall you have a brilliant team.'

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

- Care reviews, provider visits and monthly resident meetings were used as a forum for people to share their views on the quality of the service both as an individual as well as a group; depending on their preference.
- Minutes of meetings showed where actions and suggestions were being acted on, such as the Age UK post card of kindness scheme. They also showed how people were being kept updated on what was going on in the service, asked for their views and made suggestions.
- Six monthly provider surveys were another forum used which enabled relatives, professionals and staff to express their views and influence change.
- Analysis of the feedback was displayed, and actions taken where comments made had identified where improvements could be made. This included taking action to purchase new wheelchairs and redecorate areas of the service.

Working in partnership with others

- The registered manager told us how they had positive relationships with other professionals involved in people's care. This included using the hospital red bag scheme, a national initiative to provide better communication for people between care homes and hospitals.
- The service was part of PROSPER (a collaboration between care homes, the local authority and health professionals aiming to improve safety and reduce harm for vulnerable people). Data including falls was collected in an initiative to reduce falls and hydration was being promoted to ensure people received good quality care.
- A relative told us they liked the way the service displayed the PROSPER information about falls each month, they felt it supported an open approach; and the reduction showed what actions taken had led to improvements.
- People were taking part in the Age UK 'post cards of kindness'. An initiative that asks people to write and send postcards to residents of care homes. They had found through this small gesture of sending a card had resulted in bringing joy and 'sparking' lively conversations amongst the older people who received them.
- One person showed us the postcard they had received, which we saw gave them pleasure as they carried it around with them, looking at it. Postcards received from other care homes were displayed on the notice board, and staff were supporting people to send more out.