

Raveedha Care Limited Symonds House

Inspection report

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Date of inspection visit: 22 October 2015
Date of publication: 24/11/2015

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	

Overall summary

Symonds House is registered to provide accommodation, care and nursing for up to 58 people. The home is a converted Victorian property and accommodation is offered on two floors. The service is provided in four units, each of which has lounge, dining, kitchen and bathroom facilities as well as single and double bedrooms.

This comprehensive inspection took place on 22 October 2015 and was unannounced. There were 38 people in residence. Our last inspection of this home was carried out on 03 March 2015. At that time we found that there were a number of breaches of the regulations. These

were in respect of staffing levels; medicine management; consent to care and treatment; staff support; dignity and privacy; quality assurance; records; and notifications. The provider wrote and told us that they would be compliant with all the regulations by 31 August 2015. At the comprehensive inspection on 22 October 2015 we found that improvements had been made and the provider was no longer in breach of any of the regulations.

At the time of this inspection on 22 October 2015 there was no registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission (CQC) 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. The manager at the time of this inspection had taken up their post the week after our last inspection. They had undergone all the required checks to register with CQC, including an interview, and were awaiting the results of their application.

People said that they were happy at Symonds House and told us they felt safe. They were complimentary about the staff and the management of the home. We saw that people who lived there and the staff got on well together and were comfortable with each other.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people were managed in a way that ensured people were kept as safe as possible.

There were enough staff on duty to meet people's assessed needs. Pre-employment checks had been carried out to ensure that only staff suitable to work in a care home had been employed. Medicines were managed safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed.

Appropriate applications had been made to the relevant authority to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves.

People were given sufficient, nutritious food and drink and the nutritional needs of people who required special diets were met. People's health was monitored by the involvement of a range of healthcare professionals.

Staff showed they cared about the people they were looking after. Relationships between people and the staff were good and staff treated people with kindness and respect. Staff ensured that people's privacy, dignity and independence were upheld. People's personal information was kept securely to maintain their confidentiality.

People and their relatives were involved in the planning of their care. Care plans contained sufficient, up to date guidance for staff to ensure that the care delivered by the staff was consistent and personalised. There were some activities and outings offered to keep people occupied although some improvement was needed in this area. Complaints were responded to appropriately.

There was an open culture in the home and people, relatives, visitors and staff were offered a number of ways to make their views about the service known. Audits carried out were effective in identifying shortfalls and in driving improvements in the quality of the service provided. Records were maintained as required.

Summary of findings

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.

Good

There were enough staff on duty to make sure that people's needs were fully met.

People received their medicines safely and as they were prescribed.

Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

Is the service effective?

The service was effective.

Good

Staff were aware of their responsibilities to protect the rights of people who lacked the mental capacity to make all their own decisions.

People were cared for by staff who had received training and support to enable them to do their job properly.

People's nutritional needs were met and their health was monitored by the involvement of a range of healthcare professionals.

Is the service caring?

The service was caring.

Good

Staff were kind, caring and respectful in their interactions with people who lived at Symonds House.

People were treated with respect and staff supported people in a way that upheld their privacy, dignity and independence.

Personal information about people was kept securely so that their confidentiality was preserved.

Is the service responsive?

The service was responsive.

Good

Care plans contained sufficient, up to date information and guidance to ensure that the care delivered by staff was consistent and personalised.

Some activities, outings and entertainment were provided so that people were kept occupied.

People knew how to make a complaint and complaints were responded to and resolved satisfactorily.

Is the service well-led?

The service was well-led.

Good

Audits carried out identified shortfalls in the service provided and were effective in driving improvement.

Records were accurate and complete and notifications had been sent to CQC as required by the regulations.

The home had an open culture, which encouraged ideas for improvement from everyone involved.

Symonds House

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.

This inspection was carried out by an inspection manager, two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience at this inspection was a carer of older relatives.

Prior to the inspection we looked at information we held about the service and used this information as part of our

inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We spent time in the lounges and dining areas where we observed how the staff interacted with people who lived at Symonds House. We used the Short Observational Framework for Inspection (SOFI) in one of the lounges. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived at the home, two visitors, six care workers, two members of housekeeping/kitchen staff, two nurses and the manager. We looked at three people's care records as well as some other records relating to the management of the home. These included staff training records and some of the quality assurance audits that had been carried out.

Is the service safe?

Our findings

During our inspection of Symonds House on 03 March 2015 we found that there were not enough staff employed to meet people's needs and medicines were not managed safely. During this inspection on 22 October 2015 we found that the necessary improvements had been made.

People told us they felt safe living at Symonds House. One person said this was because "there's always staff here." Another person explained that staff supported them to walk, which made them feel safe. We saw that alarm cords were placed in people's reach so that they could summon assistance if they needed it.

Staff told us they had undertaken training in safeguarding people from harm. They demonstrated that they would recognise if people were at risk of harm and were aware of their responsibilities in relation to reporting safeguarding concerns. They knew the procedures to follow if they suspected someone was at risk of being harmed. One member of staff told us, "I would always speak to the manager or person in charge if I had concerns about the way that anyone was treated in the home, either by staff or by other residents." Another member of staff told us they had reported a concern to the manager. This was investigated properly and promptly and the member of staff was given feedback. Staff also knew how to report to external agencies such as the local authority's safeguarding team if they needed to.

There were systems in place to reduce risks to people. Care records showed that any potential risks had been identified, assessed and regularly reviewed. These included risks involved with moving and handling, nutrition and pressure areas. Actions and guidance had been put in place for staff so that they knew how to minimise the risks. Staff were aware of the risks and the guidance for the people they were supporting. For example, one member of staff told us about the need to ensure that people who were underweight were given plenty of snacks and drinks during the day. We saw that people were offered a glass of sherry before lunch. Staff told us this was to enhance their appetite. Personal evacuation plans were in each person's care records so that staff knew what to do, for example if there was a fire.

We asked about the staffing levels in the home. One person told us, "Yes [there are enough staff]. I don't have to wait

very often." A relative said that staff were sometimes "a bit stretched, so they could do with a few more [staff]." Staff told us that additional staff had been recently employed. One member of staff said this meant that, "We can spend more time with people. We don't have to rush and residents can do things at their own pace now." Another member of staff said, "The number of staff in the home has increased. Some staff have left but more have started and it means that we don't need to rush." The manager confirmed that some new staff were working at the home and the use of agency staff had greatly reduced. Care records confirmed that a 'dependency analysis' was carried out each month to identify people's care needs. The manager said this was used as a tool to determine how many staff were needed.

During our time on Primrose Unit we noted that there was a calm and relaxed atmosphere and that staff gave assistance when people needed it. One person was concerned that their table was not in the correct place. A member of staff spent over 10 minutes with this person, moving their table into different positions until they were satisfied with its position. On another unit we saw that although staff were very busy they had time to attend to everyone's needs and requests for help. Calls bells were answered promptly. This meant that on the day of our inspection there was a sufficient number of staff on duty so that each person's need were met and they were kept safe.

Staff told us that all the required checks had been carried out before they were allowed to start work at the home. These included references from previous employers, proof of identity and a criminal record check. Staff said they had completed an application form and attended for interview. They were provided with an induction when they first started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

We checked how medicines were managed. The medicines were stored securely and temperatures of storage areas had been regularly checked to ensure medicines were stored at the correct temperature. Each person had a care plan in place, which gave staff guidance, such as the medicines the person was taking and how they liked to take them. We also saw that a short term care plan was introduced for example when someone was prescribed a course of antibiotics. People told us that staff gave them their medicines on time. There were protocols in place for

Is the service safe?

people who were prescribed medicines on a 'when required' basis. Medication Administration Record charts showed that medicines given to people had been signed for. We checked the amounts of some medicines remaining in their original packets and we found that the amounts tallied with the records.

Staff confirmed that they had received training and that their competence to administer medicines was regularly assessed by the manager or deputy manager. We found that the arrangements for the handling and disposal of medicines were satisfactory. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

During our inspection of Symonds House on 03 March 2015 we found that the provider did not have suitable arrangements in place for obtaining people's consent to their care and treatment. There were no suitable arrangements in place to ensure that staff were appropriately supported to put their training into practice. During this inspection on 22 October 2015 we found that the necessary improvements had been made.

Staff told us that they had received "a lot of training" in the six months prior to this inspection. They said that the training was relevant to their work and they had "learnt a lot from the training." They told us that the manager "always asks us what we learnt on the training." Training included fire safety, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, dementia, infection control and first aid. One member of staff told us that during the first aid training they had learnt how to perform cardio-pulmonary resuscitation (CPR) and what action they would need to take if someone suffered a choking episode. They told us that it was really useful to learn what action to take when someone choked because, "The other day someone choked on some food and I knew what to do to dislodge it. We now make sure that there is always someone sitting with the person when they eat. If I hadn't done the training I wouldn't have known what to do." New members of staff told us they had undertaken training as part of their induction and had then been given opportunities for further training. A senior member of staff told us they gave staff scenarios to ensure they had absorbed the training.

A member of the housekeeping staff told us they had learnt the importance of preventing infection. They told us that they now wore a new pair of plastic gloves each time they cleaned people's individual bedroom, bathrooms, and toilets.

Staff told us, and the manager confirmed, that all staff received regular, formally recorded one-to-one supervision from their line manager. Staff told us that they felt well supported by the manager. As well as formal supervision, she had "an open door" and staff felt they could talk to her at any time. She also walked round the home frequently: one member of staff told us, "The manager always comes

round and speaks to us and asks us how we are." Regular staff meetings had taken place, during which staff felt encouraged to put forward their views and which they told us they found beneficial.

This meant that the provider had taken steps to ensure that staff had the knowledge, skills and support to provide effective care to the people who lived at Symonds House.

The manager told us that she and the staff had attended training on the (MCA) and (DoLS). An external expert had assisted the staff to carry out assessments and complete the relevant paperwork, which we saw in people's care records. Applications for authorisation to deprive people of their liberty, when necessary to keep people safe, had been made to the relevant authority. We noted that care records reminded staff that even if a person had been assessed as lacking capacity to make certain decisions, for example to leave the home unsupervised, the person still had capacity to make choices in their daily lives. This meant that people's rights in this area were protected.

People were supported to have enough to eat and drink and people who needed assistance were provided with this. A variety of drinks were offered to people regularly throughout the day and snacks were available for people who wanted them. People had a choice of main meal at lunchtime and told us they enjoyed the food provided. Records showed that people who were at risk of losing weight had been weighed regularly, had food and fluid monitoring charts in place and were provided with dietary supplements when required.

In one person's records we saw that staff had referred their concerns about a person's ability to eat to a speech and language therapist (SALT). Staff had followed the SALT's advice and had changed the person's diet to pureed food, which they were able to eat. The person had been referred previously to a dietitian and staff were monitoring the person's weight by weighing them weekly. The chef told us that they used double cream to increase the calorific value of food for people who needed this.

Staff were aware of the healthcare needs of people in the home and involved external healthcare professionals to support people with their healthcare needs. People told us they could see their GP whenever they needed to. Staff said that the GPs visited the home twice a week and at other times when needed. One member of staff told us, "If ever we are concerned that someone isn't well we will ask for

Is the service effective?

the doctor to come." Care records showed that people had access to a range of healthcare professionals, including a chiropodist, an optician, a dentist, the district nursing team and specialist nurses such as the Parkinson's Disease nurse and the specialist diabetes nurse. All contacts with

professionals were recorded in people's care notes and we saw that staff acted on the advice given. This meant that suitable arrangements were in place to support people to maintain good health and well-being.

Is the service caring?

Our findings

During our inspection of Symonds House on 03 March 2015 we found that people who lived at the home did not always have their privacy and dignity respected and people's personal records were not held securely. During this inspection on 22 October 2015 we found that the necessary improvements had been made.

People and their relatives told us they liked the staff. One relative said, "I think they're just wonderful. I think they do a really good job." The manager told us that they "walk round a lot." They said, "What I see is good, the residents are happy and [staff] interaction is good."

We saw that people got on well with the staff and interactions between members of staff and people who lived at the home were friendly, caring and respectful. People told us that staff treated them with respect. One person said, "They're very courteous." We saw staff sit, bend or kneel down so that they were at the person's level when they were talking to them. One member of staff in particular was extremely patient and took as much time as the person needed to find out what they wanted. They made sure they made eye contact with the person and gently stroked their hand or arm to keep the person's attention.

One member of staff who had only worked at the home for four weeks was able to address each person by name, interact comfortably with everyone and converse with each person in an appropriate manner. We saw one of the senior staff talking to one person in an up-beat and pleasant manner, which the person, by their reaction, clearly appreciated.

We saw one member of staff enter one of the lounges. The member of staff greeted each person individually, asked them how they were and waited patiently for a response. The manager told us they had introduced 'the butterfly effect', where a small change makes a large difference. All staff had to stop what they were doing and talk to someone for 15 minutes every day. This was so that staff would realise that spending quality time with people was a very important part of their work and that they would see what a difference it made.

Staff met people's needs in a caring and compassionate way. For example, we saw that staff calmed one person who got upset by explaining gently what was happening

and reassuring them. Another person, living with dementia, started to get upset because they had no money to pay for their cup of tea. The member of staff reassured them and validated what they were thinking by telling the person that they had no need to worry as the staff would pay for the tea. The manager told us that [name] was "the best clinical nurse I've met." She said that she told the care staff "to watch her to learn how to care."

Staff offered assistance with personal care discreetly and we saw that doors were kept closed when people were being assisted with personal care. We noted that staff knocked on people's doors and waited for an answer before entering.

Care plans had been written in a way that promoted people's privacy, dignity and independence. For example, one care plan that we looked at clearly stated what the person could do for themselves and what they would need staff to support them with. For example, in regard to having a wash, the plan stated that staff should 'offer a face flannel for [the person] to wash their face and hands'. Care plans reminded staff to always offer choices and enable people to make as many decisions as possible about how they wanted to live their everyday lives.

Staff supported people to maintain their independence. For example, in most instances people were provided with appropriate cutlery and drinking vessels so that they could eat and drink without assistance. However, in one unit, some people could have been more independent if they had been given a plate guard to prevent their food from falling off their plate.

Lunchtime in the units was mainly calm and relaxed. Tables were attractively set with table cloths, linen napkins, full cutlery and drinking glasses. Staff made sure people were comfortable where they were sitting and that they had everything they needed so that they could enjoy their meal.

People's relatives and friends were made to welcome whenever they wanted to visit. Some people's relatives visited every day. The manager reported that there was good communication between people's families and the home.

Mostly, people's care records were kept in locked cupboards or in the nurses' office so that they were only available to people who were meant to have access to them. This meant that people's privacy and confidentiality were maintained. However, in one unit, some records were

Is the service caring?

in folders on the coffee table in the lounge. Staff said this was because the charts for recording food and fluid intake and personal care had to be easily available. The manager said she would find a way of ensuring the records were easily accessible to staff, whilst ensuring they were kept confidential.

The manager told us that at the time of the inspection no advocates were involved with anyone who lived at

Symonds House. Most people had relatives who acted on their behalf when needed. However, the manager said that an advocacy service was available and people were made aware of it. The advocacy service, including contact details, was advertised on the notice board should anyone have required it.

Is the service responsive?

Our findings

Care plans were clearly written and provided full information to staff about people's needs and wishes and the support that they needed. The care plans provided information about the person's life history and details of the assessment that was undertaken prior to them moving into the home. In one of the plans we looked at we saw that the person's relative had been involved with the compilation of their care plan. Care plans had been reviewed at least monthly and amendments made to the plan when necessary.

Care plans gave staff detailed, personalised information about how to care for the person, their preferred routines and their likes and dislikes. For example one care plan said that the person 'likes to have their bedroom door and bed-side light on'. It also said that the person found it easier to have the nurse put their medication in a saucer and for them to take the tablets one by one. Another care plan, for a person who struggled to communicate, included detailed guidance for staff about how they were to communicate with the person. The plan stated, for example, 'use short, simple sentences. Speak clearly to [them] when interacting with [them]. Explain what is being done, such as washing [them] or dressing [them]. Use clue cards to help [them] communicate'. The plan also instructed staff to document all the person's communication gestures so that a library of information could be developed 'to better help [name] to communicate'.

Care plans described what each person could do for themselves and the support they needed from the staff in order to retain as much independence as possible. One care plan stated, '[Name's general ability is variable but [they] must be given the opportunity to eat and drink independently with supervision as this will increase [their] sense of well-being'.

People were encouraged and supported to pursue their own hobbies and interests. Staff told us, as an example, that a few weeks ago staff took a person who had an interest in aviation to the air museum at Duxford. Staff said the person really enjoyed the outing.

Some activities and entertainments were provided for people. Several people who lived at the home attended the day centre that operated in a separate part of the home on three days a week. On the day of our inspection, nine

people from Poppy unit were spending the day in the day centre because their lounge was being redecorated. We saw that a number of different activities were provided throughout the day. One member of staff was seen to engage people in a ball competition. They were pro-active in their approach and managed to engage the majority of people, providing clear instruction, talking to people and moving them closer to make it easier for them to join in. People were encouraged to assist one another.

We also saw that some activities were provided in the other units. In Orchid unit, staff were very pro-active in offering people a range of things to do. For example, a member of staff asked if it was alright to turn off the television so that they could read the newspaper to people and discuss the day's news. After this, people were encouraged to participate in some physical activity, which included throwing a large pom-pom to each other and singing while they were doing exercises. There was a lot of laughter and people had fun. Staff led a reminiscence session later in the day and people clearly enjoyed singing songs from some of the old films.

In Primrose unit we saw less organised activity. Mainly staff were involved in providing care for people, but one staff member did sit and read a book to one person and offered another person their favourite soft toy to hold. Staff chatted to people who were not sleeping. We asked one member of staff, who had told us they enjoyed working at the home, about the 'mum's test' (whether they would want their relative to live at Symonds House). They told us, "Yes, if there was more entertainment and things to do."

The manager agreed that although the range and frequency of activities had greatly improved, there was still a lot of room for further improvement.

People and their relatives knew how to complain if they needed to. The provider had a complaints policy and procedure in place and staff demonstrated they were aware of the procedure to follow if people who lived at the home or their relatives expressed any concerns. One member of staff told us they would "write everything down and inform the manager." They said they would make sure the concerns were looked into and would make sure the outcome was satisfactory to the complainant. The manager showed us that any complaints made had been responded to within the timescales of the policy and that complainants were satisfied.

Is the service well-led?

Our findings

During our inspection of Symonds House on 03 March 2015 we found that the provider did not have an effective system in place to monitor the quality of the service provided to people. Also the provider had not notified the CQC of incidents affecting people who lived at the home. During this inspection on 22 October 2015 we found that the necessary improvements had been made.

At the time of the inspection there was no registered manager in post. The manager, who had taken up her post in March 2015, had completed all the checks required and was waiting to hear whether her application to be registered as the manager had been successful. People all knew who the manager was and we saw that she was a valued part of the team. Staff were complimentary about the manager. One member of staff said, "The manager always comes to speak with us and asks how we are feeling. She really cares about us." Another member of care staff told us, "We work well with the manager: we support her and she supports us....she is very approachable and caring and she wants everyone to be happy."

Staff told us about the improvements that had occurred in the home since the manager had started. These included the décor and furnishings and provision of profiling beds. In addition, activities had increased, staff numbers had increased, there had been lots of training and staff were now able to spend more time with people. One member of staff told us, "The manager is very good, gets things moving. She knows what needs to be done. The icing on the cake is being allowed to talk to the residents: that makes my job." Another member of staff said, "It is now a very happy place to work. There are lots more staff and we now have lots of training." A third member of staff said, "It's much calmer now and the residents really do come first. We're a good team and it's great to work here now."

When we asked one member of staff what was the best thing about working at Symonds House, they said, "I enjoy working with the residents and making their day happy. Things have improved: we work together and put things right."

As we carried out the inspection and visited different parts of the home, we found that there was a very calm, relaxed and welcoming atmosphere, which was very different from our previous inspection. People who lived at Symonds

House were mostly happy. When we asked a member of staff to describe the culture of the home they described it as, "Working towards care with dignity and encouraging independence, with a welcoming, family cosiness."

The manager told us, and staff confirmed, that she held a meeting every two months for people who lived at the home and their relatives. She said there was a small group of people who always attended. Questionnaires, giving people the opportunity to comment on the quality of the service being provided, were being sent out. The manager said, "Families seem to be happy with everything now." Staff told us that there were staff meetings every month and that these were recorded in minutes of the meetings. They told us that there was an agenda and that they were able to bring ideas to the team meeting. This meant that the provider had systems in place to gather the views of people who lived at the home, their relatives and the staff who worked there.

Staff knew about the provider's whistleblowing policy and told us they would have no hesitation in blowing the whistle if they thought people were being harmed in any way or if other staff were not following good practice.

People were encouraged to be part of the local community. The day centre was provided for people who lived in their own homes in the local area, which meant that some people living at Symonds House had contact with old friends. One person told us they were able to go to church if they wanted to and the manager told us that some people had been to the pub. However, the manager told us they had great difficulty in taking people into the village because the pavement was too narrow and the road rather dangerous for wheelchairs. Some outings had been arranged to garden centres and a farmers' market. The manager said that local schools visited the home, for example at Christmas, Easter and Harvest Festival.

The provider had a system in place to audit and monitor the quality of the service being delivered to people by the staff. Various aspects of the service provided by the home were audited regularly by the management team. This included audits of medicines, care plans, and health and safety. A monthly analysis of accidents and incidents was completed so that any trends or patterns could be identified and addressed. This included improvements in staff care practices which had cut down the incidents of people bruising by 80 per cent. At the time of the

Is the service well-led?

inspection the manager and staff team were looking at ways to reduce the number of urinary infections. This showed us that there were effective systems in place to make improvements to the service.

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.