

Lazyday Investments Limited

Sloe Hill Residential Home

Inspection report

Sloe Hill
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St Ippoyts
Hertfordshire
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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 9 May 2017 and was unannounced. At their last inspection on 14 October 2016, they were found to not be meeting the standards we inspected. At this inspection we found that they were not meeting the standards, and there were areas that required improvement.

Sloe Hill Residential Home provides accommodation for up to 28 older people, including people living with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 24 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People felt safe, however, staff knowledge in relation to reporting concerns externally needed development. We also found that staff knowledge in relation to fire safety needed further development. Storage of gloves, aprons, continence products and cleaning of commode pots was also an area that required improvement. Although the rating awarded at their last inspection was displayed on their website, it was not displayed in the home.

Individual risks were assessed and staff worked in accordance with the assessments. People's medicines were managed appropriately. People told us there were enough staff and these were recruited safely.

People were supported by staff who were sufficiently trained and felt supported. The service worked in accordance with the principles of the Mental Capacity Act 2005. People received a varied and balanced diet and there was regular access to health and social care professionals.

People were treated with dignity and respect. People were involved in their care and preferences were promoted. Confidentiality had improved, however records needed to be consistently stored securely.

People received care that met their needs and their care plans were detailed and person centred. Activities were provided but these needed further development. People knew how to make a complaint but there had not been any recent complaints. People, their relatives and staff were positive about the management team. Systems had been developed to help monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People felt safe, however, staff knowledge in relation to reporting concerns externally needed development.

Staff knowledge in relation to fire safety needed further development.

Individual risks were assessed and staff worked in accordance with the assessments.

People told us there were enough staff and they were recruited safely.

People's medicines were managed appropriately.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently trained and felt supported.

The service worked in accordance with the principles of the Mental Capacity Act 2005.

People received a varied and balanced diet.

There was regular access to health and social care professionals.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect.

People were involved in their care and preferences were promoted.

Confidentiality had improved, however records needed to consistently stored securely.

Is the service responsive?

Good 

The service was responsive.

People received care that met their needs.

Care plans were detailed and person centred.

Activities were provided but this needed further development for the afternoons and people in their rooms.

People knew how to make a complaint but there had not been any recent complaints.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The rating awarded at their last inspection was not displayed in the home.

Systems had been developed to help monitor the quality of the service but these did require further development. However, they had not addressed the safety issues in the home.

People, their relatives and staff were positive about the management team.

Sloe Hill Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

At the last inspection there were breaches of regulation. The provider wrote to us to tell us how they would make the required improvements. We reviewed this action plan.

The inspection was unannounced and carried out by two inspectors.

During the inspection we spoke with five people who used the service, two relatives, seven staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

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 due to their complex health needs.

Is the service safe?

Our findings

At our last inspection we found that people may have been at risk as unexplained bruises were not always investigated and staff were not clear on how to raise safeguarding concerns. At this inspection we found that there had been some improvements but staff knowledge still required further development.

People told us that they felt safe. One person said, "I feel very safe and happy here; staff are very accommodating and friendly, not pushy at all. I think they are wonderful, it is extremely good." Another person said, "I do feel safe here, the whole atmosphere of the home makes me feel safe." A Relative of a person who used the service told us, "I feel [Person] is safe here, if they fell in the night or anything I know that they would be well looked after." We found that bruises or skin tears that could be accounted for. We also found that staff had received training updates in relation to protecting people from the risk of abuse. Staff were able to confidently describe how they would report any concerns within the organisation and with prompting outside to the local authority safeguarding team. They told us that they would not hesitate to use these procedures where necessary. However we also saw that where a staff member had raised concerns, the action taken to investigate these was not recorded. The registered manager told us what they did in response but they had not followed the local authorities safeguarding process in relation to documenting and reporting these issues. We discussed the need to ensure all actions were recorded and reported. We also discussed other ways they could ensure staff knowledge was sufficient to report externally. They told us they would add this to meeting agendas and test staff knowledge randomly by the use of questions while they were on duty. However, this was an area that still needed further development.

Servicing and checks on equipment and the environment were completed to ensure the building was safe for people to use. The registered manager had reviewed the fire procedures for the home and ensured that all fire safety equipment had been checked. Risks assessments were updated and regular fire drills were taking place. However, we found that staff had not signed for attendance of the drills and when asked, they were not clear about what to do in the event of a fire. In addition we found that one fire door did not close when the alarm sounded due to a new carpet which was higher than the previous one. This had been identified at the past three alarm tests. We were told the provider was aware of it and the person was moving to a different room. However, we discussed that the person had been in this room for three weeks without this risk being reduced. There had been no risk assessment, such as keeping door closed and the issue had not been addressed. We discussed this with the registered manager and they told us they would address this straight away. This was an area that required prompt action to ensure staff could respond safely in the event of an emergency.

The environment was clean. However, we found that on arrival a commode pot was being soaked in a bath. In addition, continence products, gloves and aprons were stored in bathrooms and on handrails, even though there was sufficient cupboard storage. We also found that gel air fresheners were in use in bathrooms. There was no risk assessment in place for these, even though the home supported people living with dementia. The registered manager told us that they would remove these the same day. However, this was an area that needed to be addressed to ensure that people were not at risk from handling these products and effective infection control was promoted.

We found that due to the issues in relation to fire safety, infection control and the need to ensure a robust process was needed to ensure people were safe, correct processes were consistently followed in relation to safeguarding and staff had the appropriate knowledge, this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had their individual risks assessed and staff worked in accordance with these. One person told us, "They are all very good." We saw that staff used equipment safely and people had received care that reduced risks to their welfare. For example, regular repositioning to reduce the risk of a person developing a pressure ulcer.

Care plans included sufficient guidance to support staff to assist people to move safely. For example a care plan for a person at risk of falls due to impaired balance stated, "Care staff to support [person] from the back when walking because they tend to lean backwards." Accidents and incidents were recorded and reviewed by the registered manager and they checked for themes and trends. We found that there was a note of action taken to help reduce the risk of a reoccurrence.

People and their relatives told us that there were enough staff to meet their needs. One relative told us, "There always seems to be plenty of staff and they are all so friendly." Another relative said, "There seems to be enough staff, and it is the same staff which is nice." we noted throughout the inspection that people had their needs met in a timely manner. The registered manager told us that the dependency tool they had introduced since they last inspection was helpful and it enabled them to adjust staff according to people's needs. One staff member told us, "There are always enough staff, we are always busy but people's needs are met." Another staff member said, "I believe there are enough staff. Rotas are adjusted as needed. For example, one person's needs have increased recently, the rotas were adjusted immediately." There were effective recruitment processes in place to help ensure those employed were fit to work in a care setting.

People's medicines were managed safely. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. One relative said, "[Person's] pain is now under control and that is because their medicine is being managed well." We saw that staff supported people appropriately and there was guidance available to support administration. We checked a random sample of medicines and found that the correct quantity was in stock. Records were completed consistently and medicines were stored safely. Medicines that were dispensed on an as needed basis had a plan for staff to follow detailing when and why they may be needed. We noted that staff had documented why these had been given.

Is the service effective?

Our findings

When we inspected the service on 14 October 2016, staff felt they needed further training and we found that there were gaps in training provided. At this inspection we found that people were supported by staff who were sufficiently trained.

People told us that they felt staff were well trained. One person told us, "The staff are all so lovely and very experienced." There had been refresher training provided in subjects relevant to staff roles since our last inspection. These subjects included dementia care, moving and handling, first aid, fire safety and safeguarding people from abuse. The registered manager told us that they were continuing to source further training for other subjects through the local authorities and a local provider association to develop staff further. Staff felt training had improved. The registered manager told us that staff supervision was an area that they were now focusing on as they had a new deputy manager to help support with these. They told us supervisions and meetings were now booming more frequent and regular. Staff told us that supervisions had been less frequent but a member of the management team was always available and checking in on them in case they needed something. All staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

When we last inspected the service in October 2014, we found that the correct processes were not being followed in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

At the last inspection people were receiving medicines covertly (this means when medicines are hidden or disguised) and the correct processes had not been followed. At this inspection we found that capacity assessments had been completed, best interest decisions were documented and risk assessments were completed. Staff told us that this did not mean that medicines were always given covertly, it was a last resort. One staff member said, "We try and offer first, if they refuse we try again later, failing that we give them covertly." We noted that capacity assessments and best interest decisions were still in their infancy and we discussed with the registered manager to ensure the principles of the MCA were consistently adhered to in all aspects of people's lives. We noted that DoLS had been applied for appropriately, and this included when a person needed constant supervision and the use of a lap belt in a wheelchair to prevent them from falling.

People received a variety of healthy and balanced food. People told us they enjoyed the food. One person

said, "The food is really very good, we get a daily choice." We noted that the food looked and smelt appetising. The chef told us that they went to see people each day and asked for their menu choice. One person said, "The food is very good indeed, we always get a choice. The cook comes in to see me every morning to give a list of what he wants to cook and we choose from that."

People also told us that their individual likes, dislikes and food intolerances were well known and respected by the staff team. We noted that one person had their meals at different times of the day to suit their preferences. People who needed assistance to eat received it in a timely and patient way. Staff supported them appropriately and chatted as they sat with them. We saw that where people were assessed as being at risk of not eating or drinking enough had tier intake recorded. However, we did note that a fluid intake target was not set and the amount of fluid consumed was not tallied. We spoke with the management team about the importance of setting this target and checking it to ensure they could seek appropriate medical advice or offer additional support if needed.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. A relative told us, "The medical care here is very good, they respond immediately to any concerns."

We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists.

We spoke with two visiting healthcare professionals during the course of this inspection and both gave us positive feedback about the service provided. One health professional said, "It is a really nice home, it has such a good feeling and you only have to look at the patients to see that they are well cared for." Another health professional told us, "The staff are very responsive to instruction; I have no concerns with the care provided."

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A person told us, "The staff are so kind, they will always help you." Another person told us, "The staff are definitely kind; they can't do enough for you." A further person commented, "This is a particularly nice home. The staff are good, they have time for us."

A relative told us, "I have only compliments so far, everyone has been very caring and patient. [Person] is quite new here and they [staff] have been very caring and patient letting [person] settle in at their own pace."

Staff were calm and gentle in their approach towards people. One staff member told us, "I am happy here, the staff definitely care and people are well looked after. It is a good team from the owners through the whole staff team."

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, at lunchtime we heard the staff members ask, "Would you like an apron on to save your lovely cardigan? You don't have to if you don't want to." When a person declined to wear an apron their decision was respected.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Confidentiality was a subject that staff were reminded of at meetings and handover. Following the last inspection a key pad was added to the care plan cupboard to improve their security. However, we did note that when we arrived some records were left out in the communal area. These were later put away but we brought it to the attention of the registered manager. They told us that they would check night staff were not leaving these out rather than storing them correctly.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs and maximise their independence. For example one care plan stated, "[Person] may struggle with small buttons and cuffs so will require assistance with this. Staff need to try to use the same structure and order to the task each day. This will help [person] to re-learn the steps through repetition and practice."

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. For example, a person recently admitted to the home had not adjusted to the set mealtimes. The cook told us that this person's meals were provided for them at a time that suited their individual needs.

People told us that their needs were met in a way they liked. One person told us, "It's like home from home." People's changing needs were responded to appropriately and actions were taken to improve outcomes for people. For example, one person's needs had escalated such that they required additional support in the late afternoon and early evening. Staff told us that a member of the management team would stay on duty a little later to provide the additional support required. This demonstrated that people's needs were responded to and actions were completed to improve outcomes for people.

There were activities each morning for people to join in with. There was a quiz going on in a communal lounge area during the morning of the inspection. We found that there were also regular outings which people enjoyed. A person who used the service told us, "We have had a couple of outings recently. We went to Hitch Wood, the bluebells were lovely. Another time we went out for a pub lunch. It made a terrific difference; it was so good to get out and about." However some people told us that there was nothing much to do in the afternoons and we noted that people in their rooms may not be receiving the same level of stimulation. We discussed this with the management team who told us that they had recently introduced a sherry afternoon which was well attended and ended up being a good hub of conversation. They also told us that people in their room received some one to one time but they needed to improve the way they captured this and ensure it was offered more consistently.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. However there had been no complaints since our last inspection. The registered manager had developed a complaints log to ensure if a complaint was received it could be tracked efficiently. They told us that they walked round daily and dealt with any small issues or grumbles as they went. We discussed the benefits of recording these to help demonstrate any remedial action taken and to enable them to identify trends in issues emerging.

Is the service well-led?

Our findings

When we last inspected the service we found that the provider was not displaying their rating inside the home or on their website. At this inspection we found that the website included the correct information but the rating was not displayed in the home. A member of the management team told us that the report was normally in reception but it had had coffee spilt on it so needed replacing. This was something that needed to be addressed promptly to ensure they comply with the regulation.

When we inspected the service on 14 October 2016 we found that governance systems to monitor the quality of the service were not robust. At this inspection we found that the service was developing systems to help ensure they could identify any issues and resolve them in a timely way.

Audits had been developed and these had action plans. We saw that they did identify issues, such as a discrepancy in medicines quantity. However action taken to resolve this was not clear, we were told that it was discussed at the senior staff meeting but it was not documented clearly. The registered manager told us that all actions will be recorded going forward. We also saw that they had implemented a training matrix to help them check when staff training was due. They told us that they planned on introducing a spreadsheet which highlighted when things were due to further improve the system. A care plan audit was about to commence and this was to cover all areas of the plans. There was a monthly manager's audit and this now included an action plan as needed. We discussed with the management team the benefit of having merged action plans to streamline the system and help ensure all actions were reviewed regularly. They told us that they were developing this and sent us a template following the inspection. Other improvements included better handover systems, a thorough induction process to ensure staff started with the correct knowledge and information, a more detailed staff rota and a dependency tool to help inform staffing levels. The registered manager and members of the management team were also attending regular training to help increase their knowledge and receive external advice about good practice. However, the audits and checks completed had not identified all of the safety issues we found. Therefore, they had not addressed the safety issues in the home. This was an area that they needed to improve their knowledge in to ensure people's safety was promoted and they complied with regulations.

There had been a new deputy manager appointed who came with a number of years of experience and knowledge and they were using this to help the registered manager develop new care plans and provide guidance for staff. We noted that this guidance was in the communication book in addition to on the floor to help ensure staff were kept informed.

Following the feedback at the end of our inspection in relation to areas that required improvement, the registered manager sent us a detailed action plan which addressed all the issues. Some of which had already been resolved. This demonstrated that they were dedicated to improving the quality of the service and working with us to do this.

Staff meetings and resident meetings had commenced. We noted that there were no set agendas. We discussed with the management team the benefits of agendas to enable people to prepare and all

important subjects be covered. They told us that actions arising from these meetings will be added to their new merged action plan. There had been a resident's survey introduced. This had just been sent out to people and the registered manager told us they would send us the results when all responses were compiled.

The registered manager was now keeping a diary of when all equipment and safety checks were completed. They told us this was to help them identify due dates for testing.

People who used the service and their relatives knew the registered manager and owner by name and felt that they were approachable with any problems. One person told us, "The management team are very nice and absolutely charming." Another person told us, "I do know who the management team are, they are lovely. They run a good home." A relative of a person who used the service told us, "It is absolutely perfect. The owners are hands on and make themselves readily available for both residents and relatives."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement.

Staff members told us that they read the communication book and handover book when they came on duty to check if there had been any changes to people's needs since their previous shift. One staff member told us, "I am confident that I know what I need to know at the start of a shift."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured that people's safety was consistently promoted.