

Qualia Care Limited

Simonsfield Residential

Care Home

Inspection report

1a
Sunbury Road
Liverpool
L4 2TS

Tel: 01512607918

Date of inspection visit:
21 August 2019

Date of publication:
18 October 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Simonsfield is a residential care home providing personal care to 36 people aged 65 and over at the time of the inspection. The home is registered for up to 36 people. Accommodation is provided in single bedrooms.

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

Everyone we spoke with said they felt safe and enjoyed life in the home and had actively chosen to move there. They felt they had a sense of purpose and led active and fulfilling lives due to the environment, contact with the community and the support and approach of staff members.

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 felt in complete control of their care and able to contribute to the running of the home. One person summed it up by saying, "I came for a look around, I chose to live here, the best thing I ever did".

Care and support was delivered on an individual basis and the occupants of the home decided their daily routines. Care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities which were meaningful to them for example gardening, shopping and social activities. We witnessed that several activities happened at the same time offering further choice to the activity schedule.

Professionals spoke extremely highly of the home and how the staff were able to support people to have excellent outcomes and be supported until the end of their life extremely well in an individualised way. They commented on the lovely atmosphere in the home, with people laughing and relaxed in the company of staff.

Thorough recruitment and staff induction were in place to ensure that staff were suitable to work and provide support within the home. Staff had access to training. Champions had been identified to improve and build upon different areas of care by looking at best practice and how this could benefit people in the home.

People had access to food and snacks throughout the day, food was well presented, plentiful, varied and freshly prepared.

Healthcare records were kept to high standards and staff knowledge of individuals was extremely good. This enabled staff to recognise early changes in people and early access to primary healthcare services this ensured excellent continuity of care. Community nurses told us that they considered the care in the home to be effectively managed.

Relatives spoke of the caring staff and how they went above and beyond to ensure their relatives were

happy and comfortable in the home. One relative summed up many people's comments. They said, "The staff here are lovely, my priority is my mum's safety and I believe she is safe here". Any minor issues within the home were dealt with prior to becoming complaints, everyone felt that their views were respected, and they could offer feedback on the home which would be respected and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published July 2018). Since this rating was awarded the registered provider has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Simonsfield 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team

The inspection was carried out by one inspector.

Service and service type

Simonsfield residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. 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 looked at two people's care records and checked three records relating staff administration of medicines and training. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment supervision and training information for two staff. We visited the home and met with everyone living in the home and spoke at length with five people living in the care home.

We spoke with six members of staff including, support workers, senior staff, domestic support staff and the registered manager. We also spoke with two relatives and three nurses from the community district team.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were received, stored administered and disposed of safely.
- Staff administering medication were trained and underwent checks on a regular basis to ensure their knowledge was up to date.
- The home ensured that medication was reviewed regularly and helped support people to reduce their medication, helping to achieve good outcomes. People were supported to self-medicate to maintain independence.
- Records were clear on what level of support people required with their medication.
- Medications were stored safely, and we saw from records that people received their medication at the prescribed times. Audits were completed daily to ensure errors were detected at an early stage.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse, there was a positive approach to risk taking and people were fully involved in decisions about how known risks were managed. This had resulted in people having confidence to take control of their own safety.
- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern. One person told us, "I feel very safe". A relative said "My father is well looked after here, I feel he is very safe", another said "I sleep a lot better since my mum came here".

Assessing risk, safety monitoring and management

- Falls were kept under review, and the home worked collaboratively with other healthcare professionals and the community nursing team to be kept abreast of best practice in this area.
- Audits and checks were completed in respect of the environmental risks so that people lived in a safe environment. Records were maintained of the water temperatures throughout the home to ensure they were not in excess of safe levels.
- People living in the home had a variety of risk assessments in place according to their needs and various activities they were involved with including day trips. These promoted positive risk taking to ensure they had fulfilled lives.

Staffing and recruitment

- The home operated thorough and consistent recruitment processes.
- We observed people being supported with their needs promptly throughout our visit.
- There were enough staff to provide safe, consistent care that met the needs of the people living in the home. Staffing was adjusted and increased if people wanted a staff member to attend external meetings/

appointments or events with them, or their needs changed.

Preventing and controlling infection

- The environment was exceptionally clean and well maintained.
- There was dedicated domestic support in the home for cleaning and laundry. Visitors told us that the home always smells fresh and clean whatever the time of day.

Learning lessons when things go wrong

- All accidents and incidents were clearly recorded along with the action taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to minor issues raised through to more significant incidents.

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 available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before people moved into the service information was obtained and comprehensive assessments were completed relating to their needs.
- Care plans demonstrated that staff worked alongside people to help them to maintain independence.
- Care plans were thorough and comprehensively covered people's needs and preferences.

Staff support; induction, training, skills and experience

- New staff received a thorough induction and there were ongoing competency assessments and refresher training available to staff. To ensure staff had the right skills and qualities for the role.
- There was a clear training program for staff and this was monitored by the manager to ensure staff completed their training requirements.
- Staff told us they were never asked to undertake tasks they did not have the knowledge or training to do.

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

- Staff supported people with maintaining a healthy diet.
- Meal times and snacks were seen as a social occasion. Food was well presented and tables were set for each meal with tablecloths, crockery and glassware.
- Food was prepared from fresh, people had mixed views about the food. Some told us it was "lovely", "very nice indeed". Others said that the food was not always to their taste. Overall people told us, we get plenty to eat, and other options were always available.
- Records were maintained of what people ate and drank to ensure they received enough food and drink. It was noted that people were maintaining healthy weight.

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

- Care plans contained information relating to the health professionals involved with the person's care. Visits from healthcare professionals were recorded and were up to date and accurate and included clear outcomes.
- Healthcare professionals told us that they found the records up to date and easy to access. One commented "They are better than most we've seen".

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.

We checked whether the service was working within the principles of the MCA.

- We saw that mental capacity assessments had been completed to consider whether people were being deprived of their liberty.
- The service supported people to make a variety of decisions relating to their care and support and lifestyle choices.
- Paperwork in relation to MCA and DoLS was clear appropriately completed. Applications for DoLS had been submitted where required.
- Where DoLS had been authorised any conditions were managed appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

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

- People and relatives were treated as active partners in their care. They provided information to the home which helped improve their lives. There were numerous examples where the person's wellbeing had improved after moving into the home. One person told us, "I chose this home as it was very close to where I use to live and I know the area and have friends here".
- Regular meetings took place with the staff team and activities coordinator to discuss how people could be involved in the home. People felt they could contribute both to the running of the home and to events within the community.
- We saw different ways in which people were involved. This included suggesting improvements to the garden with planting containers and the addition of a social shed with a beach theme.
- People told staff they wanted to engage with young people and arrangements were in place for children from schools to visit the home.
- This inclusion gave people a sense of empowerment. However, people who smoked did not feel their wishes were considered as there was no smoking in the home.
- The whole team including ancillary staff and catering staff knew people well and enjoyed spending time together.

Respecting and promoting people's privacy, dignity and independence

- Relatives and people spoke of staff being exceptionally discreet with their support, so people did not feel dependent upon staff and staff did not take over. For instance, wherever possible people were encouraged to self-medicate, however staff would support if people wished or needed assistance.
- We did discover that personal information contained in the daily notes was not securely stored and were left in the lounge. We spoke with the manager who addressed this with staff immediately.
- People had access to advocacy services and their own solicitors as required.
- People were encouraged to keep their interests and were supported to continue to attend activities outside the home and in the community.
- A relative described her complete satisfaction to know that her mother was fully active and had plenty to do throughout the day in such a loving and caring environment. Which had exceeded all her expectations of residential care.
- Staff promoted and respected people's relationships with each other. Staff remembered people's experiences and families and facilitated chats about past activities. Staff were very knowledgeable about the people living in the home.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives provided feedback about the way they were treated. One person said, "The staff are caring and go above and beyond".
- There was an exceptionally strong person centred culture. Staff went out of their way to ensure that people were respected as individuals, for the role they had played in society and continued to play. Consideration was given to people's cultural backgrounds.
- Staff were fully familiar with people's likes and preferences including their previous roles and life experiences. Staff aimed to adapt care and support to, creating a truly person-centred environment. We observed staff using this detailed knowledge to encourage people to engage in activities and reduce social isolation.
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and individual caring interactions between staff, people living in the home, and the relatives. Staff frequently sat with people at mealtimes and other points in the day making for an inclusive and positive atmosphere.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were seen very much as individuals and each person had an individualised care package. This meant they had appropriate staff support to encourage support and activities in line with their preferences.
- The home's care and support of people was very person-centred. Care plans were discussed with people and clearly reflected their identified needs, likes, preferences and personal history.
- Staff had a very good understanding of these needs, the risks associated with these and how to reduce them. They were updated regularly in order that staff were fully up to date with people's needs and wishes.
- People's care plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.

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 home had resources available to provide information to people in a variety of ways, including large print.
- One relative showed us a book that the activities coordinator had developed to assist staff communicate with her father.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home.
- Staff supported people to attend clubs externally or visit friends, attend community activities. People led their own activities programme and decided whether to participate or not.
- The activities coordinator maintained records of who attended events and activities, so that they could monitor if people were becoming isolated.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure.
- Staff and people felt confident to provide feedback to the management team about their experiences and told us they were very happy to do so. One person told us, "I have no complaints", a relative said you only have to mention something and it's sorted".

- Staff were accountable and took responsibility if there were errors or mistakes and looked at how things could have been handled in alternative ways.

End of life support

- At the time of our inspection nobody was receiving end of life care, although the service did have policies and procedures in place to manage and provide for end of life care.
- We saw details were clearly recorded about people's wishes as well as their relatives' thoughts.
- We saw many thank you cards from people who had recently passed away, commenting on the exceptional and personal care provided at the home.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Ratings from our last inspection were displayed in the home although they related to the previous provider as this is the first inspection under the new provider.
- The manager had informed us of incidents and accidents as required by legislation.
- A comprehensive range of audits and checks were undertaken by the management team and they were highly effective in maintaining a very high performing organisation.
- The managers worked alongside staff modelling and demonstrating high standards of care.

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

- There was a positive attitude toward work and providing support to the people living in the home. One staff member said, "I just want people to have the best life possible".
- There was a strong commitment to equality and inclusion with a strategy in place to support staff members with disabilities and additional learning needs.
- The service had an up to date selection of policies and procedures to guide staff in the care delivery.
- The senior management team and all staff were engaged and transparent throughout the inspection process.

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

- Staff enabled people to retain their independence and supported every aspect of their lives to enable them to continue to live them as fully as they wished.
- People were involved in the development and delivery of their service on an individual basis, through regular reviews, safety checks, surveys and meetings.
- The service celebrated many festivals and ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations.
- There was a strong focus on learning from incidents and adverse events. For example, we saw where

things had not gone as well as they could, or when audits highlighted shortfalls the; service had analysed this in detail and put measures in place to improve the quality.