

Lazyday Investments Limited

Sloe Hill Residential Home

Inspection report

Sloe Hill
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St Ippoyts
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Tel: 01462459978
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25 June 2019

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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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Sloe Hill Residential Home provides support with personal care for older people, some of whom live with dementia. Sloe Hill Residential Home accommodates 28 people in one adapted building. At the time of the inspection there were 19 people receiving personal care.

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

People felt safe having their care provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being. However, we found for one person appropriate, risk assessments were not in place.

The home remained clean throughout the inspection and staff received appropriate infection control training. However, cleaning schedules were not in place to allow the registered manager to monitor infection control appropriately.

The provider had not ensured the environment was dementia friendly to promote people's wellbeing. We have made a recommendation about dementia friendly environments.

Staff understood how to keep people safe and report any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked in conjunction with guidance from external health and social care professionals across different organisations to help promote people's well-being.

Staffing levels were reviewed to make sure they were satisfactory to meet the needs of the people using the service. Medicines were safely managed.

Staff knew the people they supported. Staff received regular training, supervisions and appraisals. People were supported to maintain their independence. Staff promoted people's food and drink intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who had a good understanding of their individual needs and preferences.

People and their relatives told us staff were kind and caring. People's personal information was kept confidential. People and their relatives were involved in discussions about their care and felt that staff and the registered manager knew them well. People told us if they had to raise any concerns, they would be confident they would be listened to and the concern resolved where possible.

Staff felt supported. Audits were carried out to monitor the service. The registered manager notified the CQC of incidents that they were legally obliged to.

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 requires improvement (published 29 June 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 care.

Details are in our care findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Sloe Hill Residential 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 undertaken by one inspector 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.

This inspection site visit took place on the 25 June 2019.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority contracts, safeguarding and quality improvement who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, a visiting professional, a volunteer and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "Oh yes, it's safe."
- Staff had a good understanding of safeguarding and reporting concerns. One staff member told us, "I would always report any concerns to the [registered] manager."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- A safeguarding policy was in place at the service and staff knew how to escalate concerns and report to other agencies such as the local authority or CQC.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and behaviours that may challenge.
- One person was at risk of pressure sores but remained in their wheelchair during the day. Staff were aware of the risks and encouraged the person to take breaks from the wheel chair. However, risk assessments were not in place. The registered manager told us this would be rectified immediately. We have discussed this further in the well-led section of the report.
- We did find relevant risk assessments were in people's care plans. Fire risk assessments were also completed to ensure people were safe.

Staffing and recruitment

- Staffing levels met the needs of people using the service. Vacancies were covered with regular staff or with agency staff.
- The provider had safe recruitment procedures and checks to ensure that staff were suitable to work at the service. This included checking references and ensuring any employment gaps were investigated.

Using medicines safely

- People received their medicines as prescribed. A person told us, "My tablets are fairly regular and on time"
- Staff received training in administering medicines and regular competency assessments from the management team.
- Staff completed medicine audits, any issues were discussed with staff in team meetings.
- People who took medicines prescribed to be taken 'as and when needed' (PRN) had clear protocols in place for the administration of these.

Preventing and controlling infection

- The service was clean during the inspection
- Staff used personal protective equipment such as gloves and good hand hygiene practice to aid infection control. These practices were discussed at staff meetings to ensure staff followed best practice.
- Cleaning products were kept locked securely away from other areas of the service.

Learning lessons when things go wrong

- Senior staff and the registered manager shared lessons learnt amongst staff in meetings and supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they began using the service
- Assessments were completed, and people's choices and preferences were documented.
- People were happy with the care and support they received.

Staff support: induction, training, skills and experience

- People said staff were competent. One person told us, "Staff know what they are doing."
- Staff made positive comments about their induction and told us that it involved lots of training and shadowing experienced staff. (Shadowing meant new staff would work with experienced staff as part of their training until assessed as competent to work independently). One staff member said, "I had an induction, and this included shadowing. It gave me a chance to say actually I can do this."
- Staff told us about the training they took part in as part of their job role, including moving and handling and safeguarding. One staff member said, "This is a good care home, I get regular training." Another said, "They are hot on the training, we recently did fire training and evacuation plans."
- Staff received regular supervisions and competency assessments to ensure they remained competent in their job roles.

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

- People were supported with their food and drink requirements
- People were happy with the food. One person said, "The food is very good." One relative told us, "Yes, the food is good, and they are very accommodating. They know preferences. They will make something different if the choice is not something they like. I've eaten here a couple of times."
- There were guidelines in place for people with specific dietary requirements. Staff understood people's dietary requirements.
- There were alternatives on offer for people including a daily vegetarian choice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received care on time.
- One person confirmed that the doctors come straight away when needed.
- We saw evidence of other professionals involvement to ensure people received appropriate care and support.

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

- The environment was clean and well-kept. People's rooms were personalised, and people were able to utilise the space in their rooms to their own preference.
- Signage for people with dementia was not appropriate to meet people who lived with dementias needs
- Communal areas were not dementia friendly. For example. There were no areas of interest for people in the corridors. One lounge had a patterned carpet. the use of colour and contrast can be helpful for people with dementia, but heavily patterned carpets should be avoided. Dementia can bring visual challenges, as the problems within the brain that cause memory loss can also affect sight. This, coupled with general age-related eyesight deterioration, can make it increasingly difficult to discriminate different textures on the floor. For example, shiny surfaces can appear wet, and dark surfaces can look like holes. Floor patterns such as those found on carpet can cause illusions.

We recommend the provider consider current guidance on providing a dementia friendly environment. Simple changes to create a more dementia friendly care home environment, can have a positive impact on a person living with dementia their emotional wellbeing and independence.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access their GP and other health professionals when required.
- People's appointments with health professionals were documented. For example, one person had recently had their hearing aids mended.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff always asked for consent before supporting them. One person told us, "Staff always ask me what I want."
- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

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; equality and diversity

- People and relatives told us, that staff were kind and caring. One person said, "Staff are nice; kind." A relative told us, "Yes staff are always kind and caring. I never see anyone who is irritable."
- Staff told us, "We have good team work here, and people get good care." One person said, Staff are lovely, they care for you. Staff show me kindness."
- People's cultural and religious beliefs were respected and documented. People were supported with their religious beliefs and preferences.

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

- Staff sought people's views about their care. Regular meetings took place where staff asked people for their opinions about the service. One person told us, "We are asked at resident meetings, what we want to eat and what we want more of, they listen to us."
- People were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. We saw staff asking people if they could support them before doing so. Staff knocked on people's doors and waited for a response. One person said, they knock on my door before they come in."
- People were supported to be independent. One staff member told us, "I encourage people to do what they can." One person said, "I couldn't have found a better place."

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.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, what time people wanted to get up.
- People were able to make choices and staff promoted people's independence as much as possible. One person told us, "Staff are lovely, we have lots of chats."
- On the day of the inspection people were on their way to a local tea room. One lady told us on their return, "We went to the tea rooms, I had a large slice of cake. We go out about once a month."
- Staff organised various activities such as, dominoes, singing, gardening, knitting, baking, outings and entertainment. However, there was not a separate role for an activity coordinator, instead two care staff took the lead for activities. This meant during busy periods care work took priority over people's activities.
- An external person visits most weeks to do gentle exercises. When planned activities are one to one time, staff offer manicures to check peoples' nails at the same time as doing their manicure.
- The registered manager told us, "We have increased activities during the afternoon and one to one activity. We always ask people if they want to participate and we encourage them to do so as much as they want." One relative said, "There's a quiz once a week, knitting and armchair exercises, the hairdresser comes and the chiropodist, a summer fete each year and the Christmas party. Santa comes and a singer etc. People can do as much or as little as they like."

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints should they need to. One person told us, "I would speak with staff." A relative said "I would go to [the registered] manager. They are around regularly."
- A complaints procedure was in place. Complaints received had been dealt with to the satisfaction of the complainant.
- The registered manager confirmed all complaints received a response and were investigated thoroughly.
- There were thank you cards and letters about the lovely care and support provided by staff.

End of life care and support.

- People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible. The senior told us, "We have received palliative care training."
- The registered manager confirmed at the time of the inspection no one was receiving end of life care.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- At the last inspection we found that appropriate risk assessments were not always in place. At this inspection we found for one person who was at risk of developing pressure sores, a risk assessment and guidance for staff were not in place. The registered manager confirmed they would rectify this immediately.
- We spoke with the registered manager about the importance of accurate records to ensure people were supported appropriately.
- There was no cleaning schedule in place, staff did not document what areas of the home had been cleaned to ensure infection control was managed appropriately. This meant the registered manager could not effectively audit the cleanliness of the home. The registered manager has now implemented a cleaning schedule that includes deep cleaning.
- The provider had not considered current guidance on providing a dementia friendly environment.
- There were clearly defined roles for staff working in the home. Staff had clear lines of responsibilities.
- Staff felt valued and listened to by their managers. Staff received one to one support appropriate for their job roles. Staff were also supported to acquire and maintain skills and abilities to provide people with effective care and treatment. One staff member said, "I have recently completed my National Vocational training level three."
- Accidents and incidents were used as an opportunity for learning and improving. For example, the registered manager monitored incidents for trends and patterns.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People knew who the manager was and who they could talk to if they needed. One person said, "Yes, I know the manager."
- Staff told us the registered manager was visible around the home. Staff felt listened to and told us the registered manager's door was always open if they needed support. One staff member said, "I do feel supported, we are a small care home. We know each other and any problems we can go to the deputy manager or senior. I feel they listen."
- The registered manager felt supported and confirmed they attended management meetings, where they shared best practice and good ideas.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. There were regular meetings at the home where managers as well as staff attended. We saw from documented meetings people were supported to express their views. People who were unable to attend meetings were supported with one to one meeting to ensure they had a voice.
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. Information from these were used, if required, to identify improvement opportunities.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The registered manager and staff team worked in partnership with representatives from key organisations. These included GP's, occupational therapists, district nurses and dietician to provide joined-up care and support.