

Simiks Care Limited

Shila House

Inspection report

49-53 Main Avenue & 1 Poynter Road
Bush Hill Park
Enfield EN1 1DS
Tel: 020 836 78774

Date of inspection visit: 9 December 2014
Date of publication: 15/04/2015

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



Overall summary

At our previous inspection of the service which took place on 10 February 2014 we found that the provider was not meeting the regulation in relation to safe management of medicines. The provider sent us an action plan to tell us what improvements were going to be made.

This inspection took place on the 9 December 2014. Shila House provides support and accommodation for up to 14 adults with mental health needs.

There were 11 people living at the service when we inspected. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Some areas of the building were hazardous to people, staff and visitors due to inadequate maintenance of the premises.

People told us that they felt safe. Staff knew how to recognise and respond appropriately to incidents or allegations of bullying, harassment, avoidable harm and abuse. Staff were aware of people's individual risk assessments which included people's mental health, handling money and falls.

Summary of findings

People told us there were enough staff on duty with the right skills. Effective recruitment procedures were in place to ensure that staff employed were suitable and had the necessary skills to work in the service.

Medicines were administered, stored and disposed of correctly and staff had received training in relation to the safe management of medicines.

People told us they were receiving the care they needed and that they knew the staff. People told us and we saw that staff had the skills and knowledge to carry out their roles and responsibilities. Staff were aware of people's preferences and they had the necessary skills to provide care to people using the service.

Staff were supported and monitored to deliver care and treatment to people to an appropriate standard. Regular supervision sessions, appraisals and training had taken place.

Staff were aware of people's capacity to make decisions, however most staff had not received recent training in the Mental Capacity Act 2005 (MCA). Staff obtained people's permission before giving them care and support.

People were supported to maintain good health and have access to healthcare services and receive healthcare support. This included doctors, mental health specialists and occupational therapists. People were supported to receive adequate nutrition.

We saw and people told us staff showed compassion, dignity and respect towards people. People and people significant to them told us people were treated with dignity and respect. People were listened to and were encouraged to make their views known. Regular residents meetings were taking place.

People told us they received personalised care responsive to their needs. Some people participated in the activities available. People had regular one to one sessions. Staff handover meetings provided continuity of care.

People, people significant to them and staff were encouraged to raise concerns about the service. The provider had systems to listen and learn from people's experiences, concerns and complaints and improvements were made.

People told us that the registered manager and staff were approachable. People and staff were asked for their views about the service.

Accidents and incidents were investigated and lessons learnt were shared with staff. The provider audited the service. Some audits for example the premises audit were not effective whilst others for example medicines management were.

The provider worked with the local authority to implement best practice including staff training and policies.

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?

Some aspects of the service were not safe. Areas of the building were hazardous to people using the service, visitors and staff.

Systems for the management of medicines were safe.

Staff knew how to recognise and respond appropriately to allegations abuse and were aware of risks to people. There was effective recruitment of staff.

Requires Improvement



Is the service effective?

The service was effective. People told us they were receiving the care they needed.

People were supported to receive adequate nutrition.

Staff had the skills and knowledge to provide care to people using the service. Staff received regular supervision sessions, appraisals and training.

People were supported to maintain good health and had access to healthcare services.

Good



Is the service caring?

The service was caring. Staff showed compassion, dignity and respect towards people, and people told us staff were respectful.

People told us they were listened to and encouraged to raise concerns.

Good



Is the service responsive?

The service was responsive. A detailed assessment of need was carried out by the provider.

People told us that staff were responsive to their needs.

The provider acted on complaints and concerns and learned from these to improve the service.

Good



Is the service well-led?

The service was not always well-led. People may have been put at risk because some systems for monitoring quality were not effective.

People told us that the registered manager and staff were approachable.

Staff were involved in developing and improving the service and best practice was shared with staff.

Requires Improvement



Shila 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 unannounced inspection took place on 9 December 2014. The inspection was carried out by two inspectors.

We reviewed all the information we held about the service before our visit. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications of significant events that the provider is required to send to us.

There were 11 people using the service on the day of our visit. We spoke with all of them and two people who were visiting people using the service. We looked at the care records of three people and two staff records. We spoke with four care workers, the registered manager and the provider.

We observed care and support being provided to people. We looked at records and reviewed information given to us by the provider and registered manager. We looked at audits and incidents logs, 'resident' meeting minutes, staff meeting minutes and staff records and a selection of the provider's policies and procedures.

We contacted local commissioners of the service and a social worker who supported people at the service and obtained their views.

Is the service safe?

Our findings

People told us that they felt safe and that staff protected them from harm. For example, one person told us, “I feel very safe.” People said that they would speak to relatives, staff or the registered manager if they were worried about something. One person who was visiting someone who used the service told us “It’s a safe place.” Despite these comments we found that some aspects of the service were not safe.

We found hazards that were a risk to people, staff and visitors using the premises. Staff told us about electrical faults and we saw exposed wiring in a shower room. We told the registered manager and an electrician attended to the exposed wiring during our visit. Some fire doors were not closing effectively and one door lock was on the wrong way round which prevented the door from self-closing. The ground floor communal toilet had a very strong smell of urine as did one bedroom. We were told about how the service was trying to manage this, however cleaning was not effective. Some shower facilities were in disrepair with missing tiling and a wash hand basin that was not securely fixed to the pillar. There was penetrating dampness to the ground floor rear hall. A window restrictor was missing to one first floor bedroom. Cupboards in the activities room were in disrepair, were unlocked and contained builders tools including screwdrivers and a saw. The registered manager told us that arrangements had been made for these issues to be addressed.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Gas, electricity, water and fire detection systems were being regularly serviced.

At our last inspection on 10 February 2014 we found that medicines were not managed safely. For example, we found that people’s allergies had not been recorded on their medicines administration records (MAR) which could have presented a risk to the person if medicines were administered that caused an allergic reaction. In addition we found that the provider’s medicines policies and procedures did not reflect staff practice and there were gaps in some MAR that had not been identified in the medicines audits carried out.

During this inspection we found that medicines were managed safely. For example, records were kept of medicines received, administered and disposed of, which were clear, accurate, and up to date. Medicines were regularly reviewed by the GP and when changes were made to people’s medicines, we saw that these were documented clearly. A medicines communication book was used by staff to record tasks, changes or issues with medicines management. Medicines were being stored appropriately.

Information leaflets were available and a poster was displayed in the medicines room so that people and staff had access to information about medicines. Staff were able to tell us of some general side effects of medicines and supported people to take their medicines as prescribed.

Where people had allergies, this was recorded clearly for their safety and staff were aware of those allergies. Staff made clear, accurate and timely records when they administered medicines.

The provider’s policy had been updated and reflected the homely remedies stocked by the service. Regular medicines audits were being made and the registered manager was able to tell us about identified shortfalls that had been addressed. For example, there had been an excess of eye drops for one person and staff had been told to ensure eye drops were not over ordered. We saw that medicines were disposed of safely, and regularly.

We saw that staff had received recent medicines management training. Records of medicines best practice meetings and staff meetings showed instructions given to staff and improvements that had been made to the management of medicines. Daily spot checks were made in addition to the weekly audit and any staff making an error would be removed from the competent list.

Records showed that individual risk assessments and management plans were completed in order to minimise risks and keep people safe. Staff were aware of these assessments which covered areas such as people’s mental health, handling money and falls. Staff reviewed risk assessments and followed up any concerns about people’s welfare. Crisis plans were in place where necessary to promote people’s safety. Staff told us and records showed

Is the service safe?

that talking behaviour therapy was used to reduce behaviour that challenged the service. We observed that staff followed people's risk management plans in response to situations where people became agitated.

The provider's missing persons protocol was used and understood by staff. Personal emergency evacuation plans were in place for people who had mobility difficulties and the provider had a business contingency plan for foreseeable emergencies which included an emergency evacuation plan.

People told us there were enough staff on each shift to meet their needs. One person told us, "Staff get it all organised and things run well."

The registered manager told us that staffing levels were assessed by establishing the dependency levels of people individually and across the service. A shift plan was used to allocate tasks to staff on each shift based on people's needs. We looked at previous staff rotas and those planned for the week ahead. Four staff including the registered manager were on the day shift. Between 5.30pm and 9pm for most of the week there were two staff on duty. At night there were two staff with one waking and one sleeping. The registered manager told us that after 5.30pm most people went to their rooms and this was a quieter period when less staff were needed.

Staff told us they could ask the registered manager for more staff if needed. Records showed that a senior staff member was present on all shifts. The registered manager told us they had interviewed for a volunteer to support people using the service and were awaiting the outcome of the recruitment checks.

Effective recruitment procedures were in place to ensure that staff employed were suitable to work with people using the service. We reviewed two staff recruitment records which showed that checks were undertaken before staff began work. These included criminal record checks, two written references, evidence of the right to work in the UK, proof of identity and their employment history.

Staff we spoke with knew how to recognise and respond to incidents or allegations of bullying, harassment, avoidable harm and abuse. Staff were aware of the provider's safeguarding policies and procedures. Staff told us they would report concerns initially to the registered manager. Staff knew how to refer to external agencies where appropriate and were aware of the provider's whistleblowing policy.

Records of 'residents' meetings showed that people had been asked about their understanding of abuse and information had been provided to people on how to recognise and report abuse.

Is the service effective?

Our findings

People told us they were receiving the care they needed and said they had been involved in their care planning. Key information was passed between staff during the day and at handover meetings between shifts so staff coming on duty had the most up to date information about people's needs.

Staff had the knowledge and skills to provide care to people. When we asked people about staff skills one person told us, "They are alright, they know what they are doing." Another person told us, "They get it all organised, it runs well." Staff demonstrated that they knew people's needs. For example, one person had been encouraged to accept treatment which had improved their mental health and this was reflected in the person's records. Some staff told us that there had been an increase in the number of people using the service with complex and high dependency needs. Staff told us they obtained knowledge about people's needs by talking to the person, reading people's records and talking to other staff.

Staff were supported and monitored regularly by the provider and registered manager to deliver care and treatment to people to an appropriate standard. Records showed that staff received individual supervision to discuss their performance, any concerns and training needs. Regular appraisals of staff performance were completed which identified their strengths, any areas for improvement and how this would be achieved.

Records showed and staff confirmed that they had received induction training which included shadowing experienced staff. Staff received key training which included topics such as fire safety, food hygiene, health and safety, first aid, and medicines. Some staff had received additional training which included person centred care and dignity in care. One member of staff told us "I am getting support to do NVQ level 5; I have done some in house training on SOVA and medication."

The registered manager told us that all of the people using the service had the mental capacity to make their own decisions. No applications for Deprivation of Liberty Safeguards (DoLS) authorisations had been made to

impose restrictions on people in their best interests in accordance with the Mental Capacity Act 2005 (MCA). Most staff had not received recent training in the MCA however the staff we spoke with were aware of their responsibilities.

We saw staff asking for people's permission before giving care. For example, staff told us they would ask people if they wanted to do an activity and this was observed several times during the day.

People told us they had menu choices and enough to eat and drink. We saw people being offered an alternative to the planned menu choices. One person told us, "The food is very nice, I get enough food." Another person told us "I also get snacks and drinks."

Records showed the menu was varied and prepared on a four week cycle. Records showed that food choices were discussed at 'residents' meetings and adjustments were made following people's requests. Steps were taken to ensure food was correctly stored and remained nutritious. For example, fridge and food temperatures were logged to ensure food was served and stored at the correct temperature. Food opening dates were recorded on the food packaging.

Records showed people's dietary needs were assessed and took account of people's needs, preferences and allergies. Staff told us about one person who was diabetic and one person who was allergic to cheese and this was reflected in people's records. Specialist healthcare professionals were consulted where necessary including the person's GP. People told us and records showed that people's weight was regularly monitored as any significant loss or gain in weight could indicate health concerns. One person told us, "I was weighed yesterday."

People were supported to maintain good health and to access healthcare services and receive healthcare support. People's records showed their health was monitored and referrals were made to healthcare services including doctors, occupational therapists, community psychiatric nurses and speech and language therapists where necessary. People told us that staff made appointments for them when they asked them to. We observed that health needs were discussed at the staff handover meeting.

At our previous visit one person with mobility difficulties had an accident in their en-suite step up shower. Following the visit the provider had improved the person's access to bathing facilities by converting the en-suite facilities to

Is the service effective?

provide a level access shower. During this inspection we discussed some concerns with the registered manager. The rear yard from this person's room did not provide level access and was difficult for the person to use due to the design and changes in level which created a risk of falls.

We saw another person who had mobility difficulties whose room was on the first floor. We were told the person did not

have a walking aid and held onto rails or staff when going out and that there had not been any falls since admittance to the home. Records showed a referral had been made to an occupational therapist to look at providing additional support for this person.

Is the service caring?

Our findings

We observed that staff showed kindness and compassion towards people. One person told us, "They are kind." Another person told us, "Staff are nice and you are not pressed."

We spent time in the communal areas and observed how staff interacted with people. Staff approached people in a caring manner. On one occasion when a person was being given tea, staff asked them where they would like to sit and then asked them how they were feeling. One person was asked to confirm what they wanted for lunch as the member of staff told us they would often change their mind.

One visitor told us, "Staff are great." They told us staff had encouraged people to develop their independent living skills.

People told us that staff took account of their individual needs and they were listened to. Care plans included people's education, religious and cultural needs and their likes and dislikes.

People told us staff were approachable and one person told us, "They listen to what is said." One member of staff said "I find out information about people by talking to my colleagues, reading their reports and talking to the person."

One relative told us although they were not involved in the person's care at the service the person was happy. Some people told us their relatives or friends provided support to them with decisions about their care.

People were encouraged to share their views about the service. We saw that people participated in meetings and that staff listened to them.

Staff were able to tell us in detail about the needs of the people they worked with. Each person had a keyworker who supported them and met with them on an individual basis if they agreed to this. We observed staff engaging with people in a positive manner during our inspection.

People told us they were treated with dignity and respect. We observed staff knocking on people's doors before entering. People told us that staff always knocked before entering their rooms.

People told us their privacy was respected. One person who used the service said "If I don't want to do something then they would leave me." Two people we spoke with said they would go to their room if they wanted privacy. Staff told us if they noted someone was not treating someone with dignity and respect they would raise the concern with the registered manager.

Staff told us that people's friends and relatives could visit at any time. One visitor told us, "It is a most homely place." We saw that all confidential information was kept in the locked office.

Is the service responsive?

Our findings

People's care plans were reviewed regularly. The three people we spoke with were not able to tell us if they had a care plan or if they had been involved in care planning. Although one person said "They ask me what I want and then write it down." One member of staff told us people were able to express their wishes and said that people's relatives were involved when decisions had to be made about people's care. One visitor told us they attended and participated in review meetings.

Assessments included a psychiatric assessment, relapse indicators, health conditions and personal hygiene. People's goals and how to achieve them were included. For example, staff told us and one person's records showed that staff had been supporting them to cook their own meals.

We observed people approaching staff to support them with various needs. We noted staff tried to respond to people's needs in a timely manner. Where people needed to wait, staff explained why and attended to people when they were able. One person told us, "They respond quickly."

Activities that were available to people were displayed in the lounge. This included a coffee morning, art competition and board games. Staff were allocated each day to provide the activities. Some people's records did not show if they were offered or participated in activities. Records of 'residents' meetings showed that people were asked what activities they wanted. Two people had suggested going to the cinema which staff were to arrange.

People were provided with continuity of care. At the handover we observed that staff discussed people's needs

and provided an update about any changes. For example, one person was refusing care or to participate in activities. Staff discussed how they would try to engage with the person. Another person did not want to get up and staff visited them several times to persuade them.

The provider had systems to listen and learn from people's experiences, concerns and complaints. People were encouraged to raise concerns about the service. This included regular 'residents meetings', surveys and the provider's complaints procedure. The providers complaints policy and procedure and a suggestion box were displayed in the hall.

People told us they would speak to the registered manager or staff if they had any concerns. One person told us, "If I was worried I would speak to the lady here." The registered manager told us of two complaints that had been made by people using the service and records showed these had been dealt with appropriately.

Improvements were made to the service in response to people's concerns. People told us they had participated in a survey to ask for their views. The survey showed that some staff were not knocking on their doors. Following the survey records showed that staff had been reminded by the registered manager to knock and wait until people responded before entering their rooms. If the person did not respond staff were required to find another member of staff to accompany them to ensure the person was safe and to give the person time to respond. People told us that staff knocked on their doors and waited to enter. Records showed that people participated in the 'residents meetings' and raised concerns and made suggestions.

Is the service well-led?

Our findings

The service had a registered manager who was present during our visit. External professionals told us there had been recent improvements to the service which had been implemented by the registered manager. For example, the registered manager had improved involvement and support of staff, best practice meetings and had updated some policies and procedures.

External support and guidance was obtained by the registered manager to implement best practice. We saw that the office was well organised with best practice meeting minutes, staff rotas, activities for people and business contingency contacts displayed. Staff told us, "The manager is very good." A visitor told us, "The manager is fantastic and has the interests of people at heart." The registered manager and people told us that the provider visited the service several times a week and talked with people about their experiences at the service.

The provider's statement of purpose identified the registered manager and provider. The model of care and support was set out which included involving people in their care.

We spoke with the registered manager and provider about the arrangements that were planned to cover the registered manager's forthcoming short term absence. This included a deputy manager attending from another of the provider's services with support from another registered manager and the provider.

The service investigated and monitored incidents and accidents. Best practice meeting records showed these were discussed, lessons were learnt and improvements made. For example, improvements were made to medicines management. Records showed that staff were instructed to keep records updated including peoples risk assessments.

The service promoted a positive culture. People told us they liked living at the service. Steps were in place to include and empower people. This included one to one key work sessions, surveys and regular 'residents' meetings. The survey showed that people were satisfied with the service. However records did not show how people were involved in developing the service. A visitor told us they were asked for their views when they attended meetings. However, another visitor said they did not attend meetings and had not been asked by the service for their views.

Staff told us they were encouraged to raise issues and provide feedback on people's needs, those of the service and their own. Staff said they felt supported by the registered manager. One staff member told us, "I made suggestions about the medication and we moved to a new pharmacy and got new cabinets." Another staff member said, "If I have difficulties I will speak to the manager as they like everyone to develop." Staff told us they felt supported and the only issue they had was that improvements were needed to the building.

Audits of the service were being undertaken by the registered manager which included care plans and risk assessments, people's money and the premises. We did not see any evidence of recent audits by the provider.

An external medicines audit had recently taken place and records showed that the registered manager had implemented improvements that were highlighted. Staff told us the first aid box was being regularly checked but we found this was not being recorded. The registered manager told us this would be added to the weekly medicines audit. The previous audit of the premises was conducted in September 2014. We found disrepair and hazards to people and others that had not being identified or dealt with in a timely manner.

The registered manager and staff understood their individual accountability and responsibilities. Staff we spoke with understood their own roles and responsibilities as well as those of others in the organisation.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Service users and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (a)(c).