Lazyday Investments Limited

Sloe Hill Residential Home

Inspection report

Sloe Hill
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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

Overall summary

This inspection was carried out on 10 November 2015 and was unannounced.

Sloe Hill is a residential care home that provides accommodation and personal care for up to 28 older people, some of whom live with dementia. At the time of our inspection there were 21 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At our previous inspection on 02 May 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards. People's safety was promoted by staff who knew them well and were able to mitigate risks to people`s wellbeing. However there were not sufficient risk assessment recorded and plans available in care plans to

Summary of findings

ensure people were safe at all times. Care plans were not consistent in layout and information about people; they had no assessments to establish if a person was or not at risk of malnutrition (MUST) or risk of developing pressure ulcers (Waterlow).

People, their relatives and staff were very positive about the manager and the provider who was involved in the home and had established good relationships with them. There were systems in place to monitor and improve the quality of the service. However, these were not recorded consistently to provide an audit trail of the improvements made and the areas checked.

Staff were trained to recognise and report any signs of possible abuse. They were confident to tell us when and how they would report to managers or outside the home to local safeguarding authorities or the Care Quality Commission (CQC). People were cared for by staff who were knowledgeable about people`s needs and they provided care in a kind and respectful manner.

People were offered a choice of nutritious food in accordance with their needs and preferences. People had access to activities that complemented their interests and hobbies. However, some people felt the activities were not stimulating enough for them and they chose not to participate.

People were supported by the staff to attend hospital appointments and to have access to health care professionals when there was a need for it. Health and social care professionals were very positive about the staff team at Sloe Hill and the service they provided.

We checked whether the service was working in line with the principles of The Mental Capacity Act (2005) (MCA). We found that people had their mental capacity assessed and if they lacked capacity the manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the Local Authority. The manager and staff were familiar with their role in relation to MCA and DoLS.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There was enough staff to meet peoples` needs safely at all times.

Risks to people`s wellbeing were recognised and mitigated by staff however these were inconsistently recorded in care plans.

Staff were confident in recognising possible signs of abuse and reporting under the safeguarding procedures.

People had their medicines administered safely by appropriately trained staff, however best practice guidelines were not always followed when recording medicines.

Requires improvement

Is the service effective?
The service was effective.

People and their relatives felt staff were skilled and knowledgeable when caring for people.

Staff felt supported and trained to carry out their roles effectively.

Staff sought people's consent before providing care and support. Where people lacked capacity to consent, staff ensured that care delivered was in their best interests.

People were supported to eat a healthy balanced diet which was cooked daily from fresh ingredients.

People were supported to access a range of health care professionals to ensure that their health was being maintained.

Good

Is the service caring?
The service was caring.

People developed close relationships with staff who they considered friends.

Staff treated people with kindness and respect and they were involved in decisions about their care.

People's dignity and privacy were respected and promoted.

Good

Is the service responsive?
The service was responsive.

People received support as they preferred from staff who knew their needs and wishes.

Good

Summary of findings

People were provided with activities and outings were organised by the provider.

People were confident to raise concerns. These were discussed with staff and positive lessons were learned which improved the service provided.

Is the service well-led?

The service was not always well led.

There were insufficient systems used to monitor the quality of the service provided, manage risks and drive improvement.

People, their relatives, staff and professionals were complimentary about the leadership at the home and they had confidence in the manager, the provider and staff.

The manager was supported in their role by the providers who were closely involved in the service.

Staff told us they understood their roles and responsibilities and had confidence in taking matters to management and the provider.

Requires improvement

Sloe Hill Residential Home

Detailed findings

Background to this inspection

This visit took place on 10 November 2015, was unannounced and carried out by one inspector.

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 met 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 under the Care Act 2014.

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

During the inspection we observed staff support people, we spoke with nine people who lived at the service, three relatives, four care staff, kitchen staff, the deputy manager, the manager and the provider. We also spoke with one health care professional.

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.

We reviewed care records relating to three people living at the service, three staff files and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and well looked after by staff. One person said, "I have my bell and I leave my door open by choice, I do feel safe." Another person said, "I feel safe because it is the same staff working all the time and I know them well." One relative told us, "This is not an easy job and staff are very good in keeping people safe."

Staff explained to us their understanding of how to protect people from the risk of abuse and they were able to describe what form abuse may take. They knew people well and they were confident that they would be able to recognise any signs of possible abuse under the safeguarding adult's procedure. They told us they had confidence to report to management however they also knew how to report under the whistleblowing policy to external agencies such as the local safeguarding team or CQC. Information about safeguarding was easy to find around the home. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

People were supported by staff who demonstrated good knowledge of each person's ability and therefore managed risk appropriately. People were made aware of the risks associated with the activities they or staff had carried out. For example, we saw a staff member who was assisting a person to mobilise in a wheelchair and move from one area of the home to the other. Staff reminded the person to keep their elbows close to their body to ensure that they were not injured when the wheelchair was pushed on the corridors. People had risk assessments in place for various areas identified as a risk to their wellbeing. For example, risks of falls, moving and handling. However, these were not always completed to clearly explain what the risks were how the risks were mitigated to offer clear guidance for staff. Personal emergency evacuation plans in case of fire were not completed for each person.

A health care professional who visited the home told us that staff were good in recognising if people were at risk of developing pressure ulcers. They told us, "Staff here are very proactive. They [staff] are asking for pressure care equipment and for advice if they feel a person is at risk." However we found that the management had not used any tool as part of their assessment process to identify if people were at risk of malnutrition or at risk of developing pressure ulcers. We also found two instances where the air mattresses used to prevent people developing pressure ulcers were not set at the correct setting. This meant that although staff were knowledgeable about people`s needs and associated risks there were no records to ensure a consistent approach and response to different risk levels.

There were enough staff to meet people`s needs on the day of the inspection. People told us that staff answered their call bells promptly and supported them safely with their needs. For example, one person told us they often pressed their call bell by mistake but this had not caused a delay in staff response although they knew it could have been a call in error. This person told us, "Staff are wonderful and they will come and check if I am ok although they know most of the time I just lean on my call bell." Another person told us, "There are very few occasions when I wait a little while for my bell to be answered, there is enough staff around." One relative told us, "There are always staff around and they come and talk to us."

Staff employed at the home were long standing and there was a low turnover. This contributed to people`s needs being consistently met safely by staff. The manager told us they had advertised for vacancies recently and they were in the process out of completing pre-employment checks for the future candidates. For example, written references and criminal record checks. We found that staff employed had gaps in their employment which were not always investigated and interviews were not always recorded. We discussed the employment policy with the manager to ensure that they operated a robust recruitment process to ensure staff employed were fit to work with vulnerable adults.

People had their medicines administered by trained staff who were used safe practices. For example, locking the trolley when not in use and signing for the administered medicines. Medicines were managed, ordered and recorded by the deputy manager and manager. We found that medicines administration records were always signed by staff who administered medicines, medicines and boxes with medicines were dated on opening. However, we noted that in one case the quantity of medicines carried forward from one cycle to another were not recorded on the medicines administration record (MAR) which made it difficult to reconcile medication and handwritten entries were not countersigned in accordance with good practice guidance. We discussed this with the manager and they reassured us they were looking into this matter urgently.

Good

Is the service effective?

Our findings

People were positive about how staff met their needs. One person said, "The care is how I like it and when I like it. Staff are very knowledgeable and looks after me well." Another person said, "Staff know everything. I am very grateful for what they do for me." Staff demonstrated good knowledge of each person`s needs and had the skills to deliver care to meet those needs. We observed staff communicating with the deputy manager and manager in case they needed advice and support.

Staff told us they received appropriate training to enhance and develop new skills to help them do their job effectively. They told us they enjoyed working at the home. They took pride in their work and felt well supported in their role. One staff member said, "The management is very keen to support us to progress professionally." Another staff member said, "I have regular supervisions with managers, however I don't have to wait to discuss anything with them I just ask or discuss when I need to." A staff member told us they had a comprehensive induction training when they joined the home and they worked alongside a more experienced staff member until they were confident in how to meet people`s needs. They said, "I had to do all my training first and work with another staff member. I got to know the people first before I was allowed to work on my own."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 interest 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were knowledgeable about the principles of the Mental Capacity Act and what their role was in meeting the needs of people who lacked capacity. Staff ensured they gained consent from people before they delivered any aspect of care needed. One staff member said, "We always give people plenty of choices and we listen to what they want." For people who needed constant support and supervision, and those who were not able to leave the home on their own, the manager had submitted requests for DoLS authorisations to the local safeguarding authority.

People told us they were happy with the quality of the food provided at the home. One person said, "I like the food very much and we have plenty of choice." Another person said, "The food is very good. If I don't like what is on the menu I can order something else." Staff supported people to eat and drink throughout the day. We saw drinks, snacks and fresh fruit was available in different areas of the home. Meals were cooked daily from fresh ingredients and the smell from freshly baked cakes and food enhanced the homely feeling in the home and made people feel hungry.

Meal times were sociable events. People had their preferred table where they chose to sit and converse with other people. Staff discretely helped people if they needed to cut their food up and offered more drinks. One person told us, "They [staff] cut my food up for me and because my eyesight is not great they [staff] tell me where I have what on my plate." We observed one dining area being very quiet with music playing in the background for people who liked the calm environment and another dining area where people had loud conversations and socialised more.

People told us that the cook visited them every day in the morning to discuss and offer them choices for the day. They used this as an opportunity to give feedback on the food served and to plan for future menus. One person told us, "The cook comes around every morning to ask what we want for the day. I soon tell them if I am not happy with something. I told them about their mash potatoes being watery and they did improve and they got it right." People had their weight monitored monthly and any weight loss triggered a referral to the GP for advice.

People told us they were supported by staff to attend appointments outside the home if it was a need for it. One person said, "Staff will support me to attend my hospital appointments and to see my GP when I want." People also told us they were visited regularly by opticians and

Good

Is the service effective?

chiropodist. This meant that the provider helped to ensure people`s health and wellbeing was promoted and health care professionals were consulted to ensure the best possible outcome for people.

Good

Is the service caring?

Our findings

People who lived at the service and their relatives spoke highly about how caring and kind staff were. One person said, “I like it here. Staff are nice and kind to us.” One relative told us, “The care here are outstanding. The staff are continuous and they are wonderful.” People developed long standing relationships with staff and they considered them friends. One person said, “We know each other well, with staff they are friends more than anything.” One relative said, “They [staff] are extraordinary for us [family] to be able to leave [relative] in their care means they are doing a fantastic job.”

Staff provided care to people in a patient and compassionate way. For example, we saw staff give gentle reassurance to a person who was anxious and asked about their family. They sat down held the person`s hand and said, “We are here for you, your family will visit later today, don’t worry.” Although not every person we asked was aware of their care plan, they all said the care was provided in a way which suited them and they had a choice in everything related to their care needs. One person said, “I am not sure about my care plan or my reviews but I am happy with the care here and it is as I prefer.”

People and relatives told us there were very fond of staff. One person said, “Staff are so nice and they do anything for us. We spend time together and chat. I sometimes wish they could just sit and chat all the time.” One relative said, “I would like to see staff to sit and talk to people more, they [people] love them [staff].”

Staff told us that they enjoyed working in the home because they got to know people well. One staff member said, “We are a small and lovely team. We really got to know people well.” Another staff member said, “I am very happy working here. The level of care provided to people is brilliant.”

Staff treated people with respect and dignity, they knocked on bedroom doors, and they addressed people by their preferred names. One person said, “If I need my privacy staff will respect this and they always knock on my door.” Staff were welcoming toward visitors and they told us they knew how important it was for people to see their family. For example, a staff member told us that a family member who lived abroad visited a person in the home. They said they ensured the visitor was made welcomed by staff; they were offered drinks and a private area to spend time with the person. They told us that the person was very happy to see their relative and they wanted this happiness to last as long as possible.

We found that where people`s health declined and affected their quality of life or they were nearing the end of their life, the management organised best interest meetings. They involved the person, relatives who had the authority to take decisions about the person`s health and welfare and the person’s GP. They developed an `end of life` plan to ensure that the person was pain free, comfortable and cared for in a dignifying way. For example we saw that the person had asked to be cared for in the home and not to be sent to hospital. They asked staff to ensure their relative is with them in case their condition deteriorated. We were told by their relative that the staff involved them in every decision regarding the care of their loved one and they were able to spend as much time at the home as they wished. This meant that the provider had planned the end of life care in a way to ensure people could remain in the home where they were cared for by staff they knew well in a familiar environment.

Good

Is the service responsive?

Our findings

People told us that the care they received was personalised to them and delivered to their expectations. One person said, "I like it here because the care is personalised and staff will adapt to my needs. " Another person said, "I have a choice in everything, when I go to bed or get up, food, what I want to do." Relatives told us that staff communicated with them efficiently and involved them in the care of their loved ones where it was appropriate. One relative said, "Staff are so good. They call me if they had to call the GP for [person] to ensure I can attend if I want. If not they call me back with an update." Another relative said, "We have an ongoing dialog with staff and I don't feel the need for a formal review. They [staff] always call me if I need to know anything." Care plans were regularly reviewed by the key workers and changes to peoples` abilities were reflected in the reviews.

People told us that the activities in the home were organised and delivered by staff daily. However, we found that activities were organised just weekdays not over weekends. One person told us, "There are activities arranged regularly mid-morning. Sometimes we have musical entertainment." People told us that activities were planned by staff and these were not always linked to their interest. One person said, "We have activities, today is throwing the dice, yesterday it was baking cakes, tomorrow is the hairdresser. I read a lot because some of the things they [staff] do are not for me." One relative told us, "Activities should be a bit more stimulating and more regular. Weekends are very quiet." The manager told us they were planning to have meetings with people to ensure the activity programme is developed and linked to people`s interests more.

People were encouraged as much as possible by staff to pursue their hobbies and interests. For example, one person told us they used to be a very good cook and they were still enjoying baking every Monday each week when staff helped them to bake cakes for everybody in the home. They told us, "Staff prepares the ingredients for me and I can mix it together. I am doing this every Monday with my key worker." Another person told us they loved gardening and they were recently involved by the provider in planting some flowers. They told is, "They [staff] are nice to everyone. The owner got me some pots and I went out and done some gardening. I really enjoyed it."

On the day of the inspection we saw some people throwing the dice, doing jigsaw puzzles and reading or spending time with their visitors. We found that activities for people living with dementia who needed more stimulation to participate in activities were not as varied and stimulating. We often saw people sitting in their rooms and watching TV or listening to music. People told us that staff organised outings for them in the summer weather permitting which they enjoyed. The manager told us they had tried different activities for people who lived with dementia and they were constantly trying to improve in this area.

People felt confident in approaching staff and management to share their views or raise any issues they may had. One person said, "I am very confident in raising any issues I have with staff and management. They are very helpful." Another person said, "Staff and managers look after us very well. I can tell them anything and they will sort things out." Relatives told us that they felt the management and the owners were very approachable and they were confident in discussing any issues with them. One relative said, "We [family] get to know the managers and owners very well. They are all hands on and know us [family] well. We can approach anytime to discuss any issues we have and I feel very confident that they will sort things out." Relatives told us that they had seen meetings with relatives and people advertised however they were happy with the communication and updates they received when they visited the home and was no need for them to attend formal meetings.

We saw the home had a complaints log and that in each instance the complaints were investigated and responded to. The management shared the complaints with staff to ensure lessons were learned and the service improved. We also saw that management displayed the complaints procedure in visible areas for visitors and people`s reference.

Requires improvement

Is the service well-led?

Our findings

The manager monitored the quality of the service provided, however the audits and the surveys they were doing were not sufficient to highlight areas of concerns and improve. For example, they were not analysing data from the accidents and incidents happening in the home to identify trends and patterns and prevent reoccurrence. They had not received may responses to the survey they had sent to people, relatives, staff and professionals. There had only been one response from people living at the home, one relative, one professional and two staff members and this was not a true reflection on people`s experience of the service. The manager had reassured us that they will send more surveys out and will develop an action plan in case any areas needing improvement were highlighted. However, this was an area that required improvement.

The manager told us they were randomly checking care plans to ensure they were regularly reviewed, however we found that care plans were not consistently following the same format and they were not consistent in having personal risks assessments. For example, not every person had a personalised risk assessment for fire evacuations; the management had not used tools to measure the severity of the risk to develop pressure ulcers (Waterlow) and the risk of malnutrition (MUST). This meant that the manager had not developed systems to ensure that the service was proactive and improved on assessments of risks identified as likely to occur.

We gave feedback to the manager and provider about the lack of quality audits and insufficient monitoring systems they used .They told us that they will address these areas as a matter of urgency. The manager sent their action plan to us a day after the inspection to detail the actions they were planning to implement and systems they started using a day after our inspection. For example, they told us they contacted a local care provider association and they were planning to attend regular meetings with them to keep up to date with the good practice regarding quality assurance, training and care planning. They had started regular daily audits of medication, air mattress checks and care plan audits.

People and their relatives were complimentary about the leadership in the home. They told us they appreciated the close relationship the provider had with them and the fact they were involved in various tasks around the home. One person said, “[Name of the owner] is very helpful, they are here almost every day and they come and talk to us.” One relative said, “It is first class here. The owner is always approachable. It seems that this is more like a hobby for them, they are lovely people.” A visiting professional was also positive about the leadership of the home and told us they were always welcomed by management and staff. Managers were organised and gave them relevant information about people`s health needs. They felt that managers were listening to their professional advice and this was communicated well across the staff team.

Staff were positive about the leadership in the home. They told us they were supported by the manager and the provider to carry out their role. One staff member said, “The manager is very supportive even if they are not in the home, they are just a phone call away and they don’t mind offering support any time we need. The owners as well, very helpful. “Staff and relatives told us that the management promoted an open and honest culture and they encouraged improvement. One relative told us, “They [management] get things wrong occasionally but they are open and honest about it and they try to prevent it from happening again.” They continued to say, “I would recommend this home to everybody, you won`t find a better place.”

We saw that managers were acting as role models for staff through their actions and attitude toward people`s needs. For example, we were talking to the deputy manager when a staff member informed them they were needed elsewhere to see a person. They apologised and attended to their duties. This demonstrated to us that managers were acting as an example for care staff and they put people first in anything they were doing.