

Anchor Hanover Group

Simon Marks Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Simon Marks Court is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people. Simon Marks Court is purpose built and accommodates people across four units.

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

People were not always safe. Risks to individuals such as behaviours that challenged and pressure sores were not always assessed and appropriately managed. Improvements were needed to make sure medicines were managed safely. The provider made sure people lived in a safe, clean environment and appropriate fire safety measures were in place. There were enough staff to keep people safe although some people felt the staffing arrangements did not always enable staff to spend quality time with them. Recruitment practices were robust and ensured staff were suitable to work at Simon Marks Court. The service followed safeguarding procedures and dealt with abuse and allegations of abuse properly.

Management systems were not implemented consistently and effectively. The provider's auditing and monitoring had not highlighted issues that were raised at the inspection. Some records could not be located and others which were still relevant had been archived. The management team were responsive to the inspection findings; they took appropriate action when issues were highlighted and when we completed day two of the site visit some positive changes had been introduced. They had a clear vision of how they wanted to develop and improve the service. People had opportunities to share their views about the service and the service had received several compliments about people's experience of Simon Marks Court.

Staff were supported in their role. They received appropriate induction, training and regular updates. People had plenty to eat and drink and were offered a choice of meals. Meal times were well organised although the main dining room was sometimes noisy, and space was limited; the provider was in the process of opening another dining area. 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 were comfortable in their surroundings. The service was decorated and furnished to a good standard and suitable to meet people's needs.

People were treated well and enjoyed living at Simon Marks Court. They were tidy in appearance and looked well cared for. Staff were proud to work at the service and confident people received good care. They understood how to promote people's privacy, dignity and independence.

People's routines were person centred care, for example, people chose when to get up and go to bed. People's care and support needs were usually identified in their care records. Staff were familiar with people's needs. However, they sometimes relied on communication from other staff rather than reading care plans. The service was developing and improving social opportunities and activities. Systems were in place to deal with concerns and complaints.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 19 December 2018) and there were multiple breaches 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 in some areas, but the provider was still in breach of two regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe and well-led key question sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Simon Marks Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector, a specialist advisor in governance and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Simon Marks Court 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.

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 and professionals who work with the service. 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 spoke with nine people who used the service and a relative about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, team leaders,

care workers, domestic, district manager, chef and wellness co-ordinator. We observed mealtimes and spent time in communal areas.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement, in some areas, had been made at this inspection, but people were still at risk and the provider was still in breach of regulation 12.

- The service did not always assess and manage risk. Assessments around managing behaviours that challenged, falls, pressure sores and weight loss were not always effective. For example, one person frequently showed signs they were distressed and displayed behaviours that challenged but there was no guidance for staff about how to support and manage the person.
- Staff did not always follow guidance which helped keep people safe. For example, one person who was at high risk of falls did not have their movement sensor in place that alerted staff when they got up from the chair.
- Incidents where people displayed behaviours that challenged were not always monitored. Staff recorded incidents in different places and did not always complete an incident form, so the management team could not review what had happened and decide if new approaches were required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed people's risk assessments had been reviewed and a new system was being introduced for monitoring and managing incidents.

- Fire safety measures were in place. The provider used an emergency evacuation colour coded system which all staff understood. Fire safety equipment was available throughout the building and staff practiced fire drills.
- People lived in a safe environment. The provider carried out health and safety checks around the premises.

- Staff supported people in a safe way. For example, they used appropriate techniques when assisting people to move and transfer.
- The management team reviewed all accident forms and completed a root cause analysis to keep individual's safe. However, there was no overall analysis completed to identify trends, this is reported on further in the well led domain.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to medicines, however, some further improvement was still required to make sure medicines were well managed.

- The service did not make sure people received their medicines in a person-centred way. Some people did not have guidance to help staff understand when it was appropriate to administer their 'as required' medicines.
- Systems for making sure people received time specific medicines correctly were not robust. Records did not always clearly show when the medicines were administered.

The provider responded during and after the inspection. They confirmed they were reviewing medicine guidance.

- Systems were in place to ensure medicines had been ordered, received, stored and disposed of appropriately.
- People received good support with their topical creams and lotions.

Staffing and recruitment

- Staff were responsive when people needed support. A new call system had been installed; all staff carried pagers to make sure they could attend to requests promptly.
- There were enough staff to keep people safe. Rotas showed the agreed staffing arrangements were met. Feedback about staffing was consistent around keeping people safe but some people felt staff did not always have opportunity to spend quality time with them. The registered manager said they continued to work with the whole team to further develop engagement.
- Robust systems were in place to make sure thorough checks were carried out before staff were recruited.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff were trained and knew how to respond to incidents of abuse and allegations of abuse.
- The service followed safeguarding procedures. Incidents were reported to the relevant agencies. Notifications sent to CQC showed the provider dealt with abuse and allegations of abuse properly and people were protected.

Preventing and controlling infection

- Systems were in place to prevent and control infection. The service was clean and staff used protective equipment such as disposable gloves when carrying out personal care tasks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to meet people's nutritional and hydration needs. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People enjoyed the food and were offered a choice of meals. The chef spent time finding out what people wanted to eat and organised 'taster sessions' so people could try different foods.
- People had plenty to eat and drink. Staff offered extra portions and checked everyone had enough to eat. People had access to frequent snacks and drinks; there were stations with biscuits and drinks and 'take me' 'eat me' 'drink me' signs.
- People had a pleasant dining experience. Meal times were well organised, and people received good support from staff. The dining room was sometimes noisy, and space was limited; the provider had recognised this was an issue and was in the process of opening another dining area.

Staff support: induction, training, skills and experience

- Staff were well supported. The management team were visible and provided support and guidance. Staff received regular supervision.
- Staff were equipped to perform their roles. They received appropriate induction, training and regular updates. The registered manager was arranging some additional training around dementia and managing behaviours that challenged to ensure staff had the right knowledge and skills to support people at Simon Marks Court.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved into Simon Marks Court. The assessment process involved the person, family and friends where appropriate and other agencies.
- People's health needs were met. They accessed support from other professionals such as GPs, district nurses and social workers. People's care records showed health professionals were consulted when health

concerns were identified.

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

- People lived in a pleasant and well-maintained environment. The service was decorated and furnished to a good standard. Corridors were themed and had large pictorial displays.
- The service was suitable to meet people's needs. Specialist equipment was available which supported choice and independence. For example, equipment enabled people to choose to either bathe or shower. Everyone had their own en-suite accommodation which was personalised. One person said, "I like living here. I have a lovely room overlooking the garden this is my heaven and they are my angels."
- People freely accessed different areas of the home. Some chose to spend time in their room whereas others spent time in communal areas which included, lounges, dining room, café, pub and library. People had access to an enclosed outside space which staff said was well utilised weather permitting.

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 were encouraged to make their own decisions and take control of their care. Staff asked for people's consent before providing them with care, for example, a member of staff asked one person if they could support them to walk to the dining room.
- Staff had an appropriate understanding of the requirements of MCA and had received relevant training.
- Assessments and plans were completed where people lacked capacity to make sure the care they received was in their best interests.
- The provider checked representatives had legal authority to make decisions on behalf of people. They appropriately sought authorisation when people were deprived of their liberty.

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; respecting equality and diversity

- People were treated well and enjoyed living at the service. People were generally positive about the caring attitude of staff. One person said, "They are all very kind here. They know me and we have a laugh. I like to dance a bit and they skip along the corridors with me."
- People looked well cared for. They were tidy in appearance and clothes were clean.
- Staff were kind and caring in their approach. They were attentive and responded to people's needs. For example, staff sat with one person who was showing signs of distress and provided reassurance.
- Staff were confident people received good care. One member of staff said, "People are well looked after; they are always washed properly and well presented. There is always something going on."
- The provider promoted people's rights and had systems in place to ensure people were not discriminated against.

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

- People were encouraged to make decisions about their care. One person said, "I get up when I like, well actually I have a routine. I like to get up at 7am and I go to bed at midnight. I like to stay in my room and have lunch in the café."
- Care and support records contained information to help staff understand how to support people to make decisions.
- Staff promoted choice. For example, people were encouraged to decide where to spend their time. Staff showed people plates of food at mealtimes, so they could decide what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on doors and called out before they entered people's rooms.
- People were supported to maintain relationships with family and friends.
- Staff were equipped with knowledge about good care principles; they received training around privacy, dignity, equality and diversity, confidentiality and promoting independence.

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received person centred care. They shared examples of how the care they received met their preferences and wishes. One person told us they had a condition which meant they took a long time to get ready. They said they were enabled to do this and received help when they needed it.
- A concern was raised before the inspection that staff were getting people up early on a morning. This was not the case. At 7.30am only three people were up. Some people were still asleep in bed and staff were assisting others.
- Staff were familiar with people's needs. However, they sometimes relied on handovers and communication from other staff to find out about people's needs rather than read people's care plans. The registered manager said they would review how staff accessed care records.
- People's care and support needs were usually identified in their care records. However, some care plans lacked detail, for example, around meeting nutritional needs. The registered manager said they would review care plans to make sure appropriate information about how care should be delivered was recorded.
- People's wishes around their end of life care were explored and recorded.

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.

- Systems were in place to meet people's communication needs. Information was presented in different formats to help people understand. For example, menus were written and had pictures of foods.

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

- The service was developing and improving social opportunities and activities. Feedback about activities varied. One person told us they had recently joined an art session. Another person told us they were unable to access the pub which was situated in the home because, "It's not used, there is no one to run it and nothing to drink. It's a waste of time." Some people were making a Christmas cake for a cake competition.
- A new approach to activities was being introduced and included the introduction of activity and art champions. The registered manager told us the initiative was in the early stages and the new initiative needed time to embed before it was effective

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with concerns and complaints. Records showed investigations were carried out when complaints were received, and steps were taken to resolve issues and prevent repeat events.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, monitor and improve the quality of service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement, in some areas, had been made at this inspection, but systems were not fully effective, and the provider was still in breach of regulation 17.

- The provider was in breach of two regulations which related to safety and governance; both were identified as breaches at the last inspection. Although some improvements were made the action by the service was not fully effective.
- Quality management systems were not always effective. The provider's auditing and monitoring had not highlighted issues that were raised at the inspection.
- Care records were disorganised; some records could not be located and some records which were still relevant had been archived. This meant the management team did not have an overview of some people's care.
- Accidents, incidents and falls were not properly monitored. Accidents and incidents were recorded on an electronic data system and a root cause analysis had been undertaken for each accident. However, there was no overall analysis to help identify patterns and trends. Some incidents were not recorded on a form so were not captured. A monthly falls analysis was completed but this was not always accurate.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to assess and monitor quality and safety. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and district manager were responsive to the inspection findings; they took appropriate action when issues were highlighted.

- The registered manager had a clear vision of how they wanted to improve the service. Staff told us high quality care was promoted and the management team was hard working and visible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People had opportunities to share their views about the service. For example, at food taster sessions and a 'resident and family meeting' was held in September 2020.
- Regular staff meetings were held. Staff said information about the service was shared although some felt their ideas were not always acted upon.
- The service had received several compliments about people's experience of Simon Marks Court. One person commented the 'friendliness of staff was first class'.
- A system was in place to help drive improvements. The service had an action plan which identified areas they wanted to improve and develop. The district manager told us, "The management team decide which area they want to focus on and involve the staff so that the whole team is responsible for making improvements which will help to embed better standards."
- The management and staff team worked positively with key organisations to benefit people using the service and improve service development.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not consistently assess and manage risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to consistently assess, monitor and improve the quality of service provided.