Simiks Care Limited

Shila House

Inspection report

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13 February 2018
21 February 2018

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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?	Good

Summary of findings

Overall summary

At our last inspection on 29 October 2015 we rated the service good. At this inspection, on 13 and 21 February 2018, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Shila House provides care and support for 11 people who have mental health needs. There were 11 people using the service when we visited. Shila House is a detached house located in Enfield, North London. Each person had their own bedroom with a large communal area on the ground floor. There was a small courtyard where people have access to outside space.

People had detailed risk assessments that provided staff with information on how to minimise risks. People, where possible, were involved in creating their risk assessments.

Medicines were well managed and people received their medicines safely and on time.

There were sufficient staff deployed to meet people's needs and ensure person centred care.

Staff received regular supervision and appraisal that ensured that they were supported in their role.

There was a focus on people's mental health and wellbeing and people were encouraged to be part of the conversation around keeping themselves well.

We observed warm and friendly interactions between staff and people throughout the inspection. Staff knew people well.

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

People had access to a varied diet and were able to make snacks and drinks whenever they wished to.

Care plans were detailed, person centred and tailored to each person. People and relatives had input into planning care.

People had access to a wide range of activities both within the home and in the local community.

The home had an emphasis on promoting independence where possible and people were actively encouraged to be independent.

There were regular reviews of people's mental health. Staff knew how to refer people for both physical and mental health issues. People were involved in planning their own healthcare needs.

People and relatives said that they were treated with dignity and respect. Staff were able to give examples of how they ensured that they promoted dignity.

The management was open and transparent and people and staff were encouraged to voice their opinions on how the service was run. People told us they felt listened to.

The registered manager promoted a culture of learning for the staff and staff told us that they felt supported.

There were systems and processes in place to ensure good governance and oversight of the service by the registered manager.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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 comprehensive inspection took place on 13 and 21 February 2018 and was unannounced. The inspection was carried out by one adult social care inspector. On the 13 February 2018 we attended the home and made telephone calls to relatives and staff on the 21 February 2018.

The provider completed a Provider Information Return (PIR) in advance of the inspection. 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.

During the inspection we spoke with seven people that used the service, the registered manager, two assistant managers and a health care professional who was visiting at the time of the inspection. We looked at five people's care plans and risk assessments, 11 peoples medicines records and six staff files including; recruitment, supervisions and appraisal. We also looked at other paperwork related to the management of the service including staff training, quality assurance and how staff were deployed to meet people's needs.

Following the inspection, we spoke with two relatives and four members of staff.

Good

Is the service safe?

Our findings

People that we spoke with said that they felt safe living at Shila House and comments included, "I can't imagine why I don't feel safe here. It's home. I don't wanna move or go anywhere else", "I do feel safe. I do feel safe with the people here, they look after you" and "Yeah, I do [feel safe]." Relatives told us, "It's nice to know it's a secure place" and "[Person] couldn't be safer."

Risk assessments were detailed and included information relevant to each person. Each risk provided a history of the risk and gave staff detailed information on how to minimise the risk. Risk assessments also included a risk assessment of mental health relapse indicators. People that we spoke with were aware of their risk assessments. One person told us, "I helped with it [writing their risk assessment]."

Staff understood what safeguarding was and knew how to recognise any signs of abuse and how to report it. There were posters in all communal areas of the home to inform both people and staff how to report any concerns. Resident, key working and staff meeting minutes showed that this was discussed regularly and people were encouraged to be open about their concerns if they had any. A person told us, "[The registered manager] said if anyone does anything like shout at me to tell her. I would tell her."

People's medicines were well managed by the service. Staff received medicines training which was refreshed yearly. People's medicines were recorded on medicines administration record (MAR) sheets and blister pack system was in use which was provided by the local pharmacy. A blister pack provides people's medication in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. People's medicines were given on time and there were no omissions in recording of administration. One person said, "They get me my medicinals every day, morning and night." Four people received specific medicines via regular injection and some other people were receiving a medicine that required monthly blood tests. We saw records of when people had received their medicine or blood tests and when their next appointment was due.

The service followed safe recruitment practices. Staff files which showed pre-employment checks such as two satisfactory references, photographic identification, application form, a recent criminal records check and eligibility to work in the UK. The provider completed three yearly criminal records for existing staff in line with best practice. This minimised the risk of people being cared for by staff who were inappropriate for the role.

We found that there were sufficient staff to ensure person centred care. The home was staffed 24 hours a day with two staff overnight and rota's reflected staffing levels on the day of the inspection. The registered manager told us that where three people's needs had increased, the provider had approved an increase in staffing levels to be able to provide more individual support.

Staff understood how to protect people from the risk of infection and personal protective equipment (PPE) such as gloves and aprons were available for staff when providing personal care.

The service had up to date maintenance checks for gas, electricity, electrical installation and fire equipment. Where appropriate, people had a personal egress plan (PEEP) in place in case of fire. We saw that people had signed their PEEP and when it needed to be reviewed. This meant that people were involved in understanding their safety and knew what to do in the event of a fire.

There were records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. We saw that the registered manager used information from accident and injury reporting to change care practices, where appropriate, to prevent issues happening again. For example, we saw that for one person the frequency of night checks had been increased to ensure their safety.

Good

Is the service effective?

Our findings

Staff received regular supervisions and annual appraisal to support them in carrying out their role. Staff that we spoke with were positive about the support that they received from their supervisors and said that they felt able to discuss any issues that they wanted to. Staff received regular training which was refreshed yearly. Training included, MCA and DoLS, health and safety, food hygiene, safeguarding and specialist mental health courses. Staff told us, and we saw, that they were able to request training in specific areas if they felt it necessary. Where a staff member required help with English we saw in their supervision notes that support had been given for the staff member to attend college. One staff member told us, "It's [supervision] quite good. I not only work, I develop myself. In supervision we identify training that will help develop myself."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had been identified as requiring a DoLS, we saw that these were in place with information on when they needed to be reviewed. There were records of best interests meetings to ensure that people were appropriately supported. We saw that where people were able to, they had signed their care plans. A person told us, "I've got a care plan, read it through. I've signed it." Where relatives had been involved they signed to confirm this.

We saw that transfer between services was well managed. For one person that had recently moved into the home we saw detailed pre-assessment information that looked at all of the person's care needs and how they could best be supported. A visiting healthcare professional involved in the transfer between services commented, "I wanted to do my best for [the person] and it was a shared effort. It's [the transfer] been seamless from my point of view."

People had access to a varied and healthy diet. Fridges, freezers and store cupboards were well stocked and people were actively involved in choosing what they wanted to eat. People told us, and residents meeting minutes confirmed that people were able to choose what they wanted to eat. A person told us, "Not bad, not bad. I choose what I want."

People's care records showed regular visits to healthcare professionals such as doctors, psychiatrists, dentists and opticians. Where required, people were accompanied to appointments by staff. People told us that staff were supportive when they went to appointments. We saw that any changes to people healthcare needs had been documented in people's care plans.

Good

Is the service caring?

Our findings

We asked people if they felt that staff were kind and caring. People commented, "Very good care. I get very good care. I'm happy. They're all kind, nice people", "Yeah, I'm happy enough. It's alright here. They're kind enough" and "They aren't bad, they're kind." A relative said, "Excellent. The care couldn't be any better. They are all so caring. I've got my [relative] back now, [relative] is doing so well with them. It's so lovely. I'm so happy for [relative] to live there."

Staff understood the importance of people's personal space. Each person had their own room and we observed staff knocking on people's bedroom doors and waiting for a response before entering. One person told us, "They [staff] knock, don't just walk in."

Staff understood how to provide care and support in a way that maintained a culture of dignity and respect and were able to give examples of how they ensured dignity and respect. This included ensuring that people receiving personal care were in a private environment with doors and curtains closed. Other examples included ensuring that people's views were sought on all aspects of their care such as food, clothing and daily activities and maintaining people's confidentiality.

During the inspection we observed a person becoming distressed. Staff used distraction techniques and talking to help calm the person down. Language used showed that staff knew the person well and understood what would work to help them. People's care plans also provided staff with information on what people responded to when they were becoming anxious.

There were regular documented monthly residents meetings that ensured that people's views about how the service was run were listened to and taken into account. A person told us, "Yeah, I go to [residents meetings] if I'm in. If I miss them, they tell me what it's about." In communal areas there were posters called, 'You asked and we did it'. These stated what people had requested and how those requests had been met. The registered manager gave us an example of people requesting a television in the dining room and we saw that this had been implemented.

People and relatives were involved in planning care. People told us that staff sat with them and went through their care plan with them and they were able to have input into their care. Relatives were positive about how the home involved them in people's care and told us that they were able to have input, if their relative wanted them to. Relatives commented, "We go to meetings quite regularly where we discuss [person's] care and day to day activities. Two or three times a year" and "Yes, they always talk to me and invite me to meetings."

Relatives told us that they were able to visit the home whenever they wanted to and were always greeted warmly by staff. One relative commented, "Oh, anytime. There's no issue there at all. I always call [relative] first though in case."

Good

Is the service responsive?

Our findings

People's care plans were detailed and person centred. There were comprehensive life histories for people that enabled staff to understand people's backgrounds and personalities. Information in each care plan was tailored to each individual and included people's likes and dislikes as well as what was important to them in their daily lives. There was an emphasis on maintaining their mental health and how that could be achieved for each person. People's care plans were reviewed monthly. We saw that where there were any changes to people's care including, mental health, physical health and emotional wellbeing, care plans were promptly updated with the date and what the change was and how staff should work with the person.

Each person living at the service had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. Records showed that people had weekly or monthly key working sessions, depending upon their preference. People told us, "Yeah, I had my key working session yesterday. They're good" and "Yes, yes. Every month."

There was an emphasis on supporting people to maintain their independence. People were encouraged to participate in activities of daily living such as laundry, cooking and cleaning their personal space. People were also encouraged to be part of the community and use local facilities and where people required support to access the community, this was provided. During our inspection we observed a person asking the registered manager if they could go out and if a member of staff would be able to accompany them. We saw that the registered manager arranged for the person to go out with support. People had access to a kitchen on the first floor where we saw they were able to make drinks and snacks.

Each person had a weekly activity timetable which included activities of daily living as well as community based activities according to what the person enjoyed doing. The home had a dedicated activities coordinator as well as a large skills development room located in a separate building to the main home. The activities coordinator had discussed what people would find fulfilling and there were activities such as, arts and crafts, cooking, music and indoor games on a daily basis.

The service had a complaints procedure that was available for staff and people to read. Since the last inspection, the home had received one complaint. The complaint had been investigated and recorded in detail, including the outcome. We saw that people were regularly reminded of the complaints procedure during residents meetings and key work sessions.

People's care records documented their end of life wishes. However, where people did not wish to discuss this, this was also recorded. The registered manager told us, "It is their choice if they want to discuss that, we do encourage people." One person talked to us about their end of life wishes and said that staff knew what they wanted to happen if they were to pass away whilst living at the home.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People living at Shila House knew who the manager was. We observed friendly interactions between the registered manager and people throughout the inspection. A person said, "Yeah, she's a good manager." Relatives told us, "We all have good communication with the lady that manages it" and "Excellent communication, she's a lovely lady [registered manager] and so helpful."

Staff were also positive about the management of the home and the support that they received. Staff told us that they felt that the registered manager promoted a culture of learning and said that they were encouraged to learn and take on responsibilities when they were ready to. Comments included, "She [the registered manager] wants us all to learn and reach our full potential so she gives us an opportunity to learn" and "I really like the manager because she will give you the opportunity of developing yourself. Most of all she wants clients to be happy and well looked after."

There were systems in place to ensure quality of service and overall good management of the home. There were daily, weekly and monthly medicines audits as well as daily, weekly and monthly health and safety audits. Every six months the registered manager completed a comprehensive audit that looked at all aspects of the home and record keeping. This included, people's care records, staff files, supervision, training and health and safety. Where any issues were identified, these were documented and noted when addressed.

The registered manager held regular 'best practice meetings' and told us, "It's to share information, to remind and ensure that we are aware of legislation. We also look at issues that may affect us. We did an information session on safeguarding and looked at how we speak to people giving examples on how language could be used to abuse."

The home completed an annual survey with people and relatives as well as health care professionals. We saw the results for the 2017 / 2018 survey and found that there was positive feedback regarding people's choice, feeling that people's rights were upheld and overall fulfilment with their lives at the home.

Records showed joint working with the local authority and other professionals involved in people's care. The registered manager told us, and people's care files confirmed that they worked closely together to make sure that people received a good standard of care.