European Wellcare Homes Limited

Simonsfield

Inspection report

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Date of inspection visit: 16 November 2015
Date of publication: 15/01/2016

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

Overall summary

This inspection took place on 16 November 2015 and was unannounced. Simonsfield provides residential care for up to 35 people. Accommodation is provided in single rooms over three floors. Some of the people living in Simonsfield have dementia.

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 2008 and associated Regulations about how the service is run.

All of the people we spoke with told us they felt safe living at Simonsfield. There were safeguarding procedures in place, including an up to date safeguarding policy and staff we spoke with could clearly explain the action they would take if they felt someone was being abused.

There were safe procedures for the storing and administration of medication. The staff who administered the medication had the correct training to be able to do this, and records showed accurate recording of medication.

Assessments were completed with people and their families before they came to live at Simonsfield. We could

Summary of findings

see detailed risk assessment's had been completed based on this information. The risk assessment's described risks clearly and detailed what action staff should take to minimise the risk.

The staff and the people who lived at the home told us staffing levels were good, and we observed staff at various intervals throughout the day undertaking their roles without being rushed or pressured.

Staff told us and records showed, that all staff had undertaken their mandatory training to enable them to do their job effectively.

The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority when required. Staff spoken with demonstrated a good understanding the principles of the Mental Capacity Act (2005) and DoL's.

The mealtime we observed was not rushed, and the food looked appetising and tasted nice. There were menus on the tables, and we could see people were given a choice of what they ate.

The building was clean, and free of clutter. The registered manager informed us the home would be undergoing a refurbishment programme in the next few weeks. There was a room in the home, which was the designated smoking room. The door was kept closed at all times, but because people were frequently going in and out of the room, the smell of smoke lingered throughout our inspection and in the corridors' downstairs.

We observed caring and warm interactions between staff and people who lived at the home. People told us the staff protected their dignity and privacy and staff were able to give us examples of how they do this.

Care plans were person centred and provided background information about the person and their history. We observed important information, which had been identified at the assessment process, had been transferred into people's care plans. People had their photographs on their plans. Consent was documented for people living at the home and signed by the people themselves, or via best interested meetings involving the person and important people in their lives, such as family members or social workers.

There were two part time activity coordinators in post at the home. We observed activities taking place during our inspection, and could see a timetable of specific activities which took place every day throughout the week. People told us they were never bored, and they could always take part in entertainment if they wanted to.

There had been no complaints in the last twelve months. We could see there was a complaints procedure in place and this was displayed on the notice board in reception. The registered manager also showed us examples of the complaints procedure, which had been printed in large font and easy read for those who required it to be presented in a different way.

People who lived at the home and the staff spoke positively about the registered manager and the company as a whole.

Quality assurance systems that were in place showed continuous improvements being made in the delivery of care. The registered manager was able to demonstrate how they listened to people's suggestions and made changes based around their feedback.

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 safe.

Good

People told us they felt safe living at Simonsfield.

Staff had been appropriately recruited and the correct checks had been carried out to ensure they could work with vulnerable people.

Health and safety checks on the building were taking place to ensure it was a safe place to live.

There were procedures in place to ensure people received their medicines safely.

Staff were aware of safeguarding procedures and the policy was displayed for people to be able to access.

Is the service effective?
The service was effective.

Good

The registered manger understood their responsibilities with regards to The Mental Capacity Act 2005 (MCA) and DoLS.

Discussions with staff and documented evidence suggested that staff were suitably trained to undertake their roles.

The food was well presented; people had a choice about what they ate.

Is the service caring?
The service was caring.

Good

People told us they had positive relationships with the staff that supported them.

We observed frequent and caring interactions between staff and people who lived at the home.

People told us that the staff respected their dignity and treated them with respect and the staff gave us examples of how they do this.

Is the service responsive?
The service was responsive.

Good

There was a complaints procedure in place and clearly visible, and people told us they knew how to complain.

Care plans were personalised, and contained relative and up to date information about people who lived at the home and what was important to them.

Summary of findings

There were enough activities planned and going on in the home to suit most people and everyone told us they enjoy the activities.

Is the service well-led?
The service was well–led.

People we spoke with knew who the registered manager was and were complimentary about their leadership and management style.

The registered manager had effective quality assurance systems in place, and could evidence how they had acted upon suggestions from the people who lived at the home.

The culture of the home was open and staff said that the registered manager was approachable.

Good

Simonsfield

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 inspection took place on 16 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR). A PIR 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. The provider had submitted a PIR. We looked at the notifications and other information the Care Quality Commission had received about the service.

During our inspection, we spoke with six people who lived at the home, five staff, the activities coordinator and a visiting healthcare professional. We observed how staff cared for people, and worked together. We used the Short Observational Framework for Inspection (SOFI) to understand the experiences of people we were unable to verbally communicate with. We reviewed three peoples care files and three staff files, as well other information relevant to the running of the home. We looked around the home, including bathrooms, communal areas and some people's bedrooms.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living in the home. One person said "It's very homely in here; I can get up when I want." Other comments included "It's brilliant here." In addition, "Staff know what they are doing and they are all very nice."

There was a safeguarding adult's policy and procedure in place, which had been reviewed recently. All of the staff we spoke with could recognise the signs of abuse and clearly explained what action they would take if they felt someone was being abused.

We could see from looking at peoples risk assessments, that risks were clearly identified and contained information which enabled the staff member to support that person appropriately. For example, one support plan we looked at showed that this person was at risk of forgetting where they were due to memory loss. This person would often become confused and disorientated. The risk assessment clearly explained how the staff should respond to this person in order to calm them down.

We observed that each person who lived in the home had a 'personal possession inventory' to keep his or her valuable items safe. These inventories' contained personal items of clothing and items which people had chosen to bring from home. The manager spot-checked people's inventories every month as part of the quality assurance process to ensure items, which were documented, were present in people's rooms.

The registered manager had an incident and accident chronology in place, and we saw how this information was used by the registered manager to investigate incidents and accidents when they had taken place in the home. There was a whistleblowing policy in place and staff were confident when explaining the whistleblowing process. Staff said they would not hesitate to raise any concerns if they felt people were at risk.

People told us there were enough staff in the home to keep them safe. We looked at rotas and could see that the registered manager was activity recruiting for the only vacancy in the home. People told us they had a choice of being supported by either male or female staff.

We looked at the personnel records for three members of staff. We checked that all of the required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes where retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out, identification was obtained and we saw a record of the interview was kept on file.

The home was managing medicines safely, and medicines were stored securely in the home. There were established processes in place for the disposal of medicine, for receiving medicine and for stock monitoring. Medicines were stored in a secured cupboard in a separate room in the home. The registered manager told us along with themselves, only the deputy manager and senior care assistants are permitted to administer medications. We saw a record of their signatures at the front of the medication folder. Whoever was administering medications was distinguishable because they wore a red tabard. The manager explained this was to ensure other members of the staff did not disturb them when they were completing the medication round. We looked at medication administration records (MARs) and could see they were not missing any signatures and were filled out correctly. We spot checked two peoples medication stock and could see the stock corresponded to the figure recorded on the MAR sheet. The registered manager told us medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

For the safe storage and management of controlled drugs, the manager explained they had a double locking box in place and a controlled drugs book, which had to be signed by staff when any controlled drugs were administered. We spot checked these and could see people who were prescribed controlled drugs had a protocol in place. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. We looked at PRN [give when required medicines] and variable dosage medicines and found these were supported by care plans to explain to staff in what circumstances these were to be administered. Topical medicines [creams] were also administered and recorded appropriately with extra supporting documentation and charts in evidence.

A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the

Good

Is the service safe?

home and the method of assistance required had been personalised to meet their individual needs. There was a fire and emergency plan displayed in the hallway.

We looked around the home, and could see it was clean and tidy. Some of the décor looked worn in places; however, the registered manager explained to us that the home would be being refurbished in the next few months. We did notice there was a designated smoking room at the front of the building. Despite the registered manager's efforts to ensure the door was kept closed, the smell of smoke was lingering around the corridors during the course of our inspection.

Routine environmental checks were completed in the home to ensure the building was fit for purpose. We looked at the certificates for some of these checks. The Gas check was last completed in August 2015, the PAT testing was completed in October 2015, and the last full fire alarm check had taken place in October 2015.

Good

Is the service effective?

Our findings

We spoke with a visiting healthcare professional during our inspection who told us the staff were very knowledgeable when looking for potential medical problems and reporting them. The medical professional told us "They will always contact us if they concerned, and I can depend on them [staff] to check any pressure areas." This medical professional said, "We feel we can always rely on them [staff]."

Everyone we spoke with confirmed they had seen a doctor when they needed to, and the staff had sought additional support from other medical professional's such as chiropodists and optician's when they needed to. From our conversations with staff, it was clear they had a good knowledge of each person's health care needs. People's care records informed us they had regular input from professionals if they needed it. There was a document included in each person's care file which recorded the date when they been visited by a healthcare professional and the outcome of the visit.

We could see information was being used effectively, for example, the 'MUST' (Malnutrition Universal Screening Tool) was being used for people who were initially assessed as being at risk of malnutrition and the 'Cornell Depression Scale' was being used for people who were assessed as having 'low mood'. We could see from training records and conversations with staff they were knowledgeable about this information and knew how to use the documents.

All staff told us and the training matrix showed that the home was 100% compliant in their e- learning programs, which covered all of the mandatory training. The registered manager told us the home had 'e - learning champions' in place whose role it was to check the training statistic's and ensure a level of over 90% compliance. We could see 82% of the staff in the home had achieved a level two or level three QCF (qualification and certificate framework) whilst working at the home through an external training provider. Staff we spoke with told us they had received an induction when they began working at the home, which consisted of them shadowing more experienced members of staff. Records showed and staff told us that they were supervised regularly and everyone who had been in post for over twelve months had an appraisal.

People who lived at the home had given their consent for their records to be stored and had given consent for their care to be carried out. This was documented in people's care files. The home was adhering to and meeting the principles of The Mental Capacity Act 2005. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked to and saw that that the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met

All of the people we spoke with told us they enjoyed the food in the home. The dining room was well presented. Tables were complete with napkins and condiments. There were laminated menus on each of the tables, complete with photographs of the food. Each menu also contained the choices available for that day, and whether it was a soft meal choice or a choice suitable for diabetics. This was clearly shown next to the meal choice using colour-coded stars. We saw the menu was changed every week and people who lived at the home told us they had input regarding what went onto the menu. We ate lunch with the people who lived at the home on the day of our inspection and found the food looked appetising and flavoursome.

Good

Is the service caring?

Our findings

We observed lunchtime in the home and could see it was relaxed and friendly. People were not rushed, and staff were walking around asking people if they were okay and if they would like any help. We made some more observations later on, and could see people appeared relaxed and comfortable in the staff's and each other's company. Interactions between the staff and the people who lived at the home were warm and engaging. For example, we observed a member of staff supporting someone who lives at the home back to their room. They were walking side by side with the person and encouraging them to "Take their time." The person thanked the staff member who in return said, "You're most very welcome."

Everyone we spoke with told us the staff at Simonsfield were very caring. One person said, "They know my little ways and are more like friends." People told us staff would always stop for chat and help them with any decision making. One person told us the laundry service at Simonsfield was excellent, they said the staff come and ask if they would like anything specific washing a certain way and washing was always returned very promptly.

We could see people had been involved in the planning of their care, and were given choice about what went on in the home. Three people told us they were on the 'residents committee' which involved them making decisions about trips out for people and the places they would like to go.

People we spoke with told us they enjoy these trips out very much and looked forward to them. The registered manager told us that sometimes the staff who are drivers come in specifically to take people out in the minibus as additional days, to ensure they got out and about. People we spoke with confirmed this happens.

We could see that they registered manager had taken time to discuss processes such as the complaints procedure and the 'service user guide' with people. These documents were displayed in the main reception area, and were available in pictorial format or large print if people required it.

Most of the people who lived at the home had family members who were involved in their care and who visited often, however there was advocacy information displayed in the main reception area with leaflets advising people how they could get in contact with an advocate if they needed one.

All of the staff spoken with during our inspection were able to explain to us how they made sure they protected people's privacy and dignity while delivering personal care. This included examples such as covering people up with a towel while they attend to their care needs, not speaking as if people were not in the room and involving them as much as possible in the conversation. Staff explained they would always knock on people's doors and wait to be invited in before they entered their rooms, as it was their home.

Good

Is the service responsive?

Our findings

There was a complaints procedure in place in the home. There had been no complaints about the service since 2013 and when we spoke to people who lived at the home they confirmed that they knew how to make a complaint if they needed to. The complaints procedure was on display in the hallway by the entrance to the home.

The home had a 'you said we did' procedure in place were people were invited to make suggestions about the running of the home and these suggestions were put into practice, if possible by the registered manager. For example, we saw that someone had suggested a certain type of food to be added to the menu, and we could see that this had taken place a few weeks earlier.

There were two activity coordinators in post in the home; we were able to speak with one of them during our inspection. The activity coordinators were male and female. It was explained to us that by doing this, it ensured that activities for both genders were catered for. For example, some of the women liked to have old-fashioned tea afternoons, using cups, saucers and teapots, and some of the men who were not interested in this, engaged in horse racing afternoons, or football sessions.

The activities coordinator explained to us how important it is for people to feel engaged and how they see their role as possible. We could see many people in the home were engaging in activities, for example, when we arrived, people were colouring Christmas decorations in and later in the afternoon, people were watching a musical and singing along. No one in the home told us they were ever bored, and discussions with staff, and a visiting a medical professional confirmed there was always something going on for everyone.

One person told us that a local school had recently visited the home and conducted a concert which they had all enjoyed. The person told us they were aware there are plans to invite the school to perform a play. Another person who lives at the home who has good mobility told us they go out every day to visit family as they live local.

The registered manager informed us that on the days when the local football team plays at the home stadium, the home rents out the car park to people who are going to the football match, as it is in very close proximity to the stadium. The money taken for this pays for the days out which people go on. Recent days out were the Albert Dock to see the Narrow Boat, and St Georges Hall to see the Weeping Window poppy exhibition.

The information contained in people's care plans was person centred, and contained information about the person's background, their likes and dislikes. We could see from looking at one person's care plan a particular activity they enjoyed doing every week when they lived in their own home was now included in their care plan. This meant they were still doing this and it had not been forgotten about. The registered manager explained they felt this was important for the person to feel as empowered as possible.

People told us they had no issues with regards to the gender of their care worker, however, we could see that this choice was documented in the persons care file if they preferred a female or male carer.

Good

Is the service well-led?

Our findings

There was a registered manager in post.

People we spoke with and the staff were complimentary about the registered manager and said they were well known in the home for getting involved, and were always visible throughout the day. The registered manager knew each person living at the home by name. We observed the registered manager talking to people who lived at the home and asking them how they were. This was clearly a regular occurrence from how positive and relaxed people were around the registered manager.

Staff we spoke with told us the culture of the home was caring and the manager led by example. we were able to see minutes of these, the last team meeting had taken place in October.

The registered manager told us that they never use agency staff. All of the shifts are either covered by staff who already work in the home, or the registered manager. When we looked at the rota's we could see evidence that no agency staff were used in the home.

We observed many thank you cards on display in the home. We looked at some and could see they were from relatives expressing their gratitude for the care their family member had received while at Simonsfield. All of the people we spoke with thought that the home was well run. Staff we spoke with told us they would be happy to recommend the home to a friend or family member and said it was a pleasant place to work.

The quality assurance systems in place were of good standard. The area manager had recently attended Simonsfield and completed a full audit of all paperwork, care plans and health and safety information. We could see looking at the notes made during the audit that no issues had been found. The registered manager did a weekly audit of the building and regular care plan checks. There were audits for the safety of the building, finances, and more regular checks like the water temperatures.

Residents meetings were chaired every month by the activities coordinator with no staff present so people had the freedom to speak their minds. We were able to view minutes of these meetings. Feedback forms were sent to people who live at the home, we looked at a sample of these and could see that everyone had answered that they were happy living at the home and felt there were no areas which were required to be improved.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their responsibilities in relation to them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware of their responsibilities concerning reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.