

Hill Care 1 Limited

Simonsfield Care Home

Inspection report

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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

Simonsfield Care Home is a residential home that is registered to provide accommodation and personal care for up to 63 older people and people living with dementia. At the time of our inspection there were 63 people living there. Accommodation is over two floors, with communal lounges and dining areas, a bar area, hair salon and secure garden.

People's experience of using this service:

Staff were very kind and caring. Feedback from people being supported and their families highlighted positive interactions and compassion of the staff teams. Activities were varied and well organised with positive feedback from people at the home especially with accessing weekly trips out.

People told us that the service was safe. People were protected from abuse and the risk of abuse and staff understood their role in relation to this. Risks to people and others were identified and measures put in place to minimise harm.

Well managed checks were carried out on the environment and equipment to maintain people's safety. The environment was well maintained and continually adapted with innovation and design to meet the needs of people with dementia.

People were offered a nutritious and balanced diet with snacks and drinks accessible to everyone throughout the day.

People's needs and wishes were assessed and planned for. Care plans were very well managed and identified ongoing outcomes for people and how their needs were to be met.

People knew how to raise a concern or make a complaint about the service.

Everyone we spoke with told us that the service was well-led and described the registered manager as approachable and supportive. The registered manager was highly motivated to contribute to continual improvements. They had piloted a new way of supporting people with dementia at night by trialling the use of 'nursing scrubs outfits' that replicated the style of pyjamas. Data collated showed a positive impact to people in reducing the number of falls on the dementia unit. Staff felt the initiative helped people to have focus with day and nights and helped them to orientate to their night time routines.

Details are in the key questions below.

Rating at the last inspection: Good (report published on 16 December 2016).

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

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.
Details are in our Safe section.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective section

Good ●

Is the service caring?

The service was caring.
Details are in our Caring section.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive section.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-led section.

Good ●

Simonsfield Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was completed by one adult social care inspector an assistant inspector and an expert by experience. An expert by experience is a person who has experience of using this kind of service, in this case, care of older people and people living with dementia.

Service and service type: Simonsfield 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Our inspection plan took into account information that the provider had sent to us. The provider had completed a Provider Information Return (PIR). The PIR gave the opportunity to record how the service was meeting the needs of people and their further plans for future improvements. We reviewed information stored on our database, such as notifications that the provider is required, by law, to submit to us as when incidents may have occurred. We also spoke to the local authority and commissioning team to gain feedback about the service. The information gathered was utilised to plan the inspection.

During the inspection, we spoke with 12 people living at the service, five relatives, 10 members of staff, including the registered manager. In addition, we met with regional staff representing the registered provider. We looked at four people's care records and a selection of records relating to the monitoring of the service, including medications, training records, staff recruitment files and governance documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. They told us, "I do feel safe here I don't have to worry about anything", "My (relative) can visit anytime which helps me to feel safe" and one relative shared their comments, "I feel my (relative) is as safe as she can be."
- Safeguarding referrals had been appropriately made to the local authority and followed up by the registered manager. Where actions to prevent re-occurrence were required these were completed quickly and thoroughly. Staff knew how to refer any concerns they had about people's safety.

Using medicines safely

- Medications were well managed. Staff followed safe medicines policies and procedures and good practice guidance. Regular medication audits showed good evidence of quality checks in place to maintain safe practices.
- People told us that they received their medicines when they needed them. One person was safely supported to self-manage their own medications.

Preventing and controlling infection

- Systems were in place to maintain safe food hygiene practices. These systems were overseen by senior staff members. During day one of the inspection we noted a number of posters displayed with the use of cello tape with a build-up of discolouration around the tape and posters. By day two of the inspection the registered manager took appropriate actions to remove the posters to help improve the cleaning schedules for this area.
- Throughout the inspection the home was clean and free from malodours. Staff had a detailed understanding of best practice around preventing and controlling the potential to spread infection.

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

- Risks to people were identified and comprehensive plans were in place to minimise those risks.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Regular safety checks were carried out on the environment and equipment used. The registered manager organised repairs and replacement light fittings noted during the inspection. Emergency procedures were in place for any eventuality. This information was easily accessible in the event of an emergency.

Staffing and recruitment

- The recruitment of staff was safely managed. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs.

The number of staff on duty was determined by the needs of people using the service and regularly assessed by the registered manager via a dependency tool.

- The registered manager tried to always have extra hours available to help accommodate the needs of people at the service especially early evenings. The registered manager was supernumerary and had a visible presence in the daily running of the service.

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. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had access to a choice of meals and drinks that they told us they enjoyed. Outside of mealtimes people had access to snacks and drinks that were openly accessible in communal areas, they told us, "The food here is always good" and "There's always a choice, I can have whatever I like."

- People who were at risk of losing weight and poor nutrition were regularly monitored and appropriately supported by staff who made referrals to multidisciplinary professionals when needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Relatives were positive about the service and felt they were always included and updated with their family members care needs. They told us, "I am always consulted with regards to any changes in (my relative's) care needs" and "Staff are fully aware of (my relative's) needs and the other people that I see."

- The GP regularly visited the service each week to review and monitor the health needs of everyone at the service. Care files showed that where people required support from healthcare professionals such as the GP and hospital consultants this was swiftly arranged.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

- People living at the service, their family members, health and social care professionals were fully involved in the assessment and planning of people's care.

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice. Care files were detailed and contained guidance and information about how people's needs were to be met.

- Staff delivered effective care to people in line with their care plan. People told us that staff always consulted with them prior to delivering care and support. Staff had a good knowledge of people's individual needs and preferences.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working in line with the MCA. Each person living there had their mental capacity assessed and staff knew which of the people living there had or lacked mental capacity.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were well trained, knowledgeable and provided good support. One person told us, "I can talk to the staff if I have any problems and they always help me out."
- Staff told us that training and supervision was always available to ensure that they had up to date knowledge for their role. The registered manager had developed a very detailed training matrix showing an ongoing programme of training applicable to the needs of people who lived at the service including specialised training for end of life, dementia with all staff now signed up as dementia friends.
- When new staff started working there they were given a comprehensive induction which included mandatory training and shadowing experienced staff.

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

- The registered manager had good knowledge and insight to the needs of people at the service. They continued in their ideas and research of published guidance to develop the environment to make use of the design and facilities to fully meet people's needs. Decoration and signage had been set out to make it easy and comfortable for people living with dementia to navigate the building and find their rooms. Each corridor had a different theme with various sensory boards and reminiscence items for people to use and take an interest in. The home was split over two floors with various additional communal areas which included a bar, a tea room, an activities room and a cinema. They had all been maintained to a high standard and available to everyone to use and enjoy.
- During day one of the inspection we noted the outside areas needed maintenance and weeding. The registered manager took immediate action to improve outside which enhanced the garden with lots of comfortable areas to sit.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People living at the service and their relatives were very complimentary about the staff team. One person told us, "The staff are very caring especially at night" and relatives shared their comments stating, "They are respectful and understand my (relative's) needs" and "Not a care home, it's a home with care."
- We observed that staff respected people's privacy and dignity. People were comfortable and relaxed with the staff who supported them. Staff routinely knocked on people's doors and waited to be invited in. Staff provided personal care in private.
- All staff had signed up to be dementia friends and had good understanding in supporting people at Simonsfield.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised person's.
- People told us that friends and relatives were able to visit at any time without restrictions and always made to feel welcome. People could access the tea room and help themselves to refreshments whenever they wanted. The registered manager had previously displayed posters for mothers day inviting families in to the services to enjoy a meal with their relative free of charge to join in the celebration.
- People's bedrooms were personalised and contained lots of personal effects they chose to bring in. Most bedroom doors had photographs outside the door to remind those people where their room was and aid with their memory and orientate them to their own room.
- Policies and procedures were in place to offer guidance in ensuring that people's human rights, dignity, privacy and respect were maintained at all times.

Ensuring people are well treated and supported; equality and diversity

- When people were assessed before moving into Simonsfield, they and their representatives were asked if they would need assistance to follow a religion or continue to explore any lifestyle preferences. Those who made their wishes known were supported by staff who knew them well and respected them as individuals.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required, offered reassurance and support when needed.

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

- People we spoke with told us they felt comfortable discussing their care with staff and management.
- There were more formal methods for gaining feedback from people and their relatives. These included service user and relative meetings and surveys. The service openly displayed results from feedback and consistently gained positive feedback.

- People were provided with information in a format they could understand. This met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand.
- The service had links with an independent advocacy service. All people living at the home were advised they could access this if they wished to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us they enjoyed the activities on offer and made various positive comments such as, "There are plenty of activities", "I asked for a bird table and got one, I love to watch the birds" and "We go for trips out, I've been to Wales and Blackpool."
- The service had two-part time activities coordinators who planned a weekly activity schedule in-house plus two trips out each week in the local community. We observed a group activity session for exercise and noted this was a lively, sociable occasion. People were smiling and positively engaging with everyone in the group. Staff had also organised a trip out to a local tea dance in the community and a trip to the dementia café local to the service. People living at Simonsfield told us they enjoyed these activities, one person loved to dance and really looked forward to this event.
- Care plans were well planned, personalised and recorded people's life and family histories. Staff knew people well and instigated meaningful conversations.
- Staff understood and applied the principles of person-centred care and support. They had arranged for one person to fulfil their dream of becoming an actress in 'The Wizard of Oz' with a local event at the service where people got dressed up in character. Another person was supported to access the service's kitchen to make their favourite meals that they use to make at home.
- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified and recorded the communication needs of people living with a disability, dementia or sensory loss. Staff knew people well and how best to communicate to support their understanding.

Improving care quality in response to complaints or concerns

- A complaints and compliments procedure was in place and made accessible to all. A clear record was available to maintain the detail of any complaints, how they were investigated and the outcomes and response to the complainant. A list of thank you letters and cards were accessible for anyone to view which showed lots of positive comments and feedback about the service.
- People knew how to make a complaint, and who they would speak to if they were unhappy. People we met had no complaints to make but were confident that if they did it would be dealt with by the registered manager.

End of life care and support

- At the time of this inspection there were no persons in receipt of end of life care.
- In the event of a person requiring this support, staff were specifically trained and told us they would work alongside community health care professionals to ensure that people received the care and support they needed.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager led by example and inspired the staff to strive for the best possible outcomes for the people they supported. They regularly researched and accessed updated guidance to reflect developments at the service with the environment, activities, person centred support and community events.
- The registered manager also introduced her own initiatives such as the introduction and use of 'nursing scrub' outfits that replicated pyjamas. She had identified a problem for some people at night having difficulties being orientated to day and nights. She wanted to try the initiative to see if it would help people to be better orientated to their night time routine and help remind them of the time. The registered manager felt it had been successful and continued to collect data to help her to review this initiative. Initial results were showing a reduction in falls at night for the dementia unit and staff felt this was due to using the 'scrub outfits' to better orientate people.
- The service had developed strong links with community organisations which were used to enhance the experience of people within the service. The local dementia care café was visited regularly and people enjoyed trips to local tea dances that community projects offered to people locally.
- There was a lot of feedback from people at the service and their relatives who were all extremely positive about Simonsfield, especially about the registered manager. They told us the service was very well led, they had recommended the service to others.
- Staff told us the registered manager was always approachable and supporting and had a daily presence around the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had developed a comprehensive and robust system to monitor and maintain high levels of care and support provided to people and to maintain quality and safety within the service. Areas for improvement were identified through audits and appropriate action was taken to make any required improvements.
- Staff had a clear understanding of their role and responsibilities. The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. The services ratings were displayed and accessible for everyone to see. They had notified CQC when it was required of events which occurred at the service.
- People were confident in the leadership of the service and told us they could speak with the registered manager at any time that her door was always open.

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

- There was a clear and transparent approach to gaining and sharing feedback. The registered manager collated continual feedback to help them improve the service. They prioritised people's opinions and made sure they were important to their developments within the service. The recent results of surveys for 2018/19 identified extremely positive feedback. Some of the results stated, 100% of respondent's would recommend the home. 100% rated the admission process as good or Excellent. 100% rated the team in the home as good or excellent. 100% stated that staff maintained service users dignity at all times. The results reflected the overall positive views shared with us during this inspection.
- Feedback throughout the year included various topics such as care plan reviews, local meetings, stakeholder feedback, complaints and compliments. Recent results displayed on notice boards informed every one of the results. They also included the registered managers response to changes made to the menus and providing more bird tables in the garden.
- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.
- Healthwatch recently visited the service in February 2019 and made positive comments about the service. They stated the home was one that they would choose for a family member and they observed caring interactions from staff who were polite, positive and dignified.

Continuous learning and improving care

- The registered manager had an extremely organised process for overseeing health and safety and the quality of the service. Well managed audits identified good practice and any areas for improvement.
- The registered manager had an in-depth knowledge of the people living at Simonsfield. She continued in her vision to always develop the service for the benefit of the people who lived at Simonsfield.
- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the provider to make and sustain improvements.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.