

Syne Hills Care Home Limited

# Syne Hills Care Home Limited

## 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

### About the service

Syne Hills Care Home provides personal care and accommodation to up to 35 older people, some of whom were living with dementia. The home was arranged across three floors in one converted home. There were 30 people living at the service at the time of our inspection.

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

People were safe, relaxed and comfortable in a clean and homely environment they knew well.

Risk assessments contained sufficiently detailed person-centred information. Daily recording information was accurate and up to date. Staff demonstrated a good knowledge and awareness of risks.

The premises and all equipment were well maintained.

Medicines were managed safely, including storage, administration, disposal and all relevant training and competency assessments of staff.

Staff worked proactively with external healthcare professionals to ensure people's needs were met effectively. Staff were well trained and well supported to provide high standards of care to people.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Best interest decision-making followed best practice guidance.

People were included in the running of the service, for instance in making decisions about meals, décor and activities. Feedback from people, their relatives and a range of external professionals was extremely positive regarding the compassionate, affectionate and sensitive approach of staff. The service felt welcoming and calm as a result. People consistently told us there was a family atmosphere.

People ate well and had a choice of meals and snacks. Menus were varied and staff were patient when helping people decide what meals to choose.

The premises were suitable and spacious. The first floor would benefit from having regard to best practice in dementia friendly environments.

End of life care was in place. Feedback from external professionals was positive.

A range of group and individual activities were in place and this was a particular strength of the service. There were good levels of community involvement in place and social isolation was limited wherever possible. Feedback from people and relatives was positive.

The registered manager, director and home manager were well respected in the organisation and further afield. They had a stable staff team who shared a consistent person-centred approach to care. The home manager was responsive to feedback about areas of emerging best practice and how to incorporate this into the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Syne Hills Care Home Limited

## **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

One inspector and one Expert by Experience completed 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

Syne Hills Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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

The inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams. We reviewed the service's previous inspection reports. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spent time speaking with nine people who used the service and three relatives. We spent time observing interactions between staff and people who used the service. We spoke with seven members of staff: the home manager, senior carer, the lifestyle co-ordinator, three care staff and the maintenance person. We spoke with one visiting healthcare professional.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

#### Following the inspection

We spoke with two more health and social care professionals over the telephone.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt confident in the ability of staff to keep them safe. One relative said, "I have no worries about them being safe here at all, day or night."
- The service had replaced the nurse call buzzer system with a pager system. This meant staff were instantly alerted when people needed help, but others did not have to hear the sound of alarms. This system was working well.
- Staff had been appropriately trained and safeguarding information was clearly available. The home manager worked openly with external safeguarding professionals. Staff were able to identify when people may be at greater risk and took appropriate steps when they were concerned about people.
- The service used CCTV in communal areas. All people and relatives we spoke with were happy with this although the home manager acknowledged they needed to document this consent in people's care records.

Assessing risk, safety monitoring and management

- Risk assessments were understood by staff and reviewed regularly. Actions staff needed to take to reduce risks were clearly set out.
- The service felt calm and welcoming. Staff demonstrated the skills required to sensitively redirect people who were beginning to feel anxious.
- The service was well maintained, with one dedicated member of staff to maintain the premises and the garden. Emergency equipment, lifting, heating, electrical and other equipment was regularly serviced.

Staffing and recruitment

- Sufficient pre-employment staffing checks continued.
- Staffing levels were well planned and appropriate to the needs of people's personal care and social needs. People and their relatives confirmed staff always attended to them without delay and that they had never known the service to be understaffed. Agency staff were not used; the staff team ensured people received care from staff they had got to know and trust over time.

Using medicines safely

- Medicines were managed in line with good practice. Staff knowledge, training and competence assessment were effective.
- Auditing and stock checks of medicines were effective and consistent.

Learning lessons when things go wrong

- The home manager had implemented reflective practice meetings. Processes were in place to ensure any

accidents, incidents, complaints or safeguarding incidents were documented and analysed. Staff were aware of the duty of candour and had the confidence to raise any concerns internally should they need to.

- The home manager was receptive to feedback about areas of best practice to keep people safe.

#### Preventing and controlling infection

- The service was clean throughout. There was an infection control champion in place who attended external meetings and shared good practice.

# 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 good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with good practice prior to using the service and regularly thereafter.
- Electronic care plans and recording were in place. These were accurate and sufficiently detailed. The home manager demonstrated a good knowledge of developments in best practice and how they planned to incorporate this into ongoing improvements to care plans.

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

- Feedback regarding meals was consistently positive. One person said, "It's always lovely and I can have as much as I like." People's weights were monitored regularly and action taken when people were at risk of malnutrition.
- Menus were varied and designed with the input of people who used the service. Staff showed people pictures of meal options and were flexible when people changed their mind. Special dietary needs were catered for.
- Staff ensured people enjoyed meals at their own pace and were supported in a dignified way.

Staff support: induction, training, skills and experience

- Regular refresher training took place in core topics. The home manager had improved the induction process and made it more comprehensive.
- Staff supervisions, appraisals and meetings happened consistently.
- External professionals confirmed they had confidence in staff, as did people and their relatives.

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

- The home manager had developed some strong relationships with local health and social care professionals. One said, "They are one of the better ones. They are always up to date on people's needs and work with us really well." Access to regular primary health services, such as chiropody and dentistry, was well documented.

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

- Corridors were accessible and the home was well lit throughout. A lift and stair lifts made all areas of the home accessible. There were ample communal and private space on the ground floor, which was well signed. The first floor would benefit from improvements in line with dementia friendly environments best practice.

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.

- The home manager had ensured DoLS were applied for when necessary. Where people lacked capacity to make a specific decision there was well documented best interests decision making in place.

# 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 remains good. 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

- Staff interacted with people patiently, warmly and with evident knowledge of their preferences. One social care professional told us, "They are always very gentle and kind with clients and have a lot of patience and empathy. They are welcoming to people's families and have a family orientated atmosphere."
- Continuity of staff was good and staff had built strong bonds with people.
- Staff had received equality and diversity training. Pre-admission assessments and ongoing conversations with people ensured people had the opportunity to explore and celebrate their faith.
- Staff ensured meaningful dates and events were remembered. For instance, someone was celebrating their birthday during the inspection with a cake and singing.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and their relatives was consistently extremely positive about staff compassion and patience. Sample comments included, "Staff are brilliant and so good with him," and, "They are a grand lot and do have patience with you."
- Staff ensured people's dignity was maintained and they were treated with respect. Each day one senior member of staff completed a dignity audit and fed back lessons learned to staff.
- There was a sense of homeliness and community, with people and family members playing more of a role in the service. There were plans to grow fruit and vegetables; people had already taken part in planning the sensory garden. The home manager was considering inviting people to play a part in future recruitment processes.
- The home manager provided clear leadership regarding the caring, person-centred attitudes they wanted from their staff. They had introduced a 'downing tools' time in the afternoon where all staff sat and interacted with people.

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

- The home manager ensured there were a range of means for people to be involved in decisions about their care. This included residents' meetings, one to one conversations, and having an open door policy. Discussions at these meetings were used to plan future outings, menus and the décor of the building. All people and relatives we spoke with confirmed the home manager acted in this approachable way, and that the culture was an inclusive one.
- Advocacy information was made available to people. No one was using an advocate at the time of inspection but all relatives confirmed they were encouraged to help the service act in people's best interests.

## 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 good. This meant people's needs were met through good organisation and delivery.

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

- Activities were supported by a lifestyle co-ordinator who worked well with other staff to enable people to take part in new activities. Staff were enthusiastic and encouraged people to sing and dance. Group activities and outings, via the service's own minibus, were a particular strength. The service had applied for bus passes for people to ensure they could also use public transport.
- Staff confirmed they had time to spend on a one-to-one basis with people to ensure they did not feel isolated.
- Local connections were in place which had a positive impact on people's wellbeing and access to the community. For instance, the service regularly used a community cargo bicycle that could carry two people on the front as well as the rider. People enjoyed short trips out on the bike. One person said, "It's so great to feel the wind go through my hair. I know I don't have much hair, it is brilliant fun!"
- Staff played an active role in organising and attending events to raise money for the residents' fund and building strong community links.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where people had specific communication needs, such as not being able to verbally communicate well, care plans were detailed. Staff demonstrated their ability to understand people's body language and prompts throughout the inspection. People had 'about me' books which gave staff a snapshot of their individualities.
- Care plans were detailed and contained good levels of information regarding people's preferences and wishes. Staff demonstrated a sound knowledge of these needs and preferences.
- Healthcare professionals agreed that communication with the service was effective.

End of life care and support

- End of life care training was in place, together with links with external specialist nurses. The home manager planned to build on this training and review how they broached initial conversations with people and their relatives, as they acknowledged this could at times be difficult.
- Care plans contained information about where and how people wanted to be supported at the end of their lives.

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. Policies and systems were in place to respond to and analyse the contents of complaints if received. People and their relatives confirmed they knew how to

raise any concerns should they need to. All comments received had been positive.

#### 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.

- The home manager acted in line with the AIS.

# 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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Since our last inspection the service had hired a home manager to look after the running of the service. The registered manager still had oversight of the service but was also able to spend more of their time supporting people on outings. They rode the community bike to enable people to access the community and beach. All staff we spoke with praised the leadership of the home manager, the registered manager and the director.
- The culture was focussed on ensuring people felt at home and relaxed. A consistent theme from all people and staff we spoke with was how the leadership of the service involved people in decisions about how the service was run. The home manager confirmed they had the autonomy to introduce such changes, but that the registered manager and owner provided continued hands-on support.
- Relatives felt confident that they could raise any queries with the home manager. One said, "This is a longstanding family run home and we have had other members of our family here, so we had no hesitation when we needed a place. They are very amenable to queries or suggestions."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home manager demonstrated a strong oversight of all core processes of the service. They performed a range of reviews and audits to ensure standards were maintained and improved where possible. Senior care roles, known in the service as 'Person in Charge' roles, were working well and staff understood their duties.
- Where we suggested other areas to consider, the home manager was responsive to this, and keen to achieve excellence.
- Social care professionals confirmed they had confidence in the ability of the home manager.
- Staff felt supported and empowered to play a meaningful role in how the service was run.

Working in partnership with others

- The home manager had built strong working relationships with a range of key external professionals and was well respected.
- The service hosted events such as a recent summer fayre and a charity events to raise money for the residents' fund.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The home manager interacted personably and patiently with people who used the service, as did all staff. All people and relatives we spoke with confirmed the home manager was approachable and had their office door open at all times.