

Leonard Cheshire Disability







Symonds House - Care Home with Nursing Physical Disabilities

Inspection report

2 Lavender Fields
Lucas Lane
Hitchin
Hertfordshire
SG5 2JB
Tel: 01462 452460
Website: www.lcdisability.org

Date of inspection visit: 21 & 26 August 2015
Date of publication: 01/10/2015

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

The inspection took place on 21 and 26 August 2015 and was unannounced. At our last inspection on 27 August 2014, the service was found to be meeting the required

standards in the areas we looked at. Symonds House provides accommodation with nursing care for up to 20 adults who live with physical disabilities. At the time of our inspection 19 people lived at the home.

Summary of findings

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted and so DoLS authorities were not required.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who

worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders very were complimentary about the manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Good



Is the service effective?

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Good



Summary of findings

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Good



Symonds House - Care Home with Nursing Physical Disabilities

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 21 and 26 August 2015 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them

to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with six people who lived at the home, two relatives, five staff members, the manager and deputy manager. We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, “We are all really safe here. [Staff] are always there and quick to help if I am worried or have a problem.” Another person commented, “All of the staff here look out for us and make sure we are OK. They make sure I get back safe and sound if I have been to my local [social club] for a drink.” Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns and report potential abuse by whistle blowing, both inside the home and externally.

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. Information was also made available in an ‘easy read’ format that used appropriate words and pictures. One staff member told us, “Safeguarding training and procedures are very good. The safety of the residents is paramount and we are constantly reminded about the need to be vigilant at all times.” A relative commented, “I have absolutely no worries or concerns about [family member], they are well looked after and kept safe.”

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. A person who lived at the home commented, “Staff are very very good here. It would be difficult to find better staff; they all know what they are doing and look after us very well.” A staff member said, “Recruitment is taken very seriously, it was a very thorough [application and selection] process.”

People were consulted about and involved with the recruitment of both permanent and volunteer staff. For example, they were asked to describe and profile the characteristics and personality of volunteers they felt would be best suited to meet their individual care and support needs. Some people asked candidates for a chef position to cook them sample meals to try as part of a selection process, while others had taken part in the interviews of prospective staff to help assess their suitability for various roles at the home.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people’s needs safely and effectively in a calm and patient way. One person told us, “There are enough of them [staff] around to help when you need it. They work as a team, all of them, admin [staff], housekeepers, kitchen staff, carers and volunteers, they are all very good.” Another person said, “There’s always staff around to talk to if you have a problem. They give you time and support your needs, if you have a problem they will sort it out quickly.” We saw shift patterns and duty times were kept under review and amended where necessary to take full account of busy times and people’s changing needs.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff who were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, “The managers are very hot on making sure medicines are done safely, the training is good and we are regularly checked in practice.” A relative commented, “I am very happy with how the staff support [family member] with their medicines, they are really good with that.”

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. The manager adopted a positive approach to risk management. This meant that staff were able to provide care and support safely but also in a way that promoted people’s independence and lifestyle choices wherever possible.

For example, one person with limited mobility wanted to use their electric wheelchair to visit the local town and socialise with friends. However, some of the routes available were unsuitable for the wheelchair and presented significant risks of it tipping over, which may have resulted in injury. A staff member, specially trained in assessing mobility risks, helped the person identify and use the most appropriate and safest routes to and from the home.

Is the service safe?

The person was also assessed as being at potential risk from strangers if they attempted to befriend them and take advantage of their vulnerability. Staff supported them to purchase a mobile phone and showed them how to use it, so they could contact the home at any time when out and about if they felt anxious, worried or threatened. Another person who used a wheelchair to get about told us that staff often helped him return to the home safely after they had enjoyed a few pints of beer at a local social club.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, one person experienced a number of falls due to deterioration in their mobility over time. The information gathered was used to reassess their mobility needs and develop measures to reduce the risks of injury, particularly when the person concerned wanted to move around the home independently. New guidance was put in place about how to help the person access mobility aids more easily and, with their agreement, they were given a new bedroom closer to the areas of the home they used the most.

These steps have enabled people to maintain their independence and freedom of choice safely and in a way that reflects both their individual needs and personal circumstances. One person commented, "I try to go out into the community on my own. Without the staff here we could not do what we do, they are brilliant." A social care professional with experience of the home told us, "They [the service] has good risk assessments that empower independence and reflect changes in resident's need." A relative said, "The home is really good at promoting people's independence and helping them to develop new life skills."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms.

Is the service effective?

Our findings

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principles applied in practice together with the circumstances in which DoLS authorities would be necessary. At the time of the inspection we found that people's freedoms had not been restricted and therefore DoLS authorities were not required. We saw that where people may have lacked capacity to make their own decisions in certain areas, recent improvements had been made to ensure that assessments and best interest decisions were properly structured, formalised and documented.

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "They [staff] never assume what you want. They always ask us first so that we can decide what to do." The guidance provided to staff showed that people, their relatives and, where appropriate, social care professionals, had been consulted about and agreed to the care provided. A staff member said, "We always give them [residents] choices and let them decide what they want."

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people they clearly knew very well, for example about what they wanted to eat or how they wanted to spend their time. A relative told us, "They [staff] have got to know [family member] very well over time and have worked extremely hard to understand how to communicate and recognise signs of mood, discomfort and frame of mind. They really do know how to read them and how they feel." Guidance provided to staff contained detailed information about how to communicate with people effectively in order to establish their views and obtain consent.

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One person said, "The

staff are really nice and are brilliant at what they do." Another person commented, "The staff are very very good and so very supportive." A social care professional told us, "All members of staff I have come into contact with have been very knowledgeable of residents needs and professional in their dialogue."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, first aid, nutrition and hydration and infection control. Most of the training was provided on site in a well-equipped room designed and used specifically for that purpose. A staff member said, "The induction was brilliant, covered everything in detail, I had to demonstrate I could do things, they were very patient. The training is excellent, good quality and really good, we get refreshers all the time."

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, some staff members attended a physiotherapy conference, awareness training at a specialist neurological centre and have been supported to obtain health and social care diplomas. Individual training achievements were recognised and celebrated, for example by awarding certificates at staff meetings and social events held at the home.

Staff felt well supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with a manager where their performance and development was reviewed. A staff member commented, "I love it here, it's brilliant. I have regular supervisions and have been supported to obtain NVQ's. We have regular meetings and can put things on the agenda, we definitely have a say here." We saw that staff had been consulted about working patterns and other practices during staff meetings and that their views and ideas had been taken into account when drawing up new shift patterns to cater for busy morning periods and evening activities.

Is the service effective?

The chef was very knowledgeable about people's nutritional needs and planned menu's to ensure they were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. One person said, "The food has really improved. We can have food of our choice and snacks at any time, plus cooked breakfasts." A relative told us, "The food is really good and [family member] is really happy with the meals. They definitely meet their complex nutritional needs, particularly in relation to diabetes. I am very happy with the presentation and quality of food."

We observed lunch being served in two communal dining rooms and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Specialist equipment tailored to people's individual eating and mobility needs was available and used in a safe and effective way to help them where necessary. Staff made considerable efforts, and used a variety of effective communication techniques, to help people decide what they wanted to eat and drink. We saw that people chose where they sat, who they socialised with and clearly enjoyed their meals in a pleasant environment with a relaxed, warm and homely atmosphere.

The chef was a visible and positive presence during lunch who spoke with people about their preferences and sought

feedback from them about the food provided. They took steps to ensure that pureed food was both visually appealing and easy to identify, for example by using appropriately shaped moulds.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs, many of which were both significant and complex. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One person told us, "I have lots of [health] issues and care needs but they all get met, the staff are all very special." A relative commented, "They look after [family member] very well and they are very happy. The staff are marvellous and attend to them very carefully."

People were supported to access appropriate health and social care services in a timely way and received the ongoing care they needed. A relative commented, "They [staff] are extremely good at facilitating access to health professionals." A social care professional told us, "Medical professional input is evident for all the residents I have reviewed so far. Care plans reflect recent changes in resident's needs." We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "Overall it's a lovely place to be, the staff are lovely and the things they do are lovely." Another person said, "There is a family, homely atmosphere here. Staff are a good bunch and we have a laugh. They [staff] are so kind, so helpful."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One person told us, "Everything here is about us, the residents. Staff are all very respectful, they always knock before coming in and ask before they do anything." A relative commented, "[Staff] are very caring, they look after [family member] very well, they are very happy there and wants to stay. They are well cared for and looked after." A staff member said, "Care standards here are really good."

People were supported to maintain positive relationships with friends and family members who were welcome to

visit them at any time. One person said, "They [staff] know my family and friends very well and always make them feel welcome." A social care professional commented, "residents are also well supported to maintain personal relationships outside of the home environment."

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One person said, "We have meetings about my care." A relative commented, "I have been fully involved in care planning and reviews." A social care professional told us, "All residents have been empowered and supported to attend, contribute and be fully involved in all aspects of their [care] reviews. I have felt confident that any actions coming out of a review will be done with a proactive approach."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to people and their relatives.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care, the medicines they needed help with, relationships that were important to them, dietary needs and how they wanted volunteers to support them. For example, an entry in guidance for one person noted; "I enjoy water colour painting and a volunteer comes to help me fortnightly." Another entry stated that the person enjoyed a "decent cup of tea" first thing in the morning.

The guidance provided about one person gave staff practical information about how to help them with daily exercises that were both an important and necessary feature of their health care. The person concerned had been involved in drawing up the guidance, which included photographs of them doing each exercise, broken down into key stages, together with a demonstration of how to use any equipment needed. This meant that staff had access to guidance that had been personalised to the individual, tailored to their specific needs and helped them deliver safe and effective care and support.

We saw that another person, whose first language was not English, had been supported by a volunteer to visit restaurants that served food they liked from their country of origin. An interpreter had been used to support them with communication and make sure their care and end of life preferences had been properly understood and planned in accordance with their wishes.

One person who lived at the home told us, "Staff will help me get my shopping, come with me and help. Everything here [at the home] is about the residents, we do what we want, when we want." Another person proudly showed us their bedroom and explained how staff had helped them to choose a colour scheme and decorate it just how they wanted. A social care professional with experience of the home commented, "Care plans are very personalised,

capture the individual well and all the little details that matter to that resident are included. Individual cultural and religious needs are being well accommodated and embraced."

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with epilepsy. They had used this knowledge to help and support a person safely reduce their dependency on certain medicines in liaison with a consultant neurologist and family members. A relative told us, "They [staff] provide care that is designed to look after people as individuals, the home is marvellous at that."

Extensive opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I'm going to see 'Shrek' the musical on Sunday with a support worker. It's a lovely place to live, the things we do are lovely, like swimming and stuff." A relative told us that their family member had decided to reduce the frequency of weekends spent with them because they enjoyed being at the home and taking part in the activities provided. A social care professional commented, "Activities are always going on when I'm there [at the home], the atmosphere is continuously buzzing and active. The home appears to have strong connections with the local and wider community, including holidays, trips, sailing, gardening and cookery clubs, tailored for young adults with disabilities [with good] mapping and utilising of local community based services, groups and social clubs."

People had access to a well-equipped activities room and a mini gym used for exercise sessions and physiotherapy. During our visit we saw that the gym was being decorated with a mural designed in consultation with people who lived at the home. We also saw permanent and volunteer staff, including a full-time activity coordinator, supporting people to take part in a wide range of activities, including painting, arts, crafts and games. People had access to IT and other specialist equipment to help them download holiday photographs and take part in both optical and audio sensory activities relevant to their individual needs.

People and their relatives told us they were consulted and updated about the services provided and were encouraged

Is the service responsive?

to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was displayed in an 'easy read' format appropriate to people who lived at the home. One person told us, "We have meetings and

leaflets about how to get a voice and stuff if not happy. I haven't had any complaints." A social care professional commented, "[The manager] and staff have been open and transparent when they may have got things wrong, could have done things better or when residents [and/or] relatives have given feedback for improvements."

Is the service well-led?

Our findings

People who lived at the home, relatives, staff and professional stakeholders were all very positive about how the home was run. They were complimentary about the manager and deputy manager in particular who they described as being approachable and supportive. One person told us, “The manager is lovely and gets the staff to work good as a team with team building and activities.” Another person said, “The manager knows me really well, they are good and are improving things.” A social care professional commented, “The manager is very open and treats people [who lived at the home] like adults. People enjoy living at the home.”

Staff told us, and our observations confirmed, that managers led by example and demonstrated strong and visible leadership. The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us their vision and mission for the home was to; “Enable individuals to make choices about their daily activities, to lead as full a life as possible, promote their independence and support them to try new experiences. To make sure that disabilities do not stop people from living.” These issues were regularly discussed at resident and staff meetings where people were encouraged to have their say about how the home was run.

The manager and deputy manager were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, “Staff get on really well here, good team work. The residents and us really have a voice here. The managers are very fair and approachable, very professional, their doors are always open.”

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. The managers had established strong links with the local community and used a large volunteer network to good effect in supporting people to achieve their personal goals and aspirations. For example, the home was supported by a local supermarket that supplied provisions for fund

raising events such as ‘fish and chip’ suppers. Children from a local school and ‘Brownie’ club visited the home to raise awareness about disabilities and local companies had helped to decorate communal areas. A social care professional commented, “The home has a number of strong connections with charitable organisations and a strong volunteer base.”

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation to medication errors that had occurred. These had been thoroughly investigated and used to change and improve the practices and systems used to ensure people’s medicines were managed safely and reduce the risks of reoccurrence. Strong links had been established with a local doctor’s surgery which meant that GP’s, who knew the residents well, visited the home each week to ensure people received safe, effective and consistent care that met their needs. The home has also forged positive and effective working relationships with specialist consultants in order to improve and enhance the quality of care, treatment and support provided.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives, professional stakeholders and staff (both permanent and volunteer) had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. For example, the manager had taken steps to improve information sharing with staff about a range of issues, such as recruitment and development opportunities, as a direct result of feedback received. A relative commented, “The home works hard to make sure that we [family members] are involved and consulted. We get asked for feedback on how things can be improved.” We saw from the outcome of surveys that people and their relatives were very positive about their experiences, the services provided and how the home operated.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The manager was required to gather and record information about the homes performance in the context

Is the service well-led?

of risk management and quality assurance and prepare a monthly summary and progress update for the provider. The manager also carried out unannounced 'out of hour' visits of the home to check on the environment, performance of staff and quality of care and support

provided. A group called 'Friends of Symonds House', comprised of local volunteers and interested parties, met regularly to discuss, review and develop new ways of supporting the home and people who lived there.