

PBT Social Care Ltd

Simones House Swindon

Inspection report

69 Britten Road
Swindon
SN25 2HQ

Tel: 07804913884

Website: www.simoneshouse.co.uk

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Simones House Swindon is a residential care home registered to provide personal care to adults aged over 18. The home is registered to provide care for up to two people. The home can support people with learning disabilities, autism, mental health, sensory impairment and dementia. There was one person using the service at the time of our inspection.

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

Right Support

Staff supported the person to maintain independence and control over their own life. Staff focused on the person's strengths and assisted them in any activity the person was able to do with their help. As a result, the person had a fulfilling and meaningful everyday life. The service provided the person with care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported the person to make decisions following best practice in decision-making. Staff communicated with the person in ways that met their needs.

Right Care

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect the person from poor care and abuse. The service worked well with other agencies to do so. Staff had relevant training in how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet the person's needs and keep them safe. The person's care, treatment and support plans reflected their range of needs and therefore promoted their well-being and enjoyment of life.

Right culture

The person led an inclusive and empowered life because of the ethos, values, attitudes and behaviour of the management and staff. The person received high quality care, support and treatment because appropriately trained staff and specialists were able to meet their needs and wishes. The person was assisted by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant the person received compassionate and empowering care that was tailored to their needs. Staff evaluated the quality of support provided to the person, involving the person themselves, their family and other professionals as appropriate.

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

Rating at last inspection

This service was registered with us on 16 October 2020 and this is the first inspection.

Why we inspected

This was the first inspection of the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Simones House Swindon

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one 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.

Service and service type

Simones House Swindon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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 before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We spoke to the person who used the service. We spoke to a member of staff supporting the person. We looked at a range of records including the person's care plan and risk assessments, and medication records.

After the inspection

We spoke with a relative of the person to obtain their opinion on quality of care. We reviewed a range of records. This included three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, as well as the training matrix and quality assurance systems were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The person's relative told us, "My relative is safe. At present my relative has settled extremely well."
- Staff had been trained in how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I witnessed a case of abuse, I would tell my manager and record it."
- The registered manager made sure information and processes were available for staff and there was an up-to-date, detailed safeguarding policy.

Assessing risk, safety monitoring and management

- The person lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Appropriate risk assessments were in place, meaning staff had good knowledge of risks and how to reduce these. Risk assessments and care plans were regularly reviewed and updated. For example, the registered manager completed risk assessments regarding nutrition, hydration and social isolation.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. The person's relative told us, "The home is very clean, and things get locked away in the safe. There is no clutter."

Using medicines safely

- The person was supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Staff reviewed the person's medicines regularly to monitor the effects on their health and well-being, and provided advice to the person and carers about medicines.
- Staff competency was reviewed to ensure it was safe to support people with their medicines. Protocols were in place to guide staff on safe levels of support when administering medicines.

Staffing and recruitment

- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place. Pre-employment checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- The service had enough staff to meet the person's needs. The number of staff was sufficient to provide one-to-one support that enabled the person to take part in activities and visits how and when they wanted.
- Staff induction training processes promoted safety. Staff knew how to take into account people's

individual needs, wishes and goals.

Learning lessons when things go wrong

- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep the person safe, and staff supported the person to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested the person using the service and staff for infection regularly.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and well-being.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- The service's infection prevention and control policy was up-to-date.

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.

This is the first inspection for this newly registered service. This key question has been rated '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

- The person had care and support plans that were personalised, holistic, strengths-based, reflected their needs and aspirations and included their physical and mental health needs. The person, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of the person's needs, including relevant assessments of the person's communication support and sensory needs.
- Staff ensured the person had up-to-date care, and the person's support assessments reflected their medical, psychological, functional, communication needs, as well as their preferences and skills.

Staff support: induction, training, skills and experience

- The person was supported by staff who had received relevant and good quality training in evidence-based practice. A member of staff told us, "We received a good range of training. This covers food and hygiene, medication, the mental capacity act, but also dementia awareness and autism."
- Staff were knowledgeable about and committed to deploying techniques that promoted reduction in restrictive practice.
- Staff told us that updated training and refresher courses helped them to continuously apply best practice. We saw that staff were knowledgeable and they knew how to support people safely.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- The person received support to eat and drink enough to maintain a balanced diet.
- The person could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged the person to eat a healthy and varied diet to help them maintain a healthy weight. Staff told us they were aware of the person's food likes and dislikes and they took pride that the person had lost some weight due to their healthy diet. A member of staff told us, "[The person] likes every other food except soups. [The person] was obese but lost three kilograms due to a healthy but very tasty diet."

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

- The person had a health passport which was used by health and social care professionals to support them in the way they needed.
- The person was supported to attend annual health checks, screening and primary care services.

- The person was referred to health care professionals to support their well-being and help them live a healthy life.

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

- The person's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met the person's sensory and physical.
- The design, layout and furnishings in the person's home suited their individual needs.
- The environment was homely and stimulating.

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.

- Staff knew about the person's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff empowered the person to make their own decisions about their care and support. A member of staff told us, "If the person has not been assessed as lacking capacity, we need to give choices and seek for consent no matter what."
- Staff demonstrated best practice in assessing mental capacity, supporting decision-making and best interest decision-making.

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.

This is the first inspection for this newly registered service. This key question has been rated '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 saw the person as their equal and created a warm and inclusive atmosphere.
- The person received kind and compassionate care from staff who used positive, respectful language which the person understood and responded well to.
- Staff ensured the person was protected from exposure to any environmental factors they would find stressful.

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

- Staff took the time to understand the person's individual communication styles and develop a rapport with them. The person had rejected traditional Makaton and Picture Exchange Communication system (PECs). Makaton is a language programme using signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols are used with speech in the spoken word order. We saw that staff used their body language, facial expression and objects of reference to communicate and build rapport with the person.
- The person was enabled to make choices for themselves and staff ensured they were provided with the information they needed in a comprehensible way.
- The person, and those important to them, took part in making decisions and planning of the person's care and risk assessments. The person's relative told us, "I am involved in the assessments and they (staff) know what they are doing. I would know if my relative wasn't happy."

Respecting and promoting people's privacy, dignity and independence

- Staff knew when the person needed their space and privacy and respected this. During our inspection we saw that the person needed space and privacy due to anxiety built up by seeing new people. Staff respected the person's wish and respected their privacy.
- The person had the opportunity to try new experiences, develop new skills and gain independence.
- Staff respected the privacy and dignity of the person and gave us examples of how they did this. For example, shutting the person's doors when supporting them with personal care or knocking before entering the person's bedroom.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant people's needs were met through good organisation and delivery.

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

- Staff offered choices tailored to the person using a communication method appropriate to the person.
- Staff provided the person with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff supported the person through recognised models of care and treatment for people with a learning disability or autistic people.

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.

- Staff had good awareness, skills and understanding of the person's individual communication needs and they knew how to facilitate communication with them. They understood when the person was trying to tell them something.
- The person had an individual communication plan that detailed effective and preferred methods of communication, including the approach to use for different situations.
- There were visual structures, including photographs, use of gestures and symbols which helped the person know what was likely to happen during the day and who would be supporting them.

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

- The person was supported to participate in their chosen social and leisure interests on a regular basis. We saw that the person was regularly provided with such activities as going out to the countryside to see horses, going out for a meal and going out for a walk. Staff respected the person's activities routine and the person was out for a ride every morning before taking their morning medicines.
- Staff provided supported the person with self-care and everyday living skills in a way that met the person's specific needs.
- Staff promoted the person's freedom of choice and control over what they did.

Improving care quality in response to complaints or concerns

- The person, and those important to them, could raise concerns and complaints easily and staff would help them to do so if needed. The person's relative told us, "If I saw something I didn't like, I would talk about it."

- Staff were committed to supporting the person to provide feedback so they could ensure the service worked well for them.
- There were no complaints raised with the service since they registered with the Care Quality Commission.

End of life care and support

- The provider had a policy and systems in place to support people with end-of-life care and palliative care needs.
- Currently, no one was being supported with end-of-life care and palliative care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were a range of checks to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks. Action was taken to address any identified issues.
- Staff understood the provider's vision and values and knew how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect the person's rights and provide good quality care and support.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff felt respected, supported and valued by senior staff who promoted a positive and improvement-driven culture. A member of staff told us, "I feel supported. I am supported by the manager and other staff members. We do staff meetings, we had one yesterday. I find it useful because if you notice any changes and you want to add this to a care plan, you can discuss this with the team."
- Staff felt able to raise concerns with the managers without fear of what might happen as a result.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The person, and those important to them, worked with managers and staff to develop and improve the service. The person's relative told us, "[The registered manager] listens to me and I think they are a good manager. They always answer the phone to me and are supportive."
- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us

there was effective teamwork and the registered manager set an example by being open and supportive.

- The registered manager had an open-door policy and the person using the service and their relatives were encouraged to visit the office and express their opinions either in person or via telephone.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider and the registered manager worked closely with other stakeholders to ensure the person received good quality care. This included co-operation with health care professionals, commissioners of the service and safeguarding team.
- The provider had a business continuity plan in place that specified what action needed to be taken in case of various emergencies, people responsible and partners involved.