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Smyth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Smyth House provides accommodation and personal care for up to 18 older people, some of whom were living with dementia. At the time of our visit 12 people were using the service.

What life is like for people using this service:

Risks in the environment had not been identified and acted on. For example, window restrictors were not in place and checks were not carried out to ensure safe water quality. Risk assessments had not been carried out for the staircases in the property. The temperature of the water coming from taps was too hot and posed the risk of scalding.

The service had not identified shortfalls we found and acted upon these, which meant people had been placed at the risk of potential harm. The management had not made themselves aware of Health and Safety regulations and ensured that the service was compliant with these.

Mental capacity assessments had not been carried out and Deprivation of Liberty Safeguards (DoLS) applications had not been made where these would be appropriate.

Risk assessments were in place which set out the measures staff should take to reduce risks such as pressure ulcers, falls or malnutrition. Care planning contained sufficient information about the care people required so staff knew how to meet their needs.

Care records were personalised and contained sufficient information about people's preferences, specific routines, their life history and interests. People were provided with individualised support to follow their particular hobbies and interests. People made positive comments about the activities.

Improvements were required to end of life care planning to meet best practice guidance such as that provided by the Gold Standards Framework.

People who live at Smyth House have their needs met by sufficient numbers of suitably trained staff. Staff and the management team were kind, caring and compassionate. People told us that the staff were kind to them and this confirmed our observations.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

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

Rating at last inspection (and update):

At the last inspection the service was rated Good. (Report published 7 July 2017)

At this inspection we found there were shortfalls that had not been identified and addressed. This included breaches of regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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?

The service was not consistently safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Smyth House

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 carried out by one inspector.

Service and service type

Smyth House is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was also one of the providers. They and the other provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service to ask about their experience of the care provided.

We spoke with the two providers, the cook and two care staff. We looked at three care records in relation to people who used the service. We also looked at staff files and records relating to the management of the

service, recruitment, policies, training and systems for monitoring quality.

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 the service was rated 'good' in this key question. At this inspection we identified areas of risk and shortfalls which had not been identified and addressed. The rating in this key question has deteriorated to 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- ☐ Risks in the environment had not been identified. Smyth House is a three-storey building and we found that there were no window restrictors in place on the second and third floors. This meant people were not protected from the risk of falling from windows. This had not been independently identified by the providers. We were so concerned about this risk that we asked the providers to ensure window restrictors were fitted before the end of the week.
- ☐ The providers had not made themselves aware of or acted in accordance with health and safety legislation around reducing the risk of legionella in the water system. Legionella bacteria causes Legionnaires disease, which is a potentially fatal form of Pneumonia. Health and Safety regulations require providers to carry out a risk assessment to identify any possible risk factors in the development of legionella bacteria in the water system. It also requires them to take all practicable action to reduce the risk. This can include maintenance to the water and plumbing systems and introducing a number of measures such as carrying out regular flushes of the water outlets. The providers had not performed any of these duties and this placed people at risk of harm. We were so concerned about this risk that we asked the providers to immediately source a reputable external company to carry out a risk assessment and put in place measures to control the risk. We asked them to confirm a date on which the risk assessment will be completed.
- ☐ There were no temperature controls on taps in the property which meant that the water reached high temperatures, placing people at risk of scalds.
- ☐ There were a number of steep, narrow staircases in the property. The providers had not carried out a risk assessment and put measures in place to reduce the risk of people falling down the stairs.

This was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Following the inspection, the providers sent us evidence that window restrictors had been fitted. They also confirmed the date by which a Legionella risk assessment would be carried out.
- ☐ Risk assessments were carried out to identify if people were at risk of pressure ulcers, malnutrition and falls. There was sufficient information for staff on reducing these risks. Action had been taken to obtain advice from specialists such as the Falls Prevention Team where people had falls.
- ☐ Care plans contained sufficient information about the care people required from staff throughout the day and night. Staff were aware of people's needs and how to meet them.
- ☐ Evacuation plans were in place for people to advise staff on the support they would need to exit the building in the event of an emergency.

- Checks were carried out to ensure the fire detection systems were in working order. Some areas for improvement had been identified at an inspection by an external company and these had been acted upon.

Preventing and controlling infection

- People told us they felt their home was clean and tidy. We observed the service was clean and this reduced the risk of the spread of infection.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or support with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.
- Staff had received training in safeguarding and understood their responsibilities.
- The service had raised concerns appropriately when one person returned home from hospital with unexplained bruising.

Staffing and recruitment

- People told us they felt there were enough staff to meet their needs. One person said, "You see there is always someone around." Another person told us, "Oh no, you don't wait. They are on hand."
- The service considered people's dependency levels and adjusted staffing levels in line with this. Staff told us the staffing levels were appropriate to meet people's needs in a timely way.
- The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have any criminal convictions which may make them unsuitable to work in the service.

Using medicines safely

- Medicines were stored, managed and administered safely.
- The service was making changes to the way they ordered and obtained medicines following issues with the pharmacy they used. This meant they were ensuring adequate stocks of people's medicines were received promptly.
- The service carried out regular medicines audits which were capable of identifying shortfalls.

Learning lessons when things go wrong

- Accidents such as falls were appropriately recorded. The contents of these records were reviewed by the management team.
- Each month the registered manager carried out an audit and reviewed the accidents that had occurred to see whether action was required. Referrals were made to specialists for advice where this was required.

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 we found that some improvements were required, in this key question and the rating has deteriorated to 'requires improvement'.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

- ☐ Assessments of people's capacity had not been carried out.
- ☐ One person had been refusing to sleep in their bed for an extended period of time, despite there being risks to their health associated with them sleeping in their chair. Whilst records confirmed the person's GP had explained the risks to them, the service had not carried out an assessment to determine if they had capacity to fully understand those risks.
- ☐ DoLS applications had not always been made where these would be appropriate in line with legislation.

This was a breach of Regulation 11: Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ People told us they were supported by staff to make decisions and that they felt in control. One said, "We are definitely given choices and make our own mind up."
- ☐ Following the last inspection, staff had received training in MCA and DoLS. We observed staff asking for people's consent before supporting them and giving them choices.

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

- ☐ People's needs were comprehensively assessed, and these assessments were kept under review on a

monthly basis.

- ☐ Improvements were required to ensure end of life care plans reflected best practice guidance, such as that produced by the Gold Standards Framework.

Staff support: induction, training, skills and experience

- ☐ Staff were positive about the training they received and told us they felt this gave them appropriate knowledge for the role. One staff member we spoke with was undertaking an NVQ level 3 with the support of the provider and was being trained up to take on the deputy managers role.
- ☐ When new staff began working for the service, they completed an induction which included carrying out mandatory training and doing shadow shifts.
- ☐ Staff told us they felt well supported by the management team and that they had opportunities to build on their skills.
- ☐ Staff told us that they were asked about other qualifications or training courses they would like to take at regular one to one sessions with their manager. The service conducted annual appraisals to ensure staff had objectives and goals were for the coming year.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People told us the service supported them to access support from external healthcare professionals. One said, "You can see the doctor, or anyone, whenever you need to."
- ☐ Records were kept of the contact people had with other healthcare professionals and the advice which was provided.

Eating, drinking and a balanced diet

- ☐ People told us they were given a choice of good quality meals. One said, "The food is just fabulous. I couldn't make complaint."
- ☐ The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk. At the time of visit people's weights were stable. The cook baked homemade cakes and prepared other snacks for people to be offered between meals to boost their nutritional intake.

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

- ☐ The décor was appropriate for those using the service. There was signage on doors to key areas such as toilets.
- ☐ Each person's bedroom door was personalised to help them recognise their room more easily.

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 'good'. At this inspection this key question remained the same.

This meant people felt well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- ☐ We observed that staff and the management team were kind and caring towards people. Staff had a good rapport with people they cared for and people told us the staff were caring. One said, "The staff make you feel like you matter to them, they treat us like one of their own."
- ☐ It was clear that staff knew people well enough to treat them as individuals. Staff spoke with people about their individual hobbies and preferences.

Respecting and promoting people's privacy, dignity and independence.

- ☐ People told us staff treated them with dignity and respect. This confirmed our observations. One person said, "They are very respectful, they leave all the decisions to me."
- ☐ People were supported to remain as independent as possible. Care planning made clear the parts of tasks people could complete independently, and what they required support with.
- ☐ Staff were discreet when supporting people with personal care and discussions with people about their needs were discreet. Staff respected people's right to privacy.

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

- ☐ Care plan reviews were carried out with people and their family members, where appropriate. People and their family members were asked to give their views on their care at these reviews and were asked if there was anything they would like to change.
- ☐ People's views and that of their family members were documented at reviews.

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 'good'. At this inspection this key question remained the same.

This meant people's needs were met.

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

- ☐ Care plans were personalised and reflected people's individuality. Very detailed life histories were in place, so staff knew about people's past experiences. This was particularly important for people living with dementia who may not be able to independently recall this information at times.
- ☐ It was clear from our observations that staff knew people well, in terms of their likes, dislikes, hobbies and interests. There was a low turnover of staff in the service. This meant people were able to build meaningful relationships with a consistent staff team. People confirmed this and said staff knew them. One person told us, "I've been here a long time and so have some of the staff, so we really feel like family and all know each other so well." People confirmed this, stating staff knew them as individuals and knew their family members.

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.

- ☐ Information was communicated to people in a way they could understand, taking into account their individual needs.
- ☐ Information about the best way staff could communicate with people was included in care planning.

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

- ☐ People told us there were enough activities in the service for them to remain engaged and not get bored. One said, "I don't get bored, there is enough going on and staff are always about to chat to."
- ☐ People told us staff would take them out if they wished to visit local shops. One said, "If you want to pop to the shops or for a walk, they will take you."

End of life care and support

- ☐ Improvements were required to end of life care planning to ensure it reflected people's preferences in sufficient detail, in line with best practice guidance such as the Gold Standards Framework.
- ☐ The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- ☐ There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "You could tell anyone, and they would sort it for you."
- ☐ The service had not received any complaints since the last inspection.

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 'good'. At this inspection we found that improvements were required, and the rating has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; how the provider understands and acts on duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- ☐ The registered manager of Smyth House is also one of the providers.
- ☐ Both providers had failed to identify risks in the environment which put people at the risk of potential harm. For example, they failed to identify there were no window restrictors in place. They also failed to ensure appropriate checks were carried out on water systems to ensure the risk of the presence of legionella bacteria was reduced. Other appropriate risk management systems, such as flushing regimes, were also not in place. The registered manager displayed a lack of concern or understanding about the seriousness of this risk.
- ☐ Other safety concerns were identified to the registered manager, such as a lack of risk assessment for steep staircases in the property and a lack of risk assessment on hot water taps where water reached scalding temperatures. Instead of taking action to mitigate these risks, the registered manager sought to dispute these issues and did not appear to accept the risk these could present to people.
- ☐ The providers had not ensured that mental capacity assessments were carried out and did not have a good understanding of their responsibilities under both the Mental Capacity Act and regulation 11: Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- ☐ Whilst audit systems were in place, these had been ineffective in identifying the issues we found at inspection.

All of the above evidence demonstrates a continuing failure of the providers to sustain a safe and good quality service. This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Despite our concerns about the management of the service, staff and people using the service made positive comments about the registered manager/provider. One said, "We have a great relationship, we are like family."
- ☐ Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- ☐ Meetings were held with people using the service and relatives. These meetings were used as an opportunity for people to discuss changes to the service, activities and the ongoing redecoration of their home. Two people had asked to visit the local cinema, and they had been supported with this by staff.
- ☐ People were also given surveys to fill in if they wished. Those who responded to the most recent survey had made positive comments about the service, it's staff and the management.
- ☐ Regular meetings were held with staff. Staff told us they felt able to speak freely in these meetings and raise any concerns or issues they had.

Working in partnership with others

- ☐ The management team had positive relationships with healthcare professionals who supported the service.
- ☐ The registered manager attended externally organised meetings to meet with managers of other services to share best practice and ideas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 11.— 1.Care and treatment of service users must only be provided with the consent of the relevant person. 2.Paragraph (1) is subject to paragraphs (3) and (4). 3.If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act*.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 1.Care and treatment must be provided in a safe way for service users. 2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— a.assessing the risks to the health and safety of service users of receiving the care or treatment; b.doing all that is reasonably practicable to mitigate any such risks;
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17.— 1.Systems or processes must be established and operated effectively to ensure compliance

with the requirements in this Part.

2. Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

- a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);
- b. assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;