

Anchor Trust

Simon Marks Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place over two days on 3 and 6 May 2016. Both days were unannounced, which meant the service did not know in advance we were coming. At the last inspection in April 2015 we found the provider met the regulations we looked at.

Simon Marks Court is a care home for older people and people living with dementia, owned by Anchor Trust a registered charity. The home provides care and support for up to 40 people. Simon Marks Court is purpose built and is situated in a cul-de-sac facing sheltered accommodation. Accommodation is situated over two floors with lift access. There are lounge and dining areas with bedrooms having en-suite facilities. There is good parking facilities and a ramp to the front door providing level access.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People said there were enough staff to meet their or their family member's needs.

There were systems in place to record accidents and incidents and monitor for any patterns or trends.

The premises and equipment were well maintained to ensure people's safety. However we did point out a couple of areas in the home that needed attending to which the registered manager completed on the day of inspection.

People told us they felt safe and well looked after at the home. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Staff were recruited appropriately in order to ensure they were suitable to work within the home. They were provided with training to develop their knowledge and skills. However some staff had not received regular supervisions or appraisals in 2015.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were, in the main, made in their best interests.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People's choices and preferences were respected and they were supported to make their own decisions whenever they could do so.

Overall people told us they enjoyed the food and got the support they needed with meals.

There were systems in place to ensure complaints and concerns were fully investigated. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager was supportive of people who lived in the home and the staff who worked there. They listened to what people had to say and took action to address any issues they had. Staff told us they felt supported by the registered manager.

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.

Accurate and up to date records in relation to people's medication were maintained.

People told us they felt safe in the home. There was sufficient staff to meet the needs of people who used the service.

Recruitment practices were safe and thorough and staff knew what to do to make sure people were safeguarded from abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Supervisions and appraisals were not carried out consistently for staff.

Health, care and support needs were assessed. People had regular access to healthcare professionals, such as GPs, opticians and attended hospital appointments.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff and the management team had developed good relationships with the people living at the home and there was a relaxed atmosphere in the service. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care. They were polite and respectful and treated people as individuals.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to manage complaints appropriately.

Care plans reflected the needs of people as individuals.

People had a programme of activity in accordance with their needs and preferences.

Is the service well-led?

Good ●

The service was well- led.

The registered manager motivated staff to provide a good standard of care.

Systems for monitoring quality were effective and used to drive improvements in the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

Simon Marks Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 3 and 6 May 2016. Both days were unannounced. The inspection was carried out on the first day by one adult social care inspector and a specialist advisor in nursing and governance. On the second day of the inspection one adult social care inspector returned to the service to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals who were familiar with the service.

At the time of our inspection there were 39 people living at the service. During our visit we spoke with five people who used the service, three relatives, five members of staff, a visiting professional, the registered manager and the regional manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at five people's care records and seven people's medication records.

Is the service safe?

Our findings

All the people we spoke with at this inspection said they felt safe in the home. These were some of the comments people made, "Oh yes I am safe here and happy "and "My bedroom is always nice and clean and tidy." We spoke with a person's relative who told us, "I've never seen any staff being horrible to anyone all the staff are lovely and I know [Name of person] is safe here."

Staff we spoke with said there was mostly enough staff to meet people's needs properly. One staff member said it could be a bit of a struggle if staff were on sick or annual leave. Another staff member said they were pleased staffing levels had improved since the new registered manager had started. They said, "It's much better, we can generally have more time to spend with people."

We looked at the recruitment records for nine staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

In the PIR the provider told us, 'All Staff at Simon Marks Court attend mandatory Safeguarding training provided by Anchor and the process/steps to take if they have any concerns relating to the safety and welfare of residents who use the service.'

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food and fluids and medication. These identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and felt confident to deal with emergencies. They knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service. Staff said there were good management plans in place such as those to maintain skin integrity and weight.

We checked the systems and storage in place regarding the management of medicines within the home for people. We found records were all accurate and storage was in place and adequate for the medication. Some people had as and when required (PRN) medication. It was noted there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow. This meant all people in the home had received all of their medicines as prescribed.

We looked at seven random medication administration records (MAR) and administration was found to be accurate in terms of stock held. Each MAR had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

During our walk around the premises we saw the home was clean and tidy. We looked at various areas of the home including the communal lounges, dining rooms and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. However we did point out a couple of areas in the home that needed attending to which the registered manager completed on the day of inspection.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, food hygiene, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The registered manager said they had a system for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed several training courses and spoke positively about medication, pressure care, dementia training and infection control. Staff said they felt that the training they received supported them to carry out their job. We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. We looked at nine staff files and were able to see information relating to the completion of induction. This meant that staff had the required training to support people in the home.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Three members of staff confirmed they received regular supervisions where they could discuss any issues on a one to one basis. We looked at nine staff files and we were able to see evidence in five of these files where staff had received supervisions in 2016. Some staff files we looked at showed staff had not received supervision since October and November 2015. We looked at staff appraisals and saw two staff had not completed an appraisal in 2015. We spoke to the registered manager to ensure they were aware of the importance that all staff received appropriate supervisions and appraisals. The registered manager told us this would be implemented straight away.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We were told by the registered manager two people who used the service had authorised DoLS in place. A further 11 people had applications in process. We saw policies and procedures were in place for the MCA and the DoLS.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions such as making every day decision. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

People's care plans were up to date and showed that risk assessments and referrals, to other healthcare professionals involved in people's care were in place. It was evidenced throughout the documentation the family of people who used the service had been involved in the development of them.

In the PIR the provider told us, 'Four weekly seasonal & well balanced menus are in place, snacks and drinks available throughout the day and introduction of Hydration stations 24/7 Menus are discussed with resident so that they can express their views and choices.'

We spoke to people in the home about the food. One person who used the service said they mostly enjoyed the meals. They said, "The food is lovely most of the time, and you get a choice." Another said, "We always have a choice what we would like to eat." Another said, "Sometimes the food is bland, but I tell them and it's not like it again."

We observed the lunch time meal in two dining rooms and saw that the tables were set with water and juice. Both dining rooms were clean and spacious for the amount of people. We saw the staff brought people into the dining room and were respectful and kind towards the people in the home as they did this. On the day of our inspection we saw that staff supported some people with meals and there was some social interaction throughout the meal. One person refused their meal; staff encouraged the person giving them an alternative option which they then ate.

Records showed arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed.

Is the service caring?

Our findings

People who used the service and relatives we spoke with all told us they felt the staff were caring towards them. One person told us, "The staff always talk to us, they are very chatty." Another person told us, "All the staff are really nice." Another person said, "Staff are just lovely they do a fantastic job and take care of us, they are all so busy." A relative told us, "Every time I come I am made to feel welcome. I have no issues with staff here they are all nice."

People told us they made their own choice of what they would like to do and when they would like to go to bed and get up. One person told us, "I like to get up early about 6am so I can have a nice shower shave and relax; I have always got up early when I lived in my own home so it is nice I can do it here." Another person said, "I choose what I would like to wear most days sometimes I get them to choose for me as I don't always know what the weather is going to be like."

We spent time with people in the communal areas and observed there was a calm atmosphere and people were comfortable and relaxed around staff. We observed staff chatting with people in the main lounge about day to day things. Throughout the visit, the interactions between staff and people in the home were respectful. Staff talked to people and their relatives in a calm, polite manner. Staff were able to describe people's likes and dislikes and their daily routines.

People looked well presented, clean and well cared for. People were dressed with thought for their individual needs and had hair nicely styled.

Staff told us how they knocked on people's doors before they entered. One staff member told us, "I always knock on the door before I enter; I would not want someone just walking into my room without knocking." Another staff member told us, "I knock on the door all the time and when doing any personal care I make sure doors and curtains are closed so it is private."

We looked at the care plans of five people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person's relatives who told us, "I am involved in the care of my family and I do attend any appointments with them; if I can't my other family member will." This meant people, or where appropriate their relatives, had been involved in their care. Staff had a good understanding and knowledge of the care needs of people who they supported.

Is the service responsive?

Our findings

At this inspection, we saw people had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and receive visits from their family members and friends who were encouraged to keep in touch. One person told us how their family now comes and sits in the new café area. They told us "It's lovely we sat and had a cup of tea in the café."

Staff told us they found the care plans in the home useful. They said they gave them good guidance on how to meet people's needs. They said there were systems in place to ensure any changes to care plans were communicated to the staff team.

In the PIR the provider told us, 'The home employs one activities coordinator, and customers can access communal and person centred activities. Relatives, friends, advocates are welcome at Simon Marks Court anytime without prior appointments.'

Throughout the day we observed some activities taking place. We saw the activities coordinator doing arts and crafts with people in the main lounge. Some people were completing a jigsaw while others were doing indoor bowling with a member of staff. In the afternoon some people went out into the community with the activity coordinator for a walk to the shops. People told us they felt they had enough to do in the home. One person told us, "I am happy with what I am doing; I like to read the newspaper then sit in the garden." A relative told us, "The staff all do their best. There is not always lots going on but [Name of person] does not like to be doing a lot of things. She is encouraged by staff to take part but not pushed into doing so." The activity coordinator showed us poems of what people and staff had completed throughout recent months. One person told us of a poem they had been a part of about their home which was called 'Home is where the heart is. They told us this was part of the activities they participated in within the home.

The home had applied for funding from a campaign called 'Spark Something Good' which means that a well known company would volunteer their time to different projects across the country. The registered manager told us they had to attend a meeting along with other organisations to see if they had been successful which they were. The whole project to re-decorate and turn a ground floor area into a café for people and their families took only four weeks. The home purchased a washing machine to put in the kitchen area of the café to maintain peoples independence to use this and to create a feel of a kitchen people would have had at home. The home also received all new furniture for the café. The cafe had a sweet shop which was in progress of development at the time of inspection. All the staff we spoke with were pleased with the new café and were looking forward to using this for peoples birthdays, anniversaries or just to have a catch up with family and friends. The café was light and roomy and was decorated throughout.

The small tables all had fresh flowers. One person commented "Ooh look at the flowers they smell lovely how nice, not like them flowers you see which are not real. You can smell these ones."

We saw the complaints policy was available in the home. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. We spoke to visitors who said they would and had brought up issues with a member of staff and the registered manager and they were happy that the complaint was looked at and addressed. We spoke with people who used the service one told us, "No I have no complaints I love it here." One relative told us, "I have no complaints my mum is always well dressed and looked after by people in her home."

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection. People who used the service and relatives spoke highly of the management team and how the home was well run. Comments we received included; "I am happy with how [Name of person] is looked after I feel this is due to how the service is run." "I like the manager she is easy to talk to." People told us they would recommend the home to others and they felt it was a nice place to live.

Most staff spoke highly of the management team and spoke of how much they enjoyed their job. The registered manager had a clear understanding of the service and told us they set out to lead by positive example. A staff member said when speaking about the registered manager, "She is very good we are all on the ball." Another staff member said, "She's my manager but also if I had any problems outside work I could talk to her." Another staff member told us, "I am not as happy here as I used to be as a lot has changed around paperwork and it's a much harder job now."

We looked at handover sheets for people in the home for the last 21 days. Nine of these had no dates on the top of the sheets and all these papers were loose, which could have been easily lost. We spoke to the registered manager who told us they would look at new and effective ways to record these in the future.

Staff said they felt well supported in their role and felt they could raise concerns and they would be listened to. They also said they were encouraged to bring ideas to meetings about how to better improve the home. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said they were kept up to date on important issues that affected the home. They said they received feedback on concerns raised or inspection outcomes from the registered manager during staff meetings. They also said they received information during handovers.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2015. These showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

Feedback was also encouraged in other ways; relative's meetings were held at differing times of the day every month, to encourage greater participation, the registered manager told us they were looking at holding the meetings in the new café area with cakes and refreshments. We saw any concerns raised were acted upon to prevent re-occurrence within the home.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a weekly and monthly basis by the deputy and registered manager. This included audit of accidents, incidents, medication, weight loss and gain, infection control, care plans, satisfaction surveys, CQC/safeguarding notifications and the dependency tool. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

In the PIR the provider told us, 'Through the process of investigations and training workshops, Colleagues can learn from mishaps and mistakes'.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by staff, the deputy manager and the registered manager. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. This was confirmed by the records we looked at in the home.