

PBT Social Care Ltd

# Simone's House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Simone's House is a residential care home providing accommodation and personal care to up to five people. The service provides support to adults with mental health needs and physical disabilities. At the time of our inspection there were five people using the service.

The care home accommodates people in one adapted building. Each person had their own bedroom and some of the bedrooms had en-suite facilities. There were communal bathrooms, a kitchen, a living room and a newly built conservatory which also served as a dining room. People had access to a garden at the rear of the property.

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

Whilst people and relatives told us they received safe care and treatment, we found risks associated with people's care and health were not always managed appropriately. Risk assessments lacked clear guidance for staff. Systems were in place to ensure staff were recruited and deployed safely, however, we made a recommendation on this issue due to some shortfalls. Although staff provided individualised care and treatment, care plans lacked specific details on the support people received. We made recommendations on person-centred care planning and the provision of meaningful activities. Existing quality assurance systems did not identify the issues we found at this inspection.

People received their medicines safely and as prescribed. Staff received training in safeguarding and knew how to recognise and report signs of abuse. The service had implemented appropriate infection prevention and control measures to protect people, staff and visitors from catching infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how to communicate with people effectively despite the communication difficulties they had. People and their relatives told us they did not have to make any complaints in the recent months prior to the inspection but a system was in place to record, investigate and address complaints when needed.

There was an open and inclusive culture at the service. People, relatives and staff spoke positively of the management and the support they received. Where people were unable to make decisions about their care, the service engaged with their relatives and staff for feedback. The team worked in partnership with healthcare services and other professionals to achieve good outcomes for people.

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

### Rating at last inspection

The last rating for this service was good (published 30 January 2019).

### Why we inspected

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.

We received concerns in relation to management records, people's care records and quality of care. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Simone's House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified breaches in relation to the safe management of people's risks and good governance of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Simone's 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. 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 Health and Social Care Act 2008.

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

The inspection was carried out by one inspector.

#### Service and service type

Simone's House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Simone's House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager/senior worker and a care assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, management audits, complaints, staff rotas and meeting minutes were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- The service did not always identify risks associated with people's safety, health and care needs.
- Where the service had identified risks, these were not explored and management plans had not been put in place.
- Whilst most staff were competent and knew people's needs, people's documentation lacked clear guidance to assist newer members of the staff team, including temporary workers, whom the service deployed regularly.
- One person could be verbally and physically aggressive, and sometimes caused themselves harm. There was no risk assessment or guidance in place for staff to support them to be safe.
- For three people who had been identified to be at risk of falls, no guidance was in place on how staff were to support them to mobilise safely. For one person who had asthma and diabetes, no guidance was available to help staff assist them with managing these conditions.
- Existing risk assessments were either generic, incomplete, inaccurate or referred to other documents which did not exist. For example, several identified risks for several people referred to an 'Ongoing Positive Behaviour Plan' which was not in place. The registered manager told us this document was in development.
- For one person who did not present with any behaviours that would require staff to use physical restraint, such as physical aggression or self-harm, we found the following statement in their risk assessment: 'Awareness of safe restraint during incidents of attempting to hit out at staff'. The reason for the necessity of this statement was unclear as the registered manager assured us staff did not use any form of restraint.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to safely manage risks associated with people and their care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Premises of the home were well maintained and free from clutter. People's rooms were also clean and tidy. The service carried out safety checks on the environment including checks on electric, gas, water and fire safety. People had personal emergency evacuation plans in place which outlined the support they required in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- We were not assured the service deployed sufficient numbers of staff to ensure people's care and support needs were met safely.
- People had complex needs and required significant amount of one-to-one support from staff for activities such as personal care.
- It was not evident that the staffing levels were sufficient to enable staff to spend enough time with people and support them with meaningful activities regularly. This issue is further explained in the Responsive section of the report.
- We found a member of staff worked considerably long hours which could impact their ability to provide safe care and treatment. We found, on several occasions, this staff member worked for 24 and 18 continuous hours in a day.
- The service carried out the required pre-employment checks, including identity and criminal checks, before newly recruited staff were able to start. However, for one member of staff, we found they had started work prior to their DBS check had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider revise their staff deployment approach and consider current guidance on safe recruitment practices.

- We raised the issue of staff working excessive hours with the registered manager who explained they were facing workforce challenges and staff worked long hours occasionally. However, the registered manager told us staff did not work for 24 hours continuously and that this could have been a mistake on the staff rotas.
- The registered manager told us extra staff were occasionally brought in to assist with activities and appointments. The registered manager also supported the team by offering hands-on assistance to people, including helping with food preparation and providing personal care.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- Medicine Administration Records (MAR) were clear and contained no gaps.
- Staff audited people's medicines daily to ensure the information on the MAR corresponded to the actual remaining stock. We randomly looked at medicines stock levels and found that balances were correct. Where medicines were stored in bottles (liquid form) and boxes, staff recorded the opening dates and followed instructions regarding their shelf-life.
- People's medicines were stored in designated cabinets in their own rooms. Some cabinets were kept locked while others were not and the registered manager told us, where medicines were not kept locked in people's rooms, it was safe to do so.
- Staff brought and temporarily stored people's medicines in an unlocked cupboard in the kitchen during the day for easy access and dispensing. At the end of each day, the staff members returned the medicines to people's rooms. We explained to the registered manager that this practice was unsafe even if people did not



attempt to open this cupboard. After the inspection, the registered manager told us staff were no longer storing people's medicines in this cupboard.

- The service did not monitor the temperature of where medicines were stored. We raised this with the registered manager who told us following our inspection visit that they had acquired thermometers and had started to monitor the temperature.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse.
- People and relatives felt safe with the service provided. One person told us, "Staff are very good." A relative said, "They [staff] look after him [person] well. Staff are very kind. He [person] is happy."
- Staff had training in safeguarding and knew how to identify abuse and escalate concerns. A member of staff told us, "In the first instance, flag it up with management. If I feel it's not being dealt with in a way that I expect, report to local authority."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service followed government guidance when facilitating visits into the home. People were able to go out and have visitors.

Learning lessons when things go wrong

- There were processes in place to promote learning while involving the staff team.
- Staff recorded accidents and incidents.
- Any learning from incidents or people's and relatives' feedback, was discussed among the team and shared in staff meetings, Whatsapp groups (messaging platforms) and communication diaries.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People received care that was tailored to their individual needs. However, care plans were not always personalised.
- Each person had a care plan which outlined their needs. However, whilst the summary sections of the care plans were person-centred and contained specific information about people's conditions, relationships and some of their preferences, other parts where their needs and support were documented were generic and lacked clear instructions.
- There was a lack of information on people's care and personal needs including favourite foods, eating and drinking requirements, medicines and mental health needs. This meant staff, more specifically newly recruited and temporary staff members, would have limited knowledge about how to support people in the best possible ways.
- We found generic and technical statements in several sections of people's care plans such as 'Provision of good nutritional regime of 3 meals and 2 snacks in between' and ' Aim to promote good hygiene and self-care using non-combative skilled persuasion'. There was no specific information on what these statements meant for the person or how staff would support them. We discussed these frequently occurring statements with the registered manager who agreed they were too complicated.

We recommend the provider consider current guidance on person-centred care planning.

- The registered manager sent us revised care plans following the inspection visit which contained more personalised information about people's needs and required support, including details on personal care routines, mental health needs, religion and list of medicines. However, these care plans still contained generic and complex statements such as, 'Ensure well-being health checks are carried out and managed,' and 'Address negative and positive symptoms with robust but non-intrusive assessments and talking therapy to minimise positive symptoms and promote healthy ability to find enjoyment in life. Aim to continue on recovery path.'
- The service involved people and their relatives when planning their care. One relative told us they were impressed with the level of details that went into the planning of the care of [person] when they moved in the service and added, "I feel really positive about the open dialogue. We were asked about [person's] favourite colours and bedroom decoration ideas."
- Staff knew people's individual needs and how to support them accordingly.

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

- It was not clear whether people were supported with activities that were meaningful to them and which they enjoyed.
- Whilst staff told us they encouraged and supported people to take part in different activities such as shopping, walks, exercises and beauty, there was a lack of evidence to support this. It was also unclear if people were supported to take part in activities that were culturally relevant to them.
- On the day of inspection, we observed two people sitting in their chairs, watching movies, from breakfast till dinner time. Two other people remained in their rooms most of the day.
- People's care plans made mention of 'robust activities' and included visits to animal sanctuaries and garden centres. However, there was no evidence that these were happening. A relative told us, "I don't know what they do but I think they go out for walks." They also added that they felt their loved one would benefit from activities such as gardening and more walks.
- People's daily notes did not contain enough details of activities they did, how well they participated and whether they enjoyed it. We found repeated basic entries around people's activities including, 'watching television, comedies and walking.'

We recommend the provider consider current guidance on the provision of suitable activities for people.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people with their communication needs.
- Staff knew people and their individual needs well and felt they had enough information to communicate with them in ways they understood.
- Some people did not use speech to communicate and staff had developed specific ways of communicating with them by using objects of reference, basic signing and gestures.
- The revised care plans which the registered manager sent to us following the inspection visit contained specific information on people's communication needs. This meant staff were able to interact with people effectively. One care plan stated, '[Person] can respond non-verbally to say Yes or No, to offer of food or drink or an outing. She will shake her head or nod. This is done quickly so pay attention to catch her reply.'

#### Improving care quality in response to complaints or concerns

- Systems were in place to record and respond to complaints.
- The registered manager talked us through the process of how complaints were received, investigated and actioned. However, they told us they had not received any complaints in the last 12 months.
- Relatives told us they did not have to make any complaints but knew who to contact if they needed to. They also told us they were pleased with the quality of care provided.

#### End of life care and support

- At the time of this inspection, the service was not providing end of life care and support to anyone.
- The registered manager told us they were engaging with people's loved ones to discuss end of life care and had arranged training for staff.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- Whilst the registered manager and staff understood their roles and responsibilities, risk management and quality performance were poor.
- The management team completed regular audits covering areas such as, medicines, care records, recruitment, catering and health and safety.
- However, where we identified issues around risk management, recruitment procedures, staffing, person-centred care planning, storage of medicines and provision of activities, these had not been identified through the service's quality assurance processes.
- There was a lack of management oversight on people's daily recordings. Each member of staff had a user account which they used to enter their notes electronically on hand-held devices. However, on several days, entries had been made from several staff whom were not on the rotas for those days. The registered manager told us this was due to staff not using their own user accounts. This meant it was not possible to determine and account for care and support allocation of staff to people.
- People's daily notes were often not completed appropriately which the management team failed to identify. We found, on several occasions, recordings only covered people's activities which took place during short periods of time instead of the whole days. For example, one person's daily notes for one day only covered activities they did or meals they consumed between 11am to 2pm. There was no information on what this person did, ate or drank, or their wellbeing outside this three-hour window.

Based on the issues explained above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our findings with the registered manager who acknowledged the issues identified.
- The registered manager told us they had discussed the importance of clear and accurate recordings of people's activities and dispositions to the staff team.
- There was a clear management/staffing structure in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and fair culture at the service where people, their relatives and staff felt comfortable to

express their feelings and needs.

- Although the registered manager was responsible for managing another service, they maintained a close working relationship with people at Simone's House and knew their needs. They also made sure they were available to relatives and professionals, as well as, providing support to staff.
- Relatives told us they were happy with the registered manager and how the service was managed. One relative told us, "They are an amazing home. By far the best we've experienced. Really pleased with communication, quality of service and opportunities to work together."
- The service sought feedback on the quality of service through regular satisfaction surveys. We saw an example of a survey from a relative who was very pleased with the service and made no negative comments.
- There were regular staff meetings where staff were able to raise any concerns and discuss people's care. A member of staff told us they were comfortable to raise concerns and added, "We have staff meetings regularly, as much as feasible. Communication is very clear."

Working in partnership with others; 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

- The service worked in collaboration with a number of organisations, including healthcare professionals and the local authority quality assurance teams.
- A healthcare professional who visited regularly provided positive feedback on the service. Their comments included, "I have been with the home for a year now, in that time I have found the staff at all times very welcoming. I find them very well led and organised. They keep me informed of any changes or concerns with the residents."
- Records confirmed people received timely and appropriate healthcare referrals when needed.
- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The provider did not always ensure risks relating to people's health and welfare were properly assessed and documented. Clear guidance was not always available for staff to support people safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider failed to ensure quality assurance processes were robust enough to identify issues around risk management, recruitment procedures, staffing, person-centred care planning, storage of medicines and provision of activities.</p>