

# Simiks Care Limited

# Shila House

## Inspection report

49-53 Main Avenue & 1 Poynter Road  
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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 

### Overall summary

This inspection took place on 29 October 2015. At our last inspection in December 2014 the service was not meeting the standard in relation to the safety and suitability of the premises. At this inspection we found that the service was now meeting this standard.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

The home is registered to provide care and support for 14 people with mental health needs. Shila House is registered for 11 people and 1 Poynter Road is a semi-independent unit for three people. The manager told us that 1 Poynter Road had closed down last year and is no longer in operation. The provider has not

# Summary of findings

informed the Care Quality Commission that there has been a change to the location. The registered manager told us they would be sending in the appropriate notifications as soon as possible. On the day of our inspection there were nine people using the service at Shila House.

People told us that they felt safe within the home and well supported by staff. We saw positive and friendly interactions between staff and people. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm. Staff had an understanding of the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy lifestyle and had healthcare appointments that met their needs. These were recorded and monitored on a regular basis. Medicines were administered safely and on time. Staff had completed training in medicines and administration.

People were involved in writing their care plans and risk assessments and were able to express their care needs.

Care plans were person centred and gave guidance for staff to provide appropriate care. Staff were appropriately trained and skilled to care. Training was updated regularly and monitored by

the manager. Staff had regular supervision and annual appraisals that helped identify training needs and improve the quality of care

The registered manager was accessible and spent time with people. We were saw that there was an open culture within the home and this was reflected by the staff. Staff felt safe and comfortable raising concerns with the manager and felt that they would be listened to.

There were systems in place to identify maintenance issues. Staff were aware of how to report and follow up maintenance.

Audits were carried out across the service on a regular basis that looked at things like, medicines management, health and safety and the quality of care. There was a complaints procedure as well as incident and accident reporting. Surveys were completed with people who use the service and their relatives. Where issues or concerns were identified, the manager used this as an opportunity for change to improve care for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

There were sufficient staff to ensure people's needs were met.

Risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were mitigated against.

People were supported to have their medicines safely. Staff were knowledgeable about the medicines they were giving.

Good



### Is the service effective?

The service was effective. Staff had on-going training to effectively carry out their role.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff received regular supervision and appraisals. This meant people were supported by staff who reviewed their working practices.

People's healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

People were supported to have enough to eat and drink so that their dietary needs were met

Good



### Is the service caring?

The service was caring. People were supported and staff understood individual's needs.

People were treated with respect and staff maintained privacy and dignity.

People were encouraged to have input into their care.

Staff treated people with dignity and were patient and kind in their interactions.

Good



### Is the service responsive?

The service was responsive. People's care was person centred and planned in collaboration with them.

Staff were knowledgeable about individual support needs, their interests and preferences.

There was an activities coordinator and people's preferences were listened to and acted upon.

People were encouraged to have full and active lives, be part of the community and maintain relationships.

A system for complaints was in place and people were encouraged to complain.

Good



### Is the service well-led?

The service was well led. There was good staff morale and guidance from management.

Good



# Summary of findings

The home had a positive open culture that encouraged learning. Best practice was identified and encouraged.

# Shila House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 29 October 2015 and was unannounced. This inspection was carried out by one inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the home sent to the CQC. We looked at six care records and risk assessments, seven staff files, eight people's medicines charts and other paperwork that the home held. We looked at policies in place at the service. We spoke with seven people who use the service and five relatives. We observed interactions between staff and people who use the service. Following the inspection, we spoke with a social worker who works closely with the home.

# Is the service safe?

## Our findings

People told us that they felt safe at the home. One person said “yes, I feel safe here.” Another person said “I can’t see why I wouldn’t [feel safe].” We spoke with eight staff who were able to explain how they would keep people safe and understood how to report it if they thought people were at risk of harm. There were notices in communal areas and in people’s bedrooms telling them who to contact if they needed to report abuse. People told us, and we saw, that safeguarding was regularly discussed in resident’s meetings and people were encouraged to report any concerns if they needed to. The home’s safeguarding policy was available and accessible to staff. Staff training records showed that staff had completed training in safeguarding, the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS).

We looked at six people’s risk assessments. Risk assessments were person centred and written in collaboration the individual. Staff told us that people had full input into how risks were managed and mitigated against. Risk assessments were detailed and gave guidance for staff on how to support people in the least restrictive way. All risk assessments were reviewed monthly or immediately when risk factors changed. We saw that two people’s risk assessments had been updated within two days following incidents occurring.

Staff were able to explain each individuals needs in various aspects of their care. Care plans were detailed and people were involved in writing them. People’s care files had a quick reference guides, taken from the risk assessment, showing what people’s specific relapse indicators were and how they should be managed. One care plan noted that when someone was beginning to exhibit certain behaviour staff should ‘spend quality time with [the person] by encouraging and listening to what they have to say’. We saw that people had signed their care plans and were given copies.

We saw detailed plans and risk assessments for certain people who had mobility difficulties, in case of emergencies within the home. People had a personalised fire evacuation plan which the staff were aware of. This included manual handling and how many staff would be needed to safely evacuate that person. The home had up to date records of gas, electric, water and fire checks and noted when they next needed to be reviewed.

We saw records of accidents and incidents and staff knew what to do if someone had an accident or sustained an injury. We saw that the manager used information from accident and injury reporting to change care practices, where appropriate, to prevent it happening again.

At our last inspection we found that the premises were unsafe. Maintenance had not been completed and people were being placed at risk. At this inspection we found that all issues had been addressed. The home had undergone redecoration in some areas and was bright and clean. There were no maintenance problems. The manager told us, and we saw, that there were daily, weekly and monthly health and safety checks. Records showed the maintenance file clearly recorded when something was identified and when it was fixed. Staff we spoke to knew how to report maintenance issues. A healthcare professional told us “There has been a lot of improvement regarding the building and the care and treatment of service users.”

There were sufficient staff to allow person centred care. We saw that there were three staff in the mornings and afternoons and two staff at night. The manager told us that when people have appointments or need accompanying on an activity, extra staff were booked. Rotas confirmed that people’s needs were considered in relation to staffing levels. The service followed safe recruitment practices. We looked at seven staff files which showed pre-employment checks such as two satisfactory references from their previous employers, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

The home had a clear medicine administration policy which staff had access to. People’s medicines were recorded on medicines administration record (MAR) sheets and used the blister pack system provided by the local pharmacy. A blister pack provides people’s medication in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one month supply. We saw that people’s medicines were given on time and there were no omissions in recording of administration.

One person told us “I get my medication; they’re all punctual with my tablets.” Staff showed us specific medicines that were not appropriate to be in the blister pack and these were clearly labelled with the person’s

## Is the service safe?

name and kept in separate sections in the medicines cabinet. Homely remedies were stored separately in a locked cabinet. The manager told us that she spoke with the GP and recorded advice for each person before allowing homely remedies to be administered. Records showed when people had received homely remedies and what they had been given for.

There was clear information on the wall of the medicines room about what different medicines were and what they were used to treat. We also saw that, for people who had specific requirements around taking their medicines, there was guidance and contact details of healthcare professionals, such as Speech and Language Therapists

(SALT). Staff had received training on medicine administration that was up to date. The registered manager told us that six staff were trained to give medicines and following training they were assessed by her before being allowed to administer medicines. Staff had access to reference books such as the British National Formulary (BNF).

No people in the home were currently self-medicating. The registered manager told us that when people were ready to self-medicate, there were guidelines in place. We saw the medication policy which sets out guidance for staff around self-medicating.

# Is the service effective?

## Our findings

People were supported by staff that were able to meet their needs. Staff told us, and records confirmed, they were supported through regular supervisions and yearly appraisals. Supervisions were used to look at people's care and support and identify training and development. Staff told us that they had supervision every month but were able to request supervision at any time if they felt that they needed to.

We saw that staff had a comprehensive induction when they started work to ensure that they understood people's needs. This included meeting and getting to know people, and understanding local policies and procedures. Staff told us that they shadowed more experienced staff for a week before being able to work alone.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA). One staff member told us that "Everyone is entitled to make informed choices for themselves; the MCA looks at if someone has capacity to make a choice." Another staff told us "If someone has dementia they have not necessarily lost all capacity. It could be in one area such as finance." Staff were also able to tell us what DoLS was and how it could impact on people's care. One staff said that DoLS was "Making sure people are safe. It might be necessary to deprive someone of their liberty in certain areas like going out as they do not understand the risks." The manager told us that no person in the home had had a MCA assessment or a DoLS as they all had capacity. However, it was important for staff to understand the legislation to recognise if an MCA or DoLS might be necessary in the future.

We looked at staff training records and found that staff were encouraged and supported to complete training. However, there were no dates noted for when training needed to be refreshed.

People were supported to have enough to eat and drink. We saw a four week menu plan that showed a diverse range of foods. Staff told us that people are consulted in resident's meetings and they decide what they want to eat. We saw that people's views were taken into account. One

person told us "I can tell them what I want to eat and I get it". Another said "Yeah, I get a choice of food." On the day of our inspection people told us that they had a buffet on Thursdays. This consisted of a home cooked chicken soup and separate dishes containing three different cooked meats, seasoned rice and fresh vegetables. The food looked and smelt appetising. We observed a person who required assistance with eating at lunch time had one to one care. Guidance had been provided by the SALT and staff were aware of how to support the person appropriately. We checked the persons care file and found their needs around eating were detailed in the care plan and risk assessment. Where people were able, they were encouraged to cook for themselves. One care plan noted 'staff are to empower [the person] to prepare their own lunch when they wish to do so'. We saw that snacks and drinks were available throughout the day.

We looked at the food storage cupboard which was well stocked. Staff told us that following resident's meetings a weekly shop was done according to preferences. Fridges had food labelled with when it was opened or cooked and when it should be discarded.

People's personal files had details of healthcare visits, appointments and reviews. Guidance given by healthcare professionals was included in peoples care plans. Where people were unable to attend appointments independently, staff accompanied them. One person told us "they come with me if I want them to."

We looked at eight people's bedrooms. All bedrooms were personalised according the person's preferences. The registered manager told us that when people are ready to move in they are consulted on their choice of wall colour and style of bedding. One person told us "I can have my room how I want."

People all had their own bedroom keys. However, the manager told us that no person had a front door key in case they lost it. All people living at the home had capacity and were not stopped from leaving the premises. We saw that a person left the home and wedged the front door open with the doormat, so they could get in. The manager said that providing people with front door keys was something that she would review.

# Is the service caring?

## Our findings

People were treated with respect and their views about their care were understood and acted on by staff. People told us “They’re great, they do the best they can for us” and that “staff are nice”. One relative told us “They do look after her and care for her.” Staff told us “We put people first here, the manager says that sitting and talking with people is just as important as paperwork.”

When we arrived people and staff were having a coffee morning. The manager said that this happened every morning and was run by a different service user each day. We saw that staff communicated well with people, asking how they were and what they had planned for the day. Staff took time to sit and talk with people without rushing around and knew what each person enjoyed.

Each person had a key worker. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. We saw that staff knew people's likes and dislikes and how they liked to be treated as individuals. One person told us “My keyworker is great. She’s one of the only ones who’s taken consideration of me being slightly disabled; she even managed to help me with my money.” We saw that there were recorded weekly keyworking meetings that ensured people were being appropriately supported. Staff told us that keyworking was always conducted in a private room to ensure people’s confidentiality was maintained.

Staff treated people calmly and with respect when they became anxious or showed behaviour that challenged. Staff told us that they knew people well and understood each person’s individual needs when they became distressed. We saw the registered manager calmly responding to a person who became very distressed. She deescalated the situation through talking and distracting the person. One person became very tearful and we observed staff sitting with them and allowing them to express themselves in an open and appropriate way.

People’s privacy and dignity was respected. We observed staff asking permission before delivering care. One person needed support to have a shower and we saw that the staff member asked if they were ready and waited for them to say that they were. Throughout the inspection we saw that staff always knocked on people’s bedroom doors and waited for a response before entering. When a person refused to allow staff in, this was respected.

We asked staff how they would work with lesbian, gay or bisexual people. Staff told us that they try to find out about people’s sexuality and how they can be supported when people are referred to the service. Staff also said that “It is people’s right to privacy and sometimes they will say that it’s personal.” The manager told us that, if appropriate, needs around sexuality would be documented in people’s care plans. Staff told us that where relationships were identified, people were asked if their partners wanted to join them for dinner and that would be no different if the person was gay. The registered manager also said “Regardless of sexuality we encourage people to have healthy relationships.” One staff said “Ultimately, everyone should be treated equally.”

We saw that people’s care files noted if they had a faith. However, staff told us that no people practiced their faith but would be supported to do so if they wanted to.

There were up to date, weekly recorded resident’s meetings. People told us that they could talk about anything they wanted to. This meant that people were given the opportunity to express their views and contribute to how the service was run.

People and staff told us that friends and family can visit whenever they want. One relative told us “I can visit whenever I want to, I always call [my relative] before I go though, I don’t call the staff.”

We saw records of what people’s wishes were if they were to pass away. This included their faith and who they wanted to be contacted in the event of their passing. One person had refused to complete the form and their wishes not to do so had been respected and recorded.

# Is the service responsive?

## Our findings

We looked at six people's care plans and saw that staff responded to people's needs as identified. Care plans were reviewed regularly and updated as changes occurred. Staff knew about individual needs and had read the care plans.

Care plans were detailed and person centred. People told us that they were involved in creating their care plans. Care plans contained practical information as well as information on people's personal preferences. This included what people wanted to achieve in the future. One care plan noted that the person wanted to move on to independent living. The care plan had been written with the person and stated how this was going to be achieved. The registered manager told us "Even certain words and phrases are changed if a person doesn't like what is written. This helps them feel more a part of the process."

The manager told us that as part of the initial assessment process people were able to spend time at the service so staff could become familiar with their needs. This also allowed people to become familiar with the staff and the service. We spoke to one person who said that they "thought it was ok" when they first visited.

The home has a large, comfortable, dedicated activities room. Staff told us that this was used for activities and one to one meetings with people. There was an activities coordinator who works one day a week. People identified

that they wanted to do art and the service runs a weekly art group. We saw that there had recently been an art competition within the home. People's care files had individualised weekly timetable for activities based on what they enjoyed doing. One person enjoyed gardening and another had regular film afternoons. One person said "It's difficult to go out sometimes; staff always help me to get out." One healthcare professional told us "[the registered manager] has provided extra staff if people want to go out." Activities were regularly reviewed and updated based on people's likes and dislikes. People were encouraged to be part of the community and we observed staff asking people if they were going out or offering to go with people.

The home had a clear complaints procedure. The manager told us that relatives were given copies of the complaints procedure. People who lived at the home were also aware of how to make a complaint. We saw that this had been discussed at resident's meetings. In the hallway of the home, the complaints procedure was prominently displayed in large font. There was a locked box for people to make anonymous complaints if they wished to. We looked at the complaints records and found that there had been no complaints. The manager told us that people did not complain although they knew how to if they wanted to. We asked if people felt comfortable to make complaints. One person said "Yeah, of course I do." One relative told us "I know who to complain to if need be."

# Is the service well-led?

## Our findings

The home had an open and empowering culture. One staff told us “Whenever there is an issue [the registered manager] is always available to give guidance and help. I can talk to her at any time.” Other staff members said “We’ve got a very good staff team. We help and support each other and work very closely” and “[the registered manager] always listens to clients.”

During our inspection we saw that the registered manager spent time with people. People knew her well and there was a good rapport.

We saw records of ‘best practice meetings’. The registered manager told us that she had introduced these as a forum to discuss issues that improved the quality of care and support being delivered. The meetings discussed legislation, Care Quality Commission guidance and local policies. Staff said that they could bring up whatever they wanted to discuss and that the meetings helped give guidance and backed up what they had learnt in training.

Staff had monthly supervision and yearly appraisals that helped them be clear on the best way to support people.

Incident forms recorded ‘action to be taken to prevent further occurrence’. The registered manager told us that she ensured that all incidents and accidents were

discussed at team meetings to provide all staff with “post incident reflection, to see what we can do better.” We saw that staff meetings recorded staff opinions and that the service changed care practices, where appropriate, to respond to any identified risk.

The provider carried out monthly audits of systems like medicines, staff files, health and safety and quality of care. Staff completed weekly medicines audits that were cross checked each month. Where necessary, changes were made to improve care and the overall service.

The registered manager showed us completed surveys from October 2015. These had been sent out to people, their relatives and healthcare professionals to gain feedback on the service. The registered manager told us that the feedback was a learning opportunity to find out people’s views and change things if something was identified. The survey had recently been completed and results were still being collated.

Records showed joint working with the local authority and other professionals involved in people's care. The manager told us that they work closely together to make sure that people received a good standard of care. One healthcare professional told us “There is now clarity of information at the home. Everything is clearly recorded and focuses on the service users.”