

# Guinness Care and Support Limited

# Jack Simpson House

# Residential Home

## Inspection report

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

The inspection took place on 3 December 2014 and was unannounced. The service was previously inspected on 13 July 2013 when it was found to be fully compliant.

Jack Simpson House is registered to provide accommodation for 35 older people who require personal care. They do not provide nursing care. Nursing is provided by the local NHS community team who visit when required to meet individual nursing needs.

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 2008 and associated Regulations about how the service is run.

We saw and heard examples of staff demonstrating care and taking pride in their jobs, for example, one staff told us "It makes me happy if people appreciate my care. It is important to me that I have followed people's wishes. I

# Summary of findings

want people to feel happy with my care.” However, we also saw some missed opportunities to offer reassurance, information or greater understanding for when staff walked past a person who was agitated.

People told us they felt safe. Comments included “I feel more secure here. I chose it and I’ve never regretted coming here...if I’m taken ill they do everything for me.” Security of the home had been improved in the last year with the installation of security cameras at various points outside the home. A new call bell system had also been installed after people had complained about the waiting time for call bells to be answered. The new call bell system could be monitored easily to check call bells had been answered promptly.

Staffing levels had been increased in recent months and more staff were in the process of being recruited to complete the staff team and reduce the use of agency staff. Most people we spoke with had seen improvements in the staffing levels and said staff provided assistance when needed. Three people said at times call bells were not answered promptly but evidence showed this was no longer the case since new staff had started. Staff said staffing levels had improved and they were able to meet people’s needs.

Medicines were administered safely. Each person had been assessed to check on their preferences and needs relating to storage and administration of their medicines. Secure storage facilities for medicines were provided in each bedroom. Some people had agreed to their midday medicines being stored in a secure medicine trolley which was taken to the dining room at lunch time. People said their medication was given on time and brought to wherever they were in the home, for example it was administered to them in their rooms if they wished to stay in bed.

Staff received induction and ongoing training on all health and safety related topics, and other topics relevant to the needs of people living in the home. The registered manager was aware of the need to provide training on dementia and was in the process of arranging this. Staff said they received regular supervision and good support. “If I have any queries I can go to someone else and they will give me the time to answer my queries.”

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their

practice. The registered manager had made a Deprivation of Liberty Safeguards (DoLS) application for one person. They were also considering the possible need to make similar applications for other people who may be unable to leave the home safely because of the risk of harm or accident.

People were offered a good choice and variety of food and drink. Menus showed there were at least two main options for the midday meal each day plus special meals for people with dietary needs such as diabetes. Drinks and snacks were available throughout the day. Staff met with every person each day to let them know what was on the menu for the following day.

Most staff understood how to comfort people when they were upset, although we saw some staff missed opportunities to reassure a person who was agitated while waiting for their lunch. The registered manager said this had been discussed in staff meetings and also informally with staff. They had seen improvements in the way staff ‘connected’ with people in recent months. They told us “We are not there yet, but we are getting there.” After our inspection they told us about improvements they had made to support people at meal times including staff allocated to sit with people who showed signs of agitation. They had also further staff training to help staff understand how people

Each person had a care plan which set out their normal daily routine, personal and health care needs and the support they needed from staff. People had been fully involved and consulted over their care plans. Staff said they had spent time with people finding out about their personal histories. Staff explained the care plans were easy to use and they were able to find important information quickly. People told us they had access to whatever medical support they needed. Risks to each person’s health had been assessed and regularly reviewed.

People enjoyed a varied programme of activities. They had identified each person’s interests and talents and had been creative about how they could support and promote each person to lead a fulfilling life. There were weekly visits from students who ran a reading project. Poems people had chosen or written were attractively printed and framed and displayed around the home. One

# Summary of findings

person had written a pantomime and a local secondary school was about to put on a public performance. A choir from a local school visited the home regularly. Group activities included quizzes and board games.

The home was well run. People were consulted about all aspects of the routines and management of the home through regular residents' meetings. Since our last inspection the management structure had been reviewed and the post of team leader had been introduced. On-call management arrangements had also been reviewed to

ensure cover was available to staff outside of normal working hours. The manager and provider had a range of monitoring procedures in place to make sure the home was running smoothly and people received the care they needed. Monthly monitoring visits were carried out by a senior manager on behalf of the provider. They also asked people, relatives and visitors to complete annual questionnaires. Action plans were drawn up to address any improvements identified.

# 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. Security of the building had been improved recently. A new call bell had been installed to ensure staff responded quickly when people requested assistance. Staffing levels had been increased to ensure people's needs could be met.

Safe procedures had been followed when recruiting new staff.

Each person's individual medication needs had been assessed and their medicines were stored and administered safely to meet their individual needs.

Good



### Is the service effective?

The service was effective. New staff had received induction training at the start of their employment to help them understand their role.

All staff had received training on topics relevant to their jobs and the needs of people they cared for, although training on dementia was yet to be provided.

People's consent was sought on matters that were important to them. The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. People were offered choices and staff respected people's wishes and preferences.

People were offered a good choice and variety of food and drink and their nutritional needs were met.

Good



### Is the service caring?

The service was not always caring. Throughout our visit staff were pleasant and spoke politely and appropriately to people. Most staff showed exceptional caring qualities, although we also saw some examples where staff could have offered reassurance, information or greater understanding for someone who was agitated.

The registered manager had taken actions to improve the way staff cared for people, and was planning further actions such as training in dementia. After the inspection the manager told us about further actions they had taken immediately to give staff a greater awareness of the reasons why people may feel distressed. They were able to demonstrate positive results for people.

Requires Improvement



### Is the service responsive?

The service was responsive. Care staff responded appropriately to changes in people's needs. Each person had a care plan which set out their normal daily routine, personal and health care needs and the support they needed from staff. People had been fully involved and consulted over their care plans.

People were offered a wide range of activities to suit all individual needs and there were good community links.

Good



# Summary of findings

## Is the service well-led?

The service was well led. People were consulted about all aspects of the daily routines and management of the home in residents' meetings. Their views were sought through annual questionnaires.

The manager and provider had a range of monitoring systems to regularly check all routines and systems were running smoothly, people were safe and their needs well met..

Good



# Jack Simpson House Residential Home

## 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

The inspection took place on 3 December 2014 and was unannounced. We were accompanied by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in older people and dementia care.

We spoke with eight people who lived in the home. We also spoke with seven visitors including relatives, friends and also representatives of an organisation which provided links with the community. We observed staff supporting people in the lounge areas and dining room. We also spoke with the manager and three members of staff. After the inspection we wrote to eight health and social care professionals to ask for their views on the service. We received comments from one community nurse who visited the home regularly. We looked at the care records for three people, observed the midday medication administration round, walked around the home, and looked at records of recruitment, training, supervision, maintenance and quality assurance.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included “I feel more secure here. I chose it and I’ve never regretted coming here...if I’m taken ill they do everything for me.”

The service was safe because the provider had taken a range of measures to protect people from harm. A few months before this inspection there had been an incident when intruders gained access to the building. The providers sought advice from a security firm on the best ways of making the building secure, while at the same time allowing people to move easily around the home and enter and leave the building freely. Security cameras have been installed around the outside of the building and staff were able to check visitors before they entered. At the time of our visit there were locked doors between various parts of the home with key pads. People who lived in the home and staff could move from one area to another by entering the correct code. On the day of our inspection a security firm were installing a new security system on external and internal doors that could be used more easily by staff and people living in the home.

The provider had recently installed a new call bell system. This had been discussed and agreed with people who lived in the home before installation. Some people had previously raised concerns that staff were taking too long to answer the call bells. There was a concern that staff might switch the call bell off at a central panel and then be interrupted before they reached the person. The new call bell system could only be switched off by staff entering the person’s room. The system could easily be monitored by the management team to check on response times. The registered manager said they were confident call bells were answered promptly since the new system had been installed. They also said there was a good internal telephone system that enabled staff to request assistance from a second member of staff if needed.

Most people said they were confident there were sufficient staff to meet their needs. However, four people raised concerns about staffing levels. For example, one person said “It’s very good here except not enough girls... they go past but they can’t help you because they’re going to somewhere else...and if you need the toilet 20 minutes is too long to wait. I press my bell and wait and hope. I can press the bell a lot before they come. We all have mentioned about it and they just say they’re doing their

best.” Another person said “Staff are very obliging but they’re overworked.. Sometimes they’re too hurried when they look after me but otherwise nothing to complain about.” We spoke with the manager and they checked the daily records, spoke with staff on duty, and also checked the call bell system. They gave us evidence to show staff had provided personal care promptly that morning and the person had not waited for staff to respond to the call bell.

The registered manager said they had recently recruited more permanent staff and further new staff were expected to start in the near future. Staffing levels had increased and they had adjusted the staff rotas to provide more staff during busy periods. On the day of our inspection there were five care staff, one team leader, one senior care assistant, one administrator and one registered manager. In addition there were also a cook, kitchen and cleaning staff on duty.

The new staff were beginning to settle into their jobs, and daily routines were becoming more effective. They were confident people were no longer having to wait for staff to answer the call bells, but acknowledged that it may take time for some people to feel reassured that the improved staffing levels and staff routines were fully embedded. Staff we spoke with confirmed that staffing levels had improved recently. They said there was good teamwork and the new staff were settling in and learning the routines. They told us “We will not go for a break unless we are confident people are settled and happy. Staff work with each other.”

The recruitment records for four staff showed safe procedures had been followed. Application forms had been completed, satisfactory references had been obtained, and checks had been carried out to make sure the applicants were suitable before they began working in the home.

All staff had received training on safeguarding adults. Staff said they had received safeguarding training and were confident they could raise any concerns with a senior member of the staff team and their concerns would be listened to, investigated and addressed. They knew how to contact the local safeguarding team if they felt unable to speak with one of their management team.

Staff took care to ensure people’s safety when moving them into the dining room for lunch. We saw staff using equipment to help people move from their chair into a wheelchair safely before moving from one room to another.

## Is the service safe?

Where necessary, two staff assisted people to move. There was sufficient equipment around the home such as hoists and stand aids to ensure staff had quick access to the correct equipment to meet people's individual needs.

Medicines were delivered to the home every four weeks by a local pharmacy in four weekly blister packs. The pharmacy also provided printed medicine administration records giving the name, dosage and time of administration of each medicine. The records also gave essential information about administration methods, safe storage, or any other associated risks.

We observed a member of staff administering medicines to people at lunch time. Each person had a secure cabinet in their bedroom for their medicines. Medicines prescribed to be administered in the mornings and evenings were stored in these cabinets. Staff had assessed each person's individual needs relating to medicine administration. Some people who usually went to the dining room for their midday meal had agreed that their midday medicines should be stored in a medicines trolley. The trolley was stored securely when not in use. Staff followed safe procedures when administering medicines. Medication administration records were completed effectively.

The member of staff who was administering medicines was interrupted several times. We spoke with the registered

manager about the risk of medicine errors due to interruptions. They told us they had recently considered this risk and were currently considering ways of reducing the number of interruptions. For example, they had recently considered the use of tabards for staff to use while administering medicines with a printed statement saying 'do not disturb'.

People told us their medicines was given on time and brought to wherever they were in the home, for example it was administered to them in their rooms if they wished to stay in bed.

The public areas and bedrooms were clean with no unpleasant smells. People who lived in the home appeared clean and smartly dressed. Staff were seen wearing protective clothing to maintain hygiene when handling food or providing personal care. Infection control was seen as a high priority with in-depth training for new staff, hand hygiene observations, check lists and audits to ensure staff followed safe cleaning routines every day. These included check lists to make sure staff carried out tasks such as changing flannels and towels every day. Bedding was changed, mattresses and bed rails were wiped down each time a person had a bath.

# Is the service effective?

## Our findings

People told us they were able to make choices about their daily lives. For example, a person said they were able to choose where they spent their day, whether to stay in their room or to join others in the lounge and dining room.

Care plans provided detailed information about each person's health and personal care needs and explained to staff how to support each person effectively. Risks to each person's health had been assessed and regularly reviewed. For example, the risk of pressure sores, weight loss, moving and handling and medicine administration had been assessed in detail and clear instructions given to staff to explain how to minimise these risks.

A person told us they had various health problems which required treatment. They thought the staff had not listened or taken action. However, the registered manager checked the person's care records and gave us evidence of the dates they had sought specialist medical attention including chiropody. This showed they had listened to the person and taken action promptly to seek appropriate medical treatment.

The registered manager told us they contacted each person's doctor to request an annual review of the person's medicines. Local doctors were in the process of reviewing each person's medical care plan. The manager said they had good support from the local community nursing team who visited people regularly and gave staff advice and support on care practice. They planned to develop closer working relationships with the local hospital to support recuperative care. This will be a joint project with support from the hospital nursing team.

Needs in relation to dementia were explained, for example one person's care plan said "I have dementia and this is quite pronounced in the mornings." The care plan explained their usual daily routine, and also how this might vary from one day to the next. For example the care plan stated "Likes to go to bed nine and ten but other times may like to go later." The care plan also explained in detail how the person made choices, such as what they wanted to wear, what they liked to eat, and how they managed their money. The person also had an 'end of life' care plan in place which explained how they wanted to be cared for at the end of their life.

The registered manager said staff had not yet received training on dementia. They recognised this was a priority as a number of residents showed signs of early stages of dementia. They were in the process of identifying suitable training for the near future. However, the staff we observed showed sensitivity to individual needs and treated people in a personalised way. The registered manager told us they had researched good practice on caring for people with dementia from sources such as the Kings Fund and were in the process of implementing some of the recommendations. For example, research suggested people with dementia ate more and enjoyed their meals better if they were served on coloured plates. They were in the process of purchasing some blue plates to find out if people might benefit from this.

The registered manager also gave examples of how staff had recognised some people's level of dementia varied throughout the day. For example, some people were more alert in the evenings and therefore they provided some activities in the evenings as well as at other times of the day. Since introducing evening activities there were regularly eight or nine people who participated in games and group activities in the evenings.

The registered manager and staff understood the Mental Capacity Act (2005) (MCA) and how it applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager had made a Deprivation of Liberty Safeguards (DoLS) application for one person. They were also considering the possible need to make similar applications for other people who may be unable to leave the home safely because of the risk of harm or accident. Further training on the MCA was booked for the near future.

All new staff received an induction at the start of their employment. Records of their induction and the topics covered were held in their recruitment files. Training records showed the topics staff had received training in and the dates attended, this included health and safety related topics. Other relevant topics included equality and diversity, professional boundaries, personal safety and professional excellence. 28 staff were permanently

## Is the service effective?

employed including catering and ancillary staff. Of these, 13 staff held a relevant qualification such as a National Vocational Qualification at level two or above which helped them to do their job effectively.

A member of staff who had been recruited in the last year said they enjoyed working in the home. They had not previously worked in a care setting and said this job was “Something different – I have a sense of achievement in this job.” They explained their application and induction process had been thorough. They had received a range of training since they started including manual handling, safeguarding, first aid, continence and catheter care. They said the support was good “If I have any queries I can go to someone else and they will give me the time to answer my queries.” They had received individual supervision every six weeks. Training needs were discussed in supervision sessions.

People were offered a good choice and variety of food and drink. A cold water dispenser and access to drinks was provided in the communal area. Menus were displayed on the notice board in the corridor. These showed there were at least two main options for the midday meal each day plus special meals for people with dietary needs such as diabetes. At tea time there were three hot options plus sandwiches, salads, cakes and puddings. The menus also showed fruit was offered in the afternoons. There was a snack corner in the dining room with crisps and biscuits people could help themselves to. Drinks were offered regularly throughout the day. Staff met with every person each day to let them know what was on the menu for the following day. They recorded the person’s choices to help the catering staff plan the meals they had to cook.

A large menu board was displayed in the dining room showing pictures of meals. However, the pictures were not the meals on offer that day. We asked the manager why the menu board had not been used as it was intended. She said some of the pictures had been removed by people living in the home. New pictures had been ordered and these will be used as soon as they are received.

Food was home-cooked and looked appetising and hot. Most people had chosen roast chicken with potatoes, cauliflower and carrots. Some people appeared to be given

large helpings which may have been off-putting for people with smaller appetites. One person said “we seem to eat a lot of carrots” and another person answered “I like carrots.” The first person replied “Yes, but in moderation.” The cook showed us their daily records of the meals people had requested the previous day. These showed the foods and the portion size each person had requested. The cook explained they followed these individual requests when dishing up each meal.

People were given plenty of time to eat in the dining room, and one or two were still at the table long after most people had left. Food was cut up or mashed for those who needed it. People told us they enjoyed the meals. Comments included “I can’t have any greens so I don’t have a big choice but it’s fine” and “They come and take down what you want to eat the day before,” and “They cut it up bite size.”

Bedrooms had sink units and people were able to have a kettle and a fridge if it was safe for them to make their own hot drinks or snacks. One person had a kettle in their room but they said they had been unable to use it. We spoke with the registered manager who said the family may have provided this. They said they would make sure a risk assessment was carried out.

The property is a five storey building with a shaft lift between each floor. There were a number of spaces around the home where people could choose to sit. Most people preferred to be with others rather than stay in their bedrooms. We saw people sitting together in friendly groups chatting to each other. Some chose to be in the dining area at tables or in armchairs and other chose to be in a downstairs lounge. All areas were clean, comfortable, well maintained and safe.

People told said they had access to whatever medical support they needed and relatives were informed about changes or treatment. One person we spoke with was on dialysis. They were taken to hospital three times a week by taxi. They said they were happy with the care and services provided by the home and said “It all works fine.” Care records showed staff had recognised changes in people’s health and sought medical advice and treatment promptly and appropriately.

# Is the service caring?

## Our findings

Throughout our visit staff were pleasant and spoke politely and appropriately to people. We saw and heard examples of how staff demonstrated sensitivity and treated people in a personalised way. People's dignity was maintained during all staff interactions, for example staff covered a person with a blanket while they were using the hoist to move the person from a chair to a wheelchair to protect their dignity. People could choose what they wanted to do, and when they wanted to do it. For example, one person was eating herrings from a jar at 11.30am in the dining room. The person said this is what they liked to do. Staff understood this was the person's preference and supported them to do what they wanted. Another person had chosen to have their breakfast at 11.30am.

However, some staff were more attentive than others towards people who needed reassurance. For example, at lunchtime a person with poor sight was sitting at the dining table waiting for lunch. After a few minutes the person became anxious and could be heard saying "Why are we waiting?" "Help" and "Why don't they come." Some staff walked past the person without offering comfort or reassurance. However, other staff stopped to reassure the person by putting a comforting hand on their shoulder, or by kneeling down or sitting next to them, gaining direct eye contact with the person and making sure the person could hear and understand what they were saying.

When staff served the meals they did not always speak with people to explain the food they were serving, or to check people were happy with the meals served. A member of staff put the meal in front of the person with poor eyesight without speaking with them. A little while later another member of staff realised the person had not eaten their meal. The person told them "Take this away. I do not want this." The member of staff sitting next to the person holding their hand and encouraging the person to eat. The member of staff gave the person time and was attentive.

We spoke with the registered manager about the varying ways in which staff supported people who showed anxiety, or those who may seem to have lots of 'grumbles'. The manager told us this had been discussed in staff meetings and also informally with staff. The staff team had been reminded to offer people who showed signs of anxiety reassurance when passing. They were also aware of the need for further training for staff, for example on dementia,

to help staff gain a greater understanding of people who suffered from anxiety or memory loss. Recent improvements in staffing levels had meant staff had more time to support people who suffered from anxiety. They had seen improvements in the way staff 'connected' with people in recent months. They told us "We are not there yet, but we are getting there."

After our inspection the manager told us they had made a number of changes to the way people were supported at meal times. People who showed anxiety had been allocated staff to support them with their meals. The seating arrangements had been adjusted to ensure people's needs were met. They had also given staff additional training to help them understand how people with poor eyesight may feel at meals times. The manager told us this had resulted in some people being less anxious, and they had found people were eating better and enjoying their meals more as a result.

There was a key worker system in place. Each person had a named member of staff allocated to them who they could ask for additional support, for example to post a letter. The manager said this system worked well and had resulted in some close friendships. Staff gave examples of things they did above and beyond their regular duties. For example, a member of staff told us they took people on outings, or to attend a funeral, often in their own time.

A member of staff talked about a person who was often anxious in the mornings. They explained how they reassured the person by holding their hand and sitting with them until they became less anxious. They were able to describe the person's abilities, the things they could do for themselves, and how they supported the person to maintain independence. They explained the person's likes and dislikes, for example when they liked to drink tea and when they liked to drink coffee. Their description of the care they provided showed they were caring in their manner. They understood the importance of knowing people well and understanding the things that mattered to them.

Staff described how they communicated with people. They told us how they offered people choices. Comments included "It makes me happy if people appreciate my care. It is important to me that I have followed people's wishes. I want people to feel happy with my care." They described how they paid attention to details such as checking people's nails when they helped people to have a bath.

## Is the service caring?

Staff had attended training sessions on professional boundaries and service excellence to help staff gain skills and understanding of how to demonstrate a caring approach to their work.

Most people and relatives told us they were entirely satisfied with the caring manner of the staff. Comments included "I love it here because I don't feel lonely any more...there's someone to say goodnight to...it's beautiful...they start off in the morning they bring me a cup of tea...then a carer comes and says 'Would you like to get up?' If I say no, she'll come back later and we always have a laugh over knickers as I can't get them on right...I need help in the night in case I wet the bed and they come quickly...they're very nice, very caring, don't make me feel

too much of a nuisance...my room's lovely...I've a nice big window and I look out at the garden and trees...I was a bit worried about coming here as I wouldn't know what to do but I came and they just said sit down and have a cup of tea like we do in Yorkshire."

A relative told us "I'm full of nothing but praise...my mother's been here a year and I've no complaints. The staff are wonderful."

A community nurse we spoke with after our visit to the home said that people received good care at the end of their lives. They praised the senior care staff for their competence and understanding of people's needs.

# Is the service responsive?

## Our findings

Relatives told us they were satisfied with the care people received and how their needs were met. One relative told us “She’s happy and has everything she needs. It’s jolly good that she’s here...she doesn’t recognise her own family.”

Other relatives were preparing a bedroom before the person was discharged from hospital. The relatives and the person had chosen Jack Simpson Residential Home because they said “It’s clean, welcoming and warm...the quality of the room, the fully equipped bathroom...the consultant has agreed it will meet her needs”. They wanted the person to be safe overnight and to eat properly. Staff from the home had visited the person in hospital and had spoken with medical staff in preparation. The relatives said “We couldn’t have done more and the staff couldn’t have done more.”

People had been involved in the development of their care plan. Each file contained a document called “This is me” which gave a wide range of information about the person. Where possible the person or a close relative or friend had completed the document. Information included the person’s preferred name, their personal history, and how they made choices and important decisions such as food preferences and dietary needs, and how they managed their money.

Each person had a care plan which set out the person’s normal daily routine and the support they needed from staff. People had been fully involved and consulted over their care plans. Staff also told us they had been involved in helping people complete the “This is me” form and had spent time with people finding out about their personal histories. Staff said the care plans were easy to use and they were able to find important information quickly.

Files contained consent forms which showed people had been consulted about all aspects of their care, including where they wanted their care plan to be stored – in their own room or in the office. Where possible people had signed their care plan, consent forms and important documents in their files to show they had been consulted and agreed with the information given to the staff. If the person was unable to sign the form relatives or representatives had been asked to sign on the person’s behalf. Where relatives held Lasting Power of Attorney

which showed the person had given them authority to make decisions about their health, welfare or finances, this had been recorded and evidence of the authority had been requested.

The registered manager gave an example of how they supported a person who had experienced anxiety and difficulty adjusting to their new environment after moving into the home. The person was offered a different room. They also gave advice to staff on how to support and reassure the person. The registered manager regularly checked with the person to make sure they were happy with everything. They had been reassured that these measures were successful and the person was happy and settled.

People enjoyed a varied programme of activities. On the day of our visit an external organisation known as ‘Kissing it Better’ were visiting the home. The registered explained this organisation had engaged with every person living in the home to find out about their interests, previous history, and the things people would like to do. They had identified each person’s talents and had been creative about how they could support and promote each person to lead fulfilling lives. The aim of the organisation was to link school and university students with care homes. They had organised weekly visits from students who ran a reading project. Poems people had chosen or written were attractively printed and framed and displayed around the home.

One person had written a pantomime 20 years ago. The organisation had discovered this and had worked with the person and a local secondary school who had rehearsed the pantomime and were about to put on a public performance.

A choir from a local school visited the home regularly. A person living at Jack Simpson House had attended the school when they were a child and when staff heard about this a visit to the school was arranged. The visit had been a great success and an enjoyable occasion. A pupil who had been appointed to show them around the school had kept in touch and had visited them regularly at Jack Simpson House. This showed the service was developing links with the local community.

## Is the service responsive?

Staff had been given cards containing information about each person's interests and preferences. This information helped staff to think about how they could support people to achieve their individual aspirations

In one of the lounges equipment such as board games, books and knitting were available. There was also a touch screen computer that people could use to keep in touch with families and friends, or for other interests and information access. There was a varied programme of group activities chosen by people living in the home. Activities were held at various times of the day and

included quizzes, musical and craft events. One person said: "We have games and quizzes like on TV...it was right fun." People were supported to participate when they wanted or felt able to do so.

Family and friends were encouraged to visit whenever they wanted. There were plenty of outside and community contacts. Notices on display in the home gave information about community events they might be interested in. One person told us they loved to go into town on the bus. The home is situated very close to local shops and is on a main bus route into the city centre which enabled people to access local facilities easily if they wished.

# Is the service well-led?

## Our findings

Since our last inspection the management structure had been reviewed and the post of team leader had been introduced. On-call management arrangements had also been reviewed to ensure cover was available to staff outside of normal working hours.

People who lived in the home were encouraged to be involved and to speak out about the daily running of the home. Copies of residents' meeting minutes showed how people's views were sought about topics such as staff recruitment, call bells, staffing levels, the garden and menus. The meetings were well attended. People were informed in meetings about the complaints procedure, and also given information about a national free call help line called Silver line. During one meeting people suggested a 'tuck shop' could be provided selling items such as sweets, toothpaste, pens, soap and tights, and this suggestion was agreed. People had also chosen the decoration in the dining room.

People had been consulted about the menus. They had previously been offered four weekly menus. During a residents' meeting people decided they only wanted a different menu every two weeks. People were regularly consulted about the range of meals offered and the menus were changed whenever people requested.

In the last year people's views were sought through the an independent organisation known as Ipsos Mori Poll. There are plans to complete an organisational survey in the near future.

The registered manager said she actively encouraged people to speak out and bring any complaints or concerns to her. Formal complaints were passed to their head office. Senior managers made sure complaints were dealt with promptly, investigated thoroughly and actions taken where necessary to improve the service. For example, we had been informed about a complaint earlier in the year regarding medications and call bell response. The provider had listened and agreed the call bell system should be replaced. They had also discussed medication administration with their pharmacy provider. The registered manager told us they often asked a manager from another home to deal with complaints to provide an

independent oversight of the issues raised. The complaints procedure was explained in the home's Statement of Purpose, copies of which were displayed in the entrance hallway.

There were a range of procedures to check the quality of the service. Observations of staff practice were carried out by senior staff. Observation reports showed checks had been carried out on staff practice at lunch times. They had monitored the time it took for people to reach the dining room, accompanied by staff where needed, how long it took for meals to be dished up, how long it took people to finish their meals, and how staff assisted people who needed help with their meals. They had observed staff manner and commented that staff were polite, caring and effective.

There were systems in place to monitor daily routines. A check list showed the tasks allocated to each care staff during the day including the room numbers of people who needed assistance. Team leaders completed a check list when essential tasks were completed each day. These included a handover session between each shift, medication administration checks, diary tasks, checks on people who require their diet and fluid intake to be monitored, monitor hygiene standards, room checks, maintenance records, and checks on the quality of meals. There were also infection and environment checks which ensured people were safe from the risk of infection.

In the past year there had been four medicines errors. They had reviewed their practice each time and had taken actions to prevent recurrence, for example by seeking advice from a person's doctor.

Staff told us the home was well led. They received good support. A member of staff told us "I can knock on the manager's door – she is always available." Other comments included "It's a good friendly team. I enjoy it."

A community nurse said the management of the home had improved since the registered manager began working at Jack Simpson House.

The registered manager attended monthly meetings held by the provider for the managers of all services. These meeting incorporated training workshops with their head of quality and compliance. The meetings also facilitated peer support and sharing best practice. The registered manager told us they implemented a 'we can do' attitude with all staff members.

## Is the service well-led?

The provider had a range of monitoring procedures to make sure the home was running smoothly and people received the care they needed. Monthly monitoring visits

were carried out by a senior manager on behalf of the provider. They also asked people, relatives and visitors to complete annual questionnaires. Action plans were drawn up to address any improvements identified.