

Leonard Cheshire Disability

Symonds House - Care Home with Nursing Physical Disabilities

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Symonds House is a home with nursing providing accommodation and care for 20 adults with physical disabilities. At the time of the inspection there were 19 people living at Symonds house.

At the last inspection the service was rated good.

At this inspection we found the service remained good.

People told us they felt safe living at Symonds House. Risk assessments were in place to ensure people's safety.

People told us there were enough staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed people were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on. The registered manager promoted an open, transparent and inclusive culture within the service. People and staff had their views sought and felt listened to

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

There were quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Symonds House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2017 and was unannounced. The inspection team was made up of one inspector and we also had a registered nurse who supported the inspection and provided specialist advice on the care being provided at Symonds House.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During this inspection we spoke with three people who used the service, a relative, three care staff which included nurses, the physiotherapist, activities coordinator and the volunteer coordinator. We also spoke with the deputy and registered managers.

We reviewed five care records, three staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Symonds House. One person said, "It's a good place to live." Another person told us, "I really like it here because it's happy and I'm safe." People were supported by staff who had good guidance on how to keep people safe and they were able to demonstrate they understood how to keep people in their care safe. This included how to recognise and report abuse.

Records demonstrated that risks to people were identified and comprehensive control measures were put in place to reduce these risks. We observed that staff were proactive in reducing the risks to people. For example, each person had individual moving and handling needs assessment and varying equipment to support them. Each person had a support plan that helped the care staff to understand how their individual needs were to be supported. These support plans were concise, easy to read and person centred. Each folder held photographic information of how to hoist the individual safely and how aids, straps / splints were fitted correctly.

People told us and we observed that there were enough staff to meet their needs. One person said, "There is always lots of staff about." Another commented, "The staff are always there to help you when you need them." The registered manager confirmed they reviewed staffing levels to ensure people's needs were met. One staff member commented, "I think we are quiet lucky here the ratio of staff to residents is excellent, lots of staff."

The service supported people who had medication prescribed to them. Qualified nurses were responsible for the administration of all the medications to each individual. There were suitable arrangements for the safe storage and management of people's medicines. There were protocols for given medication when required (PRN). All PRN medications that had been given had been correctly recorded and all routes of administration were clearly indicated. A quality control check at each handover is in place to ensure that all medication has been given and signed for. A random check of boxed and bottled medication showed that they were all in date and named correctly and stock levels were correct.

Is the service effective?

Our findings

People told us and we observed that they were supported by appropriately skilled and knowledgeable staff. One person said, "I have nicknames for the staff, they are marvellous." Another person said, "They support me to do the things that make me happy."

Staff confirmed that they had the training and support they needed to carry out their roles. We noted that staff received appropriate supervision and appraisal. Staff we spoke with confirmed they were supported to develop; staff were offered the opportunity of further training and set objectives and goals for the coming year. One person we spoke with had been supported to develop and trained to become the health and safety lead.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff were able to demonstrate they understood MCA and DoLS and how this applied to the people they supported. Staff encouraged people to make decisions independently on a daily basis based on their ability. Where people were unable to verbally communicate, we observed staff using other methods to enable them to make decisions. For example, we observed staff using communication books to enable the person's choice. We noted that one person who was asked what they wanted to eat had asked for a yogurt using their communication board. The staff member then brought back a selection of different flavoured yogurts for them to choose the one they preferred.

We noted due to one person's limited communication the staff had explored many communication aids and devices to help the person understand their care they received and to make informed choices about their care, in everyday decision making choices such as what clothes to wear.

People told us the food at Symonds House was good quality. The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Our observations confirmed that people were given the practical support they needed to eat. For example, People had access to specialist equipment and adapted cutlery to enable them to eat independently.

Staff and the managers had a good working relationship with external health professionals. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

Is the service caring?

Our findings

People told us and we observed that staff were kind and caring towards them. One person said about the staff, "Staff are nice very respectful and caring. I feel happy here." Another person said, "The staff are very caring."

We observed staff interacting with people in a thoughtful and considerate way. For example, supporting people to sit where they wanted and cutting up people's food if required. We observed staff took the time to ensure they supported the person and understood their needs. We saw evidence in people's care plans that demonstrated people were involved with their care.

People told us that they were involved in making decisions about their care. One said, "We sit and discuss my care and I have complete say in what support I want."

People were encouraged by staff to remain as independent as possible, which upheld their dignity and respect. We observed staff encouraging people to be independent, with the use of adaptive cutlery and specialised equipment. For example, one person was able to raise and lower their own bed, control the television and the lights by blowing in to a pipe. This supported people to remain independent. Each person was supported with a posture programme from the physiotherapist to enable better mobility to support their independence.

Is the service responsive?

Our findings

People told us that staff knew them well. One person said, "They bring their children in to meet me, I have good relationships with staff" Another person told us, "I chose my keyworker, they help me keep my anxiety levels low they support me and listen to my needs." Staff were able to tell us about people's needs and how best to support them.

People's care records contained personalised information about them, such as their interests and preferences. This information enabled staff to support people to engage in meaningful activity they enjoyed. It also enabled staff to better understand and meet the needs of people. For example, the care team had recognised the importance of keeping one person's spirits up and actively encourage and support the person's friends and families to visit to build on their confidence, loneliness and emotional and psychological wellbeing.

People were supported to engage in meaningful activities, during our visit we observed the theatre show that had been arranged. People told us they had really enjoyed the show. We also observed people playing bingo. The activities coordinators were very proactive and arranged lots of activities from skiing in special adapted seats and flying an aeroplane. All these activities had been risk assessed. Activities were also supported through a network of volunteer workers who supported people with their activities, appointments and friendships. There was also a group 'friends of Symonds House' who on a regular basis raised money to supported outings and events agreed by the people who lived at Symonds house. People went to musical events and restaurants and were supported to access their community. One person said, "My mate comes and visits, we went out to town drinking one night. It's about what I want to do, going to the bank, popping into town or going out to eat."

People told us they felt able to feedback their views on the service and were encouraged to do so. One person said, "We have a menu meeting, we have monthly residents meetings where we get told what is happening and they ask for our opinions. They do listen." Another person commented, "I have made a complaint and the issues I have raised were resolved."

Is the service well-led?

Our findings

There was a registered manager working at the service. 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 registered manager promoted a positive, transparent and inclusive culture. They actively sought the feedback of people using the service. The registered manager confirmed they had regular meetings with other managers to ensure best practice and to share ideas. Staff confirmed that the registered manager was approachable and they had the opportunity to share their ideas. One staff member commented, "I feel supported I think the [registered] manager is excellent. They are happy to look at issues and tackle them. Another staff member said, "I feel supported definitely, if I have any issues I can speak to my seniors, their Doors are always open. I have had to go in for a couple of chats."

The registered manager carried out a regular programme of audits to assess the quality of the service, and we saw that these were capable of identifying shortfalls which needed to be addressed. The registered manager confirmed that the service improvement team completed regular audits to ensure best practice was followed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. The registered manager told us that they walked around the home on a daily basis speaking to people and staff to ensure that the home was safe and that people were happy with the care and support they received.

The registered manager had implemented changes since starting in January 2017. This included having more of a presence in service later in the day to ensure they met with all staff groups. Staff felt supported and could come and discuss issues on shift. The registered manager had Introduced 1:1 mentoring forms to document staff management and supervision opportunities on shift. Nursing staff felt this is a useful resource in managing performance on shift as well as teaching and learning. The registered manager has an improvement plan that included having a fitted kitchen installed in the activities area to be used for the residents to cook and prepare meals, entertain visitors and guests and use as a social area at weekends. This would provide a homely alternative space for the residents to entertain relatives and friends.