PBT Social Care Ltd

Simone's House

Inspection report

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Tel: 01895745712

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21 December 2018

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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

This unannounced inspection took place on the 18 and 21 December 2018.

At our last inspection on the 31 October and 2 November 2017 we found that the key questions 'is the service safe?' and 'is the service well-led?' were rated requires improvement. This was because we found that the provider had not always followed their recruitment policy and had not always informed the CQC about notifiable events that had taken place in the service. During this inspection we found that these shortfalls had been addressed.

Simone's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Simone's House accommodates five people in one adapted building. People living at the service were younger adults with mental health needs and /or physical or learning disability. Each person had their own bedroom and the ground floor bedroom was ensuite. There were communal bathroom and shower rooms, lounge/ dining area and kitchen. There was an activities room situated in the garden. When we inspected, the provider was in the process of building a conservatory so that people living in the home could have a greater choice of where to sit and better access to a quiet communal space.

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.

People and relatives told us staff were kind and courteous. We observed staff's interactions with people and their relatives and found them to be professional, empathetic and caring.

People told us they felt safe at the service and staff demonstrated how they would recognise and report safeguarding adult concerns. Both the registered and deputy manager reviewed people's records to ensure all safeguarding concerns were identified and reported to the appropriate body.

The registered manager assessed staffing need and ensured there were enough staff on duty for example to support people to go out when they wanted to undertake activities.

Medicines were administered in a safe manner and stored appropriately. People were supported by staff to access the appropriate health care to ensure both their physical and mental health needs were addressed.

People were provided with a healthy choice of meals according to their needs and given support to eat when they required. Staff reminded people to drink enough fluid to remain hydrated.

The registered manager assessed people's needs prior to offering a service. We observed that there was often a transition process during which the registered manager worked with healthcare professionals to familiarise the person with the service and to monitor the suitability of the placement. People had person centred care plans that were reviewed on a regular basis with them, their family and professionals to ensure the level of care provided was still appropriate.

The registered manager worked in line with the Mental Capacity Act 2005 (MCA) and applied for Deprivation of Liberty Safeguards (DoLS) authorisations when people might have been deprived of their liberty and were assessed as not having capacity to make decisions about their care and treatment.

The provider worked in partnership with healthcare professionals and commissioning bodies for the benefit of people using the service.

The registered manager and director kept their learning up to date by engaging in various activities such as enrolling in relevant training and attending provider forums at the local authority.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider followed their recruitment procedure to ensure staff were employed in a safe manner. The registered manager assessed staffing levels to ensure there were enough staff to meet people's care needs.

The registered manager carried out assessments to identify the risks to people and put in place measures to mitigate the risk of harm.

The registered manager and staff demonstrated they could recognise signs of abuse and knew how to report concerns appropriately.

The registered manager had an oversight of incidents in the home and learnt from mistakes and near misses sharing their learning with the staff team to prevent a reoccurrence.

There was a good standard of infection control to prevent cross contamination.

Is the service effective?

Good

The service was effective.

The registered manager assessed people prior to offering a service at the home and worked with health and social carte professionals to ensure they understood what support people required.

The provider worked in line with the Mental Capacity Act 2005 to help protect people's rights..

Staff were provided with regular supervision and training to equip them to undertake their role.

People were supported to eat healthily and encouraged to drink enough to remain hydrated.

Staff ensured people accessed health services in a timely

manner.

The home was suitably adapted to help meet people's needs safely.

Is the service caring?

Good

The service was caring.

People and relatives described staff as doing a good job and said they were polite, caring and helpful.

People's care plans contained detailed guidance to support staff to communicate effectively with people.

People were encouraged to remain as independent as possible to promote their self-esteem.

Staff respected people's privacy and understood when people needed their own space.

Is the service responsive?

Good

The service was responsive.

People had person centred care plans that told staff their preferences and how they would like their care and support provided. People were encouraged to engage in activities that included going out into the community.

Guidance was displayed in an easy read format to encourage people to say if they had concerns. Relatives told us they could raise concerns and felt that they would be addressed by the registered manager.

At the time of our inspection there was no one who was receiving end of life care. However, some staff had received training and the registered manager told us how they would support people should they become very unwell.

Is the service well-led?

Good

The registered manager and the deputy manager undertook audits and checks to help ensure the quality of the service provided.

There were good lines of communication in the service between the management team and the staff.

People, relatives and professionals were encouraged to share their views through reviews, meetings and surveys and these were taken into account by the provider.

The registered manager worked in partnership with health and social care professionals for the benefit of people living at the service.

Simone's 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.

This inspection took place on 18 and 21 December 2018. The first day was unannounced and we agreed to return on the second day to meet with the registered manager.

One inspector carried out the inspection. Prior to this inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service. We read through previous inspection reports and we reviewed notifications we had received. A notification is information about important events that the provider is required to send us by law.

During our inspection, we made a partial check of the environment. We looked at three people's care records. This included their care plans, risk assessments, medicine administration records and daily notes. We observed staff interactions with people throughout the inspection. We reviewed three staff personnel files. This included their recruitment, training, and supervision records.

During the inspection we met five people living at the service, and one person's relative, the registered manager, the director, deputy manager, and three care workers.

Following the inspection, we spoke with one relative and one health professional to ask for their views about the service.

Good

Is the service safe?

Our findings

During our previous inspection in November 2017 we found that the provider did not always follow their recruitment policy to make sure all new staff were suitable to work with people who use the service. During this inspection we found that the recruitment system has been improved and was more robust. The provider had undertaken checks to confirm staff identity, right to work in the UK and criminal record checks. In addition, they had obtained references from former employers to ensure staff were of good character. Interviews took place to ascertain staff experience and aptitude for a caring role.

People and relatives told us there were enough staff at the home. One relative said, "On yes enough staff." Staff told us they thought there were enough staff to meet people's care needs. Their comments included, "Yes I think so. People are really good they listen well, they let you know if they need anything and they have a good relationship with the staff," and "Staffing yes enough, pretty ok, not stretched, all staff are used to the routine even though at breakfast and lunch time you might be making five different meals. We have two night staff, one waking night and one sleep in. We get extra staff for outings and [director] comes and takes people out and one of the staff goes with them." The registered manager demonstrated they assessed people's staffing needs to ensure they could provide a safe and appropriate level of staffing. The registered manager and the director provided on call cover, so staff could call for advice or support outside of office hours.

One person told us they felt safe at the service, their comments included, "Staff are good. Any hassle I'd be out the door…. Yes, I feel safe, they lock up I leave it to them." Staff demonstrated they knew how to recognise and report signs of abuse. One care worker told us, "When people act differently, someone who usually talks is quiet. I would worry about that, maybe there is emotional abuse. If physical abuse probably bruising or mishandling of people. I would speak to [deputy manager] if I noticed something. If I felt they didn't act I would go to [registered manager]." The registered manager and deputy manager spoke with staff throughout their shifts and audited records to ensure safeguarding concerns were identified and sent to the appropriate authorities, as required.

The registered manager told us how they learnt from mistakes and described how they had with staff reviewed their approach to managing the risk of falls following an incident when a person had fallen. In addition, they had reviewed how they responded when people who had an extensive history of substance misuse had minor health conditions such as a cold. They had found that these people were often physically frailer and even a minor complaint could quickly become a serious health issue. As such they had instructed staff to take speedy action to engage health professionals for even minor health concerns.

The registered manager assessed people to identify the risk of harm. They put guidance in place so that staff knew what measures to take to keep people safe. Risk assessments included risks associated with behaviour management, nutrition, medicines, mobility, physical health, falls and going out in the community. Guidance for staff was thorough and specific, for example, how people showed they were unhappy or agitated and what strategies staff could employ to reassure and work effectively with them. The provider had also assessed the risks to people from their environment. For example, a person who had

deteriorating mobility had a bedroom on the ground floor to negate the need to use stairs. Their risk assessments contained information for staff to support them to mobilise as safely as possible.

Staff received training prior to administrating medicines and were observed to assess their competence and had yearly medicines refresher training. People's medicines administration records (MARs) were completed without error. Medicines records contained descriptions of each medicine and information about their use. Staff who were responsible for administering medicines, were knowledgeable about the medicines they administered. People who were given covert medicines had a mental capacity assessment with regard to taking their medicines and a best interests decision signed by their GP. There was also guidance for staff to work with people who sometimes were reluctant to take their medicines. We observed a staff member working with one person. The staff member explained why the medicine was important and used humour to make the person less anxious. They accepted the person's decision and approached them again after giving them time to reconsider. This was done in a sensitive and professional manner. There was a daily tally of each medicine on the MARs undertaken by the deputy manager to monitor the medicines given to people. Monthly audits were also completed to ensure a good oversight and identify any errors.

The home was well maintained and kept clean by staff. There was hand washing facilities and paper towels available for people, visitors and staff to use with reminders to wash hands in appropriate areas of the home. Staff were supplied with personal protective equipment that included gloves and aprons. They had attended infection control training to help ensure they understood good practice in infection control to avoid cross contamination.

Good

Is the service effective?

Our findings

One health care professional told us, "I was impressed with them when they came to assess, they really worked with us to understand [person]." The registered manager completed an initial assessment prior to people being offered a service at Simone's House. The registered manager met with the person, their family and health and social care professionals to gather and assess relevant information so they could support the person in a safe manner. There was often a staged transition programme agreed with the relevant professionals. We reviewed one person's records and observed the process when we visited. The person had been supported to visit the home with familiar staff, then to stay overnight on two occasions and then to stay for two weeks. This allowed the person to familiarise themselves with the home and helped staff to establish what was important to the person to work with them effectively.

One new staff member described to us that in preparation for their role they were receiving an induction. They were shadowing experienced staff during both day and night shifts and had received training. They described fellow colleagues and the management team, as supportive and approachable. They told us, "It's good, good staff, and easy to learn. A relaxed environment." Staff training records showed staff received an induction and had recorded observations and assessments to ensure their competency in tasks such as medicines administration.

Staff received initial and ongoing training to equip them to undertake their role. Training included, basic first aid, positive behavioural management, diet and nutrition, epilepsy awareness, food hygiene, health and safety, Mental Capacity Act 2005 (MCA), person centred approaches and safeguarding adults. All staff spoken with said they felt well supported. There were records that indicated staff received regular and relevant supervision to allow them to voice their views, identify further training needs and to discuss their work with their line manager.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was working in line with the MCA and DoLS. We saw evidence that mental capacity assessments had been undertaken when a person's capacity was in question and that a best interests decision was made when it was found they lacked capacity. The registered manager had applied for a DoLS authorisation when people were assessed as possibly being deprived of their liberty while receiving care and treatment. They requested DoLS reviews in a timely manner and people's care plans flagged if a DoLS authorisation should be applied for should their current Mental Health Act (1983) section be revoked.

People were supported to eat healthily and given their choice of meals. The staff were observed asking each person what they would like to eat. People who had specific diets were supported appropriately. For example, one person had only soft foods and was supported with this by staff and another person was assessed as at risk of being malnourished and staff offered food and encouraged them to drink their food supplement. We saw that staff observed them carefully to ensure the supplement was consumed. What people ate was noted and we heard when handing over to the oncoming shift staff said if they thought someone was not eating well. When there was a concern about eating or drinking a referral to the speech and language therapist had been made in a timely manner and guidance for staff was provided. Several people ate a very limited range of foods and the staff were trying to introduce them to new foods to support them to eat in a healthier manner. As such, they would cook what the person asked for but also prepare or share a sample of something else. This supported people to explore different food options in a sensitive manner.

Hot and cold drinks were provided throughout the day to support people to remain hydrated. We saw that staff had undertaken work with one person who had very little verbal communication to find out what drink they preferred and how they liked it served. Their care plan stated how they indicated their choice. People's care plans gave guidance for staff when there was a risk of poor hydration and for those people there was a fluid chart in place that was completed by the staff members and stated what amount of fluid the person was expected to have to remain hydrated each day.

It was evident from people's records that they were supported to access the appropriate health care for both their physical and mental health. The staff supported people to and from appointments and kept health and behavioural records to share with professionals when it was appropriate to do so. The registered manager told us they had a very good working relationship with the home's GP surgery and could ask for advice. They said, "The GP practice is really on point, a very good GP practice and will talk staff through each concern and call back. We are very pleased and they problem solve with us." People were also supported to access other health professionals such as the community diabetic nurse, psychiatrists, behavioural specialists, dentist and other consultant's clinics. In addition, staff contacted the emergency services when people required urgent help and ensured people went into hospital with their relevant information to assist a speedy diagnosis.

Staff supported some people who had behaviours that challenged the service. There were good guidelines in place for staff to follow and care plans stated what worked best for people. The deputy manager told us that for one person, episodes of behaviour that was difficult to manage had diminished to an extent that it had not happened for many months. They said they felt this was because they had worked hard to build a rapport with the person. All staff had noted and shared what worked well so now they understood the person better and could provide care as they found it acceptable. In addition, previously this person was awake for most of the night and sleeping all day. However, their daily routine had become so they now woke up spontaneously during the morning and went to sleep in the evening. This had added to their quality of life as they interacted with more people.

The home was not purpose built but had some adaptations to ensure people could move around the home in a safe manner. There was an en-suite bedroom on the ground floor that was used by someone who had limited mobility. This person had a monitor in their room to alert staff if they got out of bed in the night as they were at high risk of falls. There were also adaptions to help people with the stairs.. Building works were underway to provide a conservatory for people's use that would offer an increased choice of seating area. The director explained this was designed so people would be able to walk from the conservatory into the garden without the use of steps and therefore the garden would be accessible to all people using the service.

Good

Is the service caring?

Our findings

People and their relatives told us, "Yeah I like the staff here they are very good, very nice and courteous," and "Brilliant doing a good job, quite polite and everyone is nice and happy." And "They are kind and very helpful." One relative described the home as, "very homely," they felt the home suited their family member and said that staff were, "doing a very good job that was far better than the big homes…they do everything possible for them."

We found staff empathised with people and could understand people's needs and experiences of receiving care. Staff were positive and acted in a kind manner and used humour in a gentle manner to engage with people.

There were visual prompts in the service to help some people who had brain injuries and had suffered short term memory loss to orientate themselves. For example, "Today is Tuesday" and "I live in Uxbridge" with the name of the home displayed. Photos of staff were also displayed with their names. These measures were good reminders for people and we observed staff answered people's repetitive questions with full and clear answers and in a friendly non- patronising manner.

Staff also worked with several people who had chosen not to use verbal communication or used very limited verbal communication. Staff could describe to us what was important in communicating with each person and recognised when people understood what was said to them but had elected not to reply. A health care professional told us about care staff supporting a person, "They have been checking out what are their preferences, what they ask for, really, really patient and they do not make any assumptions."

Care plans were detailed and had a communication support plan in place that gave good guidance to staff. Guidance included for example, to watch certain people's expressions for signs of consent and highlighted that their expressions were fleeting and easily missed. People's body language was described so it was clear what a certain hand or head movement meant in making a choice or when someone might be becoming stressed by staff presence. Guidance about staff verbal responses were also stated so there was a consistent and well tested approach that could be used by all staff. Care plans highlighted when communication tools were used. One person used a "picture exchange communication tool." This was the use of pictures to show what was taking place and the person pointed to their preferred choice. The tool included pictures to get washed, to work, play board games, to use the toilet, to change clothes and a music class.

People were supported to remain as independent as possible and encouraged to continue to do what they could for themselves. Care plans stated clearly what support people required from staff. For example, staff encouraged one person to stand up in line with their physiotherapy guidelines as the first stage in supporting them to become independently mobile again.

We observed staff upheld people's privacy by knocking on doors prior to entering and people's personal information was held in a confidential manner. People's care plans also stated clearly if they had specific needs around their privacy. One person's care plan stated for example, "Intensely private and does not like

to be in a room with other people, responds 1:1 in their own space usually their room." The care plan continued to describe how staff could interact with this person to build a rapport and to help the person to tolerate their presence.

Good

Is the service responsive?

Our findings

People had person centred care plans that gave a thorough background of the individual to help staff understand their experiences. Information about people's diversity support needs was contained in the plans. The registered manager told us that they supported people's diversity needs by for example meeting their cultural dietary and spiritual needs. We saw one person receiving food appropriate to their culture and another person attending a church service each week.
The registered manager explained staff were trained in diversity and that they were a diverse staff team. They said, "We all bring something to the table, they are aware of diversity and we discuss how we can support people in our training. People from the LGBT+ (Lesbian, Gay, Bisexual and Transgender Plus) community we work with staff to be aware they can't stereotype people. They must support people regardless of how they identify." They continued to explain they discuss all aspects of diversity and how best to meet people's needs in staff meetings and in staff one to one sessions.

People's care plans stated how they wished to be supported and contained clear and detailed guidance for staff support. When people were not able to state their preferences and there was little information from family or professionals staff had worked with the person and observed what worked best for them by judging their mood and responses. Care plans were updated and reviewed on a regular basis and in response to changing circumstances.

Staff managed people's personal care needs in a sensitive manner and gave people support to be as independent as possible whilst encouraging them to remain clean and comfortable. One health professional told us that staff were managing one person's continence support very well and that there had been an improvement in an associated health condition because of this. They said, "Staff are managing [person's] personal care, self-care and continence needs. I'm really impressed they give them plenty of time and don't rush them."

People's care plans stated what they liked to do in terms of hobbies and interests. Staff tried to find activities in line with people's preferences. One person liked lorries and after several months they had moved them with their consent into a bedroom at the front of the house that overlooked the main road. They did this because they noted the person often like to stand in this bedroom and look out of the window at the lorries going past. The person told them they liked the room and told us about lorry driving. Although they had been initially reluctant to bring items from their home, they had with staff encouragement started to personalise the room with some lorry and motor bike models. This had helped them settle into their new surroundings.

Several people living at the home found it hard to engage with staff and other people. Staff had identified people's interests by observing and trying out different ideas. One care worker said activities they found had been successful for one person. They sat with the person and watched films in their main language on an electric tablet, or having a sensory session with fabrics of different colours and textures. They found they also liked to watch the staff draw and use coloured pens.

One health care professional told us they were impressed with the way staff had worked with one person to support them to join in activities. They said, "Drawing them into activities, not imposing themselves but just gently drawing them in." We observed that the person had been supported by a staff member and the director to go out into the community for a drive and to a hardware store. They came back to the home and were visibly more alert and energised, having enjoyed this activity. There were a number of established activities for people that included going to a local community club, visits to the airport to watch the planes, drum lessons, shopping trips and going to a café and playing table tennis in the summer. Everyday indoor activities were carried out and included playing chess, draughts and Ludo and karaoke sessions. We saw people playing board games together with staff joining in the conversation. Birthdays and cultural celebrations were observed with parties and special breakfasts such as fry ups and pancakes.

Relatives told us they could complain to the registered manager and that they thought their concerns would be addressed. Easy read posters to assist people to write or to point to pictures were displayed to support people to complain. Staff met with people in one to one sessions and checked they were happy with the service provided. The registered manager explained they encouraged people's families to visit and they encouraged them to raise any concerns they had. The registered manager kept a log of complaints and had an oversight of concerns in the service. There had been no complaints made since the last inspection.

The registered manager told us there was no one who was currently receiving end of life care. However, they and several of the established staff had received end of life training. In particular, the deputy manager had kept their knowledge updated so they could if necessary take a lead in this area of care. They had talked to some people about what they would want to happen in the event of their death and recorded their wishes. They had also spoken with one person who was becoming frailer and had invited their relatives to a meeting recently to discuss that their support needs were becoming more complex. This was to prepare the family that the person needs were changing. At the meeting they had discussed what their wishes would be should they become unwell. The registered manager told us they intended to provide further training for all staff and had when people had died provided counselling for staff as they realised this was an area of care that could be challenging for staff on an emotional level.

Good

Is the service well-led?

Our findings

At our last inspection on 31 October and 2 November 2017 we found that notifications were not always being made in a timely manner to the CQC. At this inspection this had been addressed. The registered manager had sent us notifications as the law required in a timely manner.

The registered manager and deputy manager undertook audits and checks to monitor and ensure the quality of the service provided. There were daily checks that included, a tally of medicines administered and daily environmental checks. Shift handover checked both medicines and people's finances. Weekly checks included a check in people's bedrooms to ensure they were kept in a good state of cleanliness. There were monthly audits that included, medicines and people's daily records and care plans. The registered manager had an oversight of all safeguarding, accidents and incidents, DoLS, staff training, supervisions and appraisals to ensure these were being processed in an appropriate manner.

The home had a procedure in the event of a fire. There were clearly marked fire exits and people had personal emergency evacuation plans in place that told staff and the emergency services what support they required. There was a 'grab bag' with essential information to assist in the event of an evacuation. Staff had received practical fire training and had been trained to use the fire extinguishers. The people using the service had also joined in this training. The registered manager said, "The service users joined in too. It was a good bonding experience for service users and staff. They tried the fire extinguishers too." A health and safety inspection was undertaken by a consultant company in November 2018 and a few areas were identified for improvement. The registered manager demonstrated they had addressed most issues identified and were in the process of working towards outstanding actions.

People and relatives were encouraged to give their views, offer suggestions and raise concerns about the service in one to one meetings and when visiting the home. The home had a culture of inviting and encouraging family contact and had on several occasions supported people to rebuild their family links. Relatives views were taken seriously and one relative told us, "They take notice of what you notice. If I wasn't happy I could complain, they don't take offence."

Staff told us the management team were supportive and approachable. There were good lines of communication in the service. The registered manager or the director maintained an almost daily presence in the service and were in daily contact with the well-established deputy manager who knew the people living at the service well. In addition to the regular staff one to one supervisions there were quarterly staff meetings where good practice was discussed, and staff had an opportunity to raise any concerns or ideas. Minutes from meetings indicated that topics such as fire evacuation and fire prevention had been discussed. There was a company group chat application (App). One staff member told us they liked this, and it allowed them to keep in touch with their colleagues in a more informal way. The registered manager used this to ensure important information was received by all staff. There was a staff guide provided to staff when they joined the service with information about the service and that clearly stated the standards they were expected to meet.

The provider had sent out a survey to professionals, staff and relatives asking for feedback about the service. Not all the recent survey replies had been received and analysed by the time of our inspection. The few we saw were positive in their comments.

The registered manager, director and deputy manager kept their learning up to date. The director described completing Level 2 principles of care planning course in November 2018. They said they had found this informative in identifying best practice in person centred care. The registered manager and the deputy manager attended the registered managers network and provider forums held by the local authority and found the training offered very helpful. They had developed hospital passports for the people who use the service because of the training and the deputy manager had become the diabetes champion and bowel and continence champion for the staff team because of the local authority training. Both the registered manager and the deputy had attended medicines administration workshops through the provider forum.

The registered manager described that they were working in partnership with a registered manager from another provider who ran a supported living service. They shared information about social care and good practice and were in the process of developing joint training. They had found this was working well for both parties. In addition, they worked in partnership with health and social care professionals for the benefit of the people using the service. To ensure the sustainability of the service the registered manager described they had over time built strong links with several commissioning bodies and worked closely with them to ensure the service developed to meet the support needs of people who required accommodation and care in a care home setting.