

Squeaks House Residential Care Home

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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

The inspection took place on 28 February 2017 and was unannounced.

Squeaks House provides personal care and accommodation for up to 29 older people, primarily those living with dementia. The service does not provide nursing care. At the time of our inspection there were 21 people using the service.

A registered manager was in post 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.

When we last inspected we found staff were not supported to have the necessary skills to assist people to move and transfer safely. In addition, the provider had not supported the manager to minimise risk and drive improvements at the service.

At this visit we found the provider had worked well with the manager to improve systems and communication. People and their families felt valued by the investment in the service. All senior and care staff had received improved training in how to safely move people.

The manager was exceptional. They ensured people were central to the service and used effective systems to ensure the service was constantly improving.

Risk was well managed at the service. People were protected from the risk of abuse and staff knew what actions to take if they were concerned about people's safety. There were sufficient numbers of safely recruited staff to meet people's needs and preferences. People were supported to take their prescribed medicines safely. The provider had a safe recruitment process in place to protect people from the risk of avoidable harm.

Staff supported people to have enough to eat and drink and to have input into meal planning. People were supported to stay healthy and to access health services as required.

The service was meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments of capacity had been undertaken and applications for Deprivation of Liberty Safeguards (DoLS) had been made to the relevant local authority. People were supported effectively to make their own decisions about their care and daily routines.

Staff communicated well with people well to ensure they had a say about the care they received. People were treated with respect and dignity. Staff knew people well and could describe their personal preferences and preferred routines. People's needs had been assessed and care was personalised. Activities were

flexible and varied.

People and their families were encouraged to provide feedback in a number of ways to ensure their views were central to the service. Complaints and concerns were addressed and responded to thoroughly and any learning led to improvements.

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

Risk was well managed.

There were enough safely recruited staff.

People were supported to take their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were skilled in meeting people's needs and had received updated training on how to support people to move safely.

People were enabled to make their own choices where they had capacity. Decisions made on people's behalf were done in their best interest.

People were supported to maintain good nutrition and hydration.

Staff promoted people's good physical health and wellbeing and enabled them to access health professionals, as needed.

Is the service caring?

Good ●

The service was caring.

People were supported by caring team of staff who knew they well and treated them as individuals.

Staff listened to people's views and communicated with them with respect.

Is the service responsive?

Good ●

The service was responsive.

Support was provided in a personalised way and people led

meaningful and varied lives.

People were consulted about the service their received.

There were processes in place to gather people's views and to respond to concerns or complaints. Feedback was used to improve the service.

Is the service well-led?

Good ●

The service was well led.

The manager and provider had put in place measures to ensure they worked well together to address the risks to people's health, safety and welfare.

There was an exceptional manager who led by example. They put people at the centre of the service.

The service was continually improving and checks were used to enhance the quality of the service provided.

Squeaks House Residential Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 February 2017 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. One of the inspectors had specialist skills in manual handling and focused on this area during the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We also looked at concerns we had received. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information helped us to plan what areas to focus our attention on for the inspection.

During the inspection we spoke with 12 people who lived at the service and 10 people's relatives and friends. People who used the service had a range of different needs and ways of communicating their needs. We therefore used informal observations to evaluate people's experiences and help us assess how their needs were being met. We observed how staff interacted with people and with each other. We spoke with the provider, the registered manager and the deputy manager. We also met with six care staff and one kitchen staff. We also spoke with one health and social care professional to find out their views on the service.

We looked at eight people's care records and examined information relating to the management of the service such as recruitment, staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People told us they felt safe at the service. One person described how they had been anxious over a particular issue, but had felt able to discuss it with staff who had supported them to resolve their concerns. A family member told us, "When I leave here I know that [family] is being well looked after and safe".

Staff we spoke with had completed training about how to support people safely and recognise the signs of and how to report abuse. They knew the actions to take, such as reporting issues to their manager and other agencies, including the local authority safeguarding team. Staff told us about the whistle blowing process and said they would not hesitate to report other staff if they had concerns. The information we had received regarding the service prior to our visit indicated the manager investigated concerns well, for example if a family member complained about the way a staff member supported people.

The manager minimised risk effectively at the service. We noted however, recording of risk assessments for the use of bed rails was not sufficiently robust as it did not fully highlight potential risks to people's safety. We discussed this with the manager and they sent us a revised risk assessment form which fully addressed our concerns. We noted that care plans had detailed instructions on the safe use of bed rails. One person's plan had a picture of a bed rail to ensure staff knew how to check these were fitted safely.

Other risk assessments in place to support people to keep safe and these were practical and personalised. People who were at risk of pressure ulcers were supported effectively. A member of staff told us, "If we find a person a bit vulnerable, we put turning charts in place." People had up to date PEEPS in their care records which gave detailed guidance to staff on the level of support people needed should they have to be evacuated in an emergency.

Since our last visit we saw that equipment had been replaced, for instance there was a new hoist in one of the bathrooms. The equipment was checked as required to ensure it was safe for people to use.

The manager used information from accidents and incidents to carry out detailed analysis to minimise the risk of them reoccurring. The manager demonstrated a commitment to using best practice to help people keep people safe. For example, they had adopted guidance provided by the local authority to develop a falls safety calendar and carried out a monthly audit which looked at the location of each fall, the person who had fallen and any actions taken.

There were enough staff on duty to meet people's needs. The service had a quiet and relaxed atmosphere. We observed staff were not rushing and call buzzers were answered quickly. All of the staff we spoke to said there were enough staff.

Agency staff were used to meet any shortfalls. This was usually at night but a permanent staff member was scheduled to work with agency staff. Prior to our inspection there had been concerns regarding the quality of the agency staff. The manager described how they were working with the staffing agency to resolve the concerns and had developed a good working relationship with the supervisor of the agency staff.

Recruitment of permanent staff was an on-going challenge due to the rural nature of the service but the service benefitted from a stable and committed staff group. Robust recruitment processes were in place for the safe employment of staff. Checks of the recruitment files evidenced completed application forms, proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We observed a medicine round and noted people were supported to take their medicines safely and as prescribed. We saw that when staff supported people who were anxious or confused the member of staff was unrushed and spent a lot of time communicating with the person to ensure they understood what medicines they were taking. We looked at medication administration record (MAR) charts and saw that these were easy to follow and up to date where staff signed them when they had administered medication.

We observed a person being offered pain relief and the member of staff showed us the guidance in place for medicines which were taken as required (PRN). The member of staff logged when people were taking additional medicine to enable them to monitor whether the use of PRN medicines indicated that a person's may need to have their health needs reviewed

Staff told us that only senior staff received the necessary training to administer medicines. During a handover meeting the senior staff of shift checked the medicine records for the outgoing shift to ensure there were no gaps. There were appropriate facilities to store medicines which administered from a lockable trolley and there was an effective system for receiving and disposing medications safely.

Is the service effective?

Our findings

During our previous inspection we had concerns regarding the quality of the manual handling training and were not assured staff had been suitably trained to develop skills to keep people safe when supporting them to move. This training had now been refreshed and the manager had put improved measures in place to assure themselves that staff had the necessary skills to support people. We observed people being supported to move and saw that this was carried out safely and effectively.

Staff told us they were supported to develop their skills in a number of ways, for example a continence nurse had carried out a session with them to develop their skills in supporting people with continence needs. When they joined the service staff received an induction, which included shadowing existing members of staff to be introduced to people and find out about their care needs. Alongside computer based and classroom learning there were also observations of practice. These observations were carried out by the manager who gave staff verbal and written feedback.

The manager acknowledged staff had different learning styles and was committed to adapting training to ensure they developed their skills effectively. They gave an example of a member of staff who was excellent at providing care but not at working through written training. As a result the manager worked through the material together with the member of staff.

Staff said they received regular supervision which was beneficial. Staff said they felt well supported. One said, "I feel supported by the senior and the managers." Staff said they were supported to take further qualifications in social care. The manager had systems in place to ensure supervision sessions were up to date. Staff questionnaires reflected a high rate of satisfaction.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and appropriate applications had been made to the local authority for DoLS assessments. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests in line with legal requirements. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

MCA assessments had been completed where there was a doubt about people's capacity to consent to their care and treatment. We looked at several examples of mental capacity assessments and raised with the manager that these lacked detail about who had been involved in the decision making process.

We spoke with staff to assess their working knowledge of the MCA. They knew the importance of asking consent from people. A member of staff told us, "If I had any concerns about someone's capacity I would talk to the senior or the manager." We observed staff consistently offered choice to people and checked for their agreement before taking any action. For example, we observed staff at lunchtime asking people if they would like to wear an apron to prevent spillages on their clothes. Staff told us they would offer people choices; show them items, use pictures and simple language to help people make decisions where possible.

People were supported to have sufficient food and drink to meet their nutritional needs. Since our last inspection the manager had bought in a new supplier of meals and told us this had resulted in benefits to people who had been at risk of weight loss. Most people told us they liked the meals. Staff told us, "People can always choose a sandwich if they prefer, during the night they can have snacks if they are awake such as toast or cereal." Fluids were provided and we observed a member of staff offering plates of cut up apple. A person told us cut up fruit was on offer daily.

People were involved in making decisions about the food on offer. They had sampled dishes so they could provide feedback about the menu. We observed that leading to lunch each person was given the option of cottage pie or Liver and bacon. In addition, pancakes were made by the staff as it was Shrove Tuesday. People were asked what fillings they wanted such as, chocolate spread or lemon and sugar. Pictures were used to help people decide what to eat and drink. There were photos of the meals on offer each day and the tea trolley had pictures of available drinks.

Staff supported people to eat and drink if necessary and we observed they were not rushed and made comfortable conversation during the process. Additional equipment was provided when required. For example, one person had a covered cup with a straw as they were at risk of spilling their drink. Where people were at risk of malnutrition or dehydration food and fluid charts were used to monitor what people ate and drank. Where people were under or overweight referrals were made to health professionals such as a dietician and staff followed the advice provided.

People were supported to maintain good health and wellbeing. Staff were able to discuss people's needs in depth they were knowledgeable about the people they were supporting. Health care plans included guidance on recognising if people were in pain, signs to look for that people were unwell and records of health appointments.

People were enabled to access a range of health professionals, for example, one person had a referral to a continence advisory service. During the handover meeting, we observed staff talking about people's needs and considering whether any professional input was needed. The GP and community matron visited regularly which offered consistency of health care support for people and staff.

Is the service caring?

Our findings

People and families were overwhelmingly positive about how caring staff were. Families told us, "I was a carer for years so I know what to look for when I visit and I know it's lovely for them here. The carers are all very attentive, get on well together and I know that [Person] gets excellent care" and "The staff are really friendly here, I often find them sitting and chatting with [Person] when I come in – it's lovely. [Person] is unable to communicate really, but can smile and nod and likes it here".

We observed that staff were very fond of people. One person told staff they had only had three baths in five years when they were in the army and so did not need a bath often. Staff responded in a light hearted manner and the person was gently persuaded to have a bath. Staff spoke later in the handover meeting about how pleased they were that they had agreed to bathe. Another member of staff spoke about the excitement of a delivery of shoes they had supported a person to order and described how long they had spent selecting the colour and style.

We saw staff offer support and assistance in a friendly and warm manner. Staff had a good understanding of people's interests, likes and dislikes and knew how to provide comfort and reassurance if needed. For example, one worker said, "They love talking about their family it distracts them and cheers them up." We observed they constantly offered reassurance to one person who was a bit anxious on the day of our visit.

We observed throughout the day that staff listened to what people wanted and put people at the centre of the service. Staff had spent time getting to know people and knew what might make them distressed. For example, staff understood relationships within the service and supported people to decide where they sat for meals or where to sit in to relax. As a result, they helped people make positive choices in a caring way which enhanced their quality of life.

Staff worked and communicated well with families, who told us they felt welcome and involved in their relative's lives. One family member told us, "It's always nice here. The home communicates with me very well. I get a call if something's happened, and I can just pop in – they're very good at keeping me informed." We observed a family member working together with a member of staff to support a person. The staff and family had a good relationship and joked together as they provided support. The person being supported benefited from this positive interaction.

Observations of staff interacting with people showed that people were treated with dignity and respect. Staff we spoke with had a good knowledge of the importance of treating people with dignity and maintaining their privacy. One staff member said, "We will always knock before going into someone's room. We observed a person being supported by two staff to transfer from the lounge to their room for personal care and observed the interaction was dignified and discrete.

Is the service responsive?

Our findings

At our last inspection, people had told us they wanted some "happy" pictures at the service. At this visit we were told by one of the people that they really liked the new pictures and that they had helped select them. The manager showed us how they had made sure they picked the pictures people wanted. They had also asked which colours people preferred and as a result the walls were painted a lilac colour with purple accessories.

People had their needs met in a personalised way. One person told us, "All the carers are good, they look after me very well and we have a laugh together. I prefer to stay in my room but I see carers very often – they're always knocking and popping their heads in to say hello, and give me a drink." We noticed a person didn't have their name on their door, and their relative told us, "They don't want their name up on the door, so the carers don't put it up – it's [Person's] choice". A visitor to the service told us, "It's a very nice home, lovely and friendly here whenever I come. Lovely manager and staff."

People's care needs had been fully assessed before moving into the service. The care plans we looked at outlined people's specific needs and wishes and were tailored to each individual and added to as things changed for people. They were reviewed monthly or as needed. All staff were involved in ensuring people's care plans were up to date. We saw minutes from a meeting where night staff were given detailed guidance about how to ensure they communicated well with other staff in the service. Staff told us they worked on the basis "it didn't happen if it is not written down." Despite this focus on accurate records, we observed the atmosphere was informal and there was a good balance between caring for people and keeping records up to date.

We observed throughout our visit that people were consulted about all aspect of their care. We saw a film put on and people voted as to what they would like to watch. We saw that in a residents meeting people had been asked if they wanted their Christmas party held in the service or at a hall in the village.

When we arrived, staff and people were having a sing along in the rear lounge. We observed there was laughter as people joined in with tambourines and shakers. People who didn't want to join in were supported in the other lounge. Staff said, "We try and get people to take part in activities but some people just are not interested and some people are quite happy in their rooms."

We observed staff engaging with people and asking about the newspaper or magazine they were reading and checking these were in date. A person told us staff had arranged their birthday party which they had enjoyed. A staff member told us they were in the process of compiling a life book for people with their history and pictures of family members. Every month a newsletter told people about birthdays and anniversaries and had pictures of activities and the service.

The manager said a new coordinator had been appointed who would be dedicated to activities. A staff member told us, "We don't really have a dedicated activities coordinator, we all get involved." and we observed there was a commitment across the staff team to ensuring people were supported to engage in

meaningful activity and pastimes. This was done through organised activity and informal interaction and stimulation.

There were good links locally with visits from religious leaders and a local day centre was invited to garden parties and summer fayres. The service hired a mini bus from the day centre to take people out for a coffee to the garden centre or out for lunch. Staff told us, "It can accommodate wheelchairs, which is great so more people can get to go out." A person told us they had enjoyed a recent trip in the minibus to a supermarket.

The provider had invested in improving the quality of people's experience at the service. A large purpose built sensory room had been newly decorated and furnished with, sensory lights and other stimulating equipment. During our visit, we noted this room was not in use and two hoists were stored there. We spoke to the manager about the room she told us that the room was not currently being used, but previously people had enjoyed and benefitted from the room. The manager said the new activities person would be expected to make more use of the room. Other improvements were planned, such as making the garden areas more accessible.

Families were welcome at the service. We saw staff made sure they communicated appropriately with families, for example, when a person was unwell.

The manager ensured there were a number of opportunities for people and their families to give their views on the service. A recent survey had been carried out. Feedback from this was largely positive, for example, comments included, "The manager is very responsive and approachable" and "It is all very good here".

A residents meeting took place on the day of our inspection and was well attended. These meetings were held monthly and were used very effectively to gather people's feedback about the service and ensure they were involved in decisions about the all aspects of the service. A member of staff told people, "You've told us what you like and what you don't like, so we're going to do more of what you like, and less of what you don't like." We had noted an action plan from a recent survey was "to review meals and speak to residents about what they like and what they don't like about the food." We noted the quality of the food was discussed fully and people were listened to. The manager had also recently met with a local social group and the meeting was used to discuss whether people would be interested in attending the group.

Complaints were analysed well, for example each complaint included what the person or family wanted as their preferred outcome and what actions resulted from the investigation into the complaint. One person had complained that their bedding had not been changed and this had resulted in the manager meeting with domestic staff to resolve this concern. Other complaints had resulted in changes in a person's support plan. We noted that responses were effective and practical and lead to an improved service. We were told by a family member, "The carers all seem to get on with each other. Any problems always get sorted quickly". A member of staff told us, "When things are flagged they are dealt with."

Is the service well-led?

Our findings

On arrival at the service we were struck by the warmth and welcoming atmosphere. The décor and maintenance of the property had improved since our last visit and demonstrated that the provider had taken on board our feedback and invested in the service. People and staff felt valued by the investment. A family member stated in a recent survey, "Home improvements are making a huge difference to the environment and atmosphere."

At our last inspection we had been concerned that the provider was not working well with the manager and acting on their concerns and priorities. At this inspection we noted that structures had been put in place to resolve this. New monthly management meetings took place and provided a good tool for improvement. For example, they stated the date by which the provider would start observations of staff competence or provide a new hoist. There was a clear audit trail now as requests and any delays were documented in emails and minutes. We could see from records of meetings that there were still some delays in the provider responding to queries. However, we were told by the manager and the provider that the new systems now held the provider to account and ensured improvements were made. The meetings also provided opportunities to share best practice and reduce isolation.

The manager ensured all staff took responsibility for making improvements at the service. The concerns found at our last inspection were discussed at team meetings and any required actions discussed. Minutes from these team meetings demonstrated concerns were dealt with effectively and promptly.

Prior to our inspection there had been some concerns regarding the quality of the support provided by the night staff. The manager came in and worked alongside the night staff. They also held meetings with night staff to discuss the care being provided and any improvement required. They were committed to resolving poor practice across the service and where the manager found staff were not providing a good quality of care appropriate action was taken to resolve this.

Since our last inspection the manager's office had been moved to the ground floor, which had improved their visibility. Staff and people spoke positively about the registered manager. A person told us, "Manager is very responsive and approachable and treats people as individuals and with respect." A member of staff said, "[Manager] is fantastic always available she has an open door policy, nothing is too much trouble." A new member of staff described how they had witnessed someone passing away for the first time and rang the manager who gave them guidance and reassurance.

The manager led by example and demonstrated an empowering and involving approach which ensured people were at the centre of the service. Their impact as a role model was evident throughout the service, for example in the way staff consulted people before arranging activities.

The manager told us they wanted to understand the experience of care staff and they were therefore carrying out "whole shift observations" during which they worked alongside staff. They said this helped them understand the challenges staff experienced and that they now had more empathy for their team. This

also offered the opportunity to offer advice about how to work in a more efficient way. For example, they had noticed staff spent a lot of time looking for protective equipment and so offered advice to staff on how to prepare themselves for a shift by making sure they had gloves and aprons available in advance. This demonstrated an exceptional approach by the manager to driving improvement within the service.

Other checks were also of a good standard, for example, the audits by the manager of the care files were up to date and thorough. They were used effectively to minimise risk across the service. Since our last inspection the manager had introduced a "home health audit" and looked at trends such as falls and hospital admissions.

The manager analysed trends to a very high standard, for instance after each survey there was an action plan, such as "speak to catering company". They had driven improvement throughout the service. This was noted by families in a recent survey, "Improvements noticed all the times" and "much better than it was" "In the many years of visiting weekly I have seen many very good improvements." A long standing member of staff said, "It's a really nice team, and the manager has made some good changes since they have been here".