

Raveedha Care Limited

Symonds House

Inspection report

44 Symonds Lane
Linton
Cambridge
Cambridgeshire
CB21 4HY

Tel: 01223891237

Website: www.symondshouse.com

Date of inspection visit:
19 October 2017

Date of publication:
03 November 2017

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 registered to provide accommodation and nursing and personal care for up to 58 people. The service is provided for older people, some of whom may live with dementia. The home is a converted Victorian building and is located on the outskirts of the rural Cambridgeshire village of Linton.

At the last inspection, which took place October 2015, the service was rated Good. At this inspection we found the service remained Good. There were 43 people living at the home at the time of our visit.

There was a registered manager in post at the time of our visit. 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.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. Complaints were investigated and responded to and people knew who to speak with if they had concerns.

Staff worked well together and felt supported by the management team. The provider's monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

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? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good.	Good ●

Symonds 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 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 was a comprehensive (planned) inspection, which took place on 19 October 2017 and was unannounced. The inspection visit was carried out by two inspectors, an inspection manager and 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this 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. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We also 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. We spoke with 11 people living at the home and four visitors. We spoke with six members of nursing and care staff, the chef and the registered manager. We checked five people's care records and medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People told us that they thought they were safe living at the home. They knew who to speak with if they were concerned about anything. Two people told us that this was because of how staff cared for them. One person said, "Yes I feel safe, they look after me well." There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that incidents had been reported as required.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they changed their approach towards people or changed staff member if people's anxiety or distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. One person said, "I would rather have some risk and my own independence, I am as independent as I can be here." A visitor told us how staff had reassessed a risk to their family member to make sure they were not able to access parts of the care home that may be dangerous to the person. Staff had taken action to reduce this risk. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had been completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people, although we received mixed views about staff levels. One person told us, "All the staff are very good, you just pull the cord and they come running." A second person said, "Yes there are enough staff day and night, they come very quickly at night." However, another person told us that there were times when people were left unsupervised in communal areas. A visitor also told us, "There are not enough staff first thing in the morning and at night."

Staff members told us that there were usually enough staff, although there were occasions when additional staff could not be obtained. They told us this was usually when there had been a sudden reduction in staff, due to sick leave for example. One staff member explained how there had been an increase in staffing numbers after staff had discussed this need with the registered manager. They went on to tell us that the registered manager tried as much as possible to use the same agency staff. This helped ensure that these staff knew people's care needs and were familiar with how they wanted to be cared for. There were systems in place to increase staff numbers if this was needed. During our visit we saw that there were staff members available in all areas of the home. They worked in a calm way; we saw that people were not rushed and call

bells were answered promptly.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. Visitors told us they thought staff were adequately trained. One visitor commented, "Staff are trained, they know when [my family member] is in trouble." Another visitor said, "I have confidence in the staff, they are well-trained. My [family member] always looks clean and comfortable." Staff told us that they received enough training to give them the skills to carry out their roles. One staff member commented positively that the registered manager sent staff on training "all the time." Staff training records show that staff members had received training and when updates were next due. We saw that new staff did not always receive training before they started working with people. The registered manager explained that they assessed new staff members' training needs so that they could take previous training into consideration. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. One staff member went on to explain that they could also discuss issues with the management team at other times. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service remained good at ensuring people were able to make their own decisions for as long as possible. One person said, "They always let you know first and say, 'Is it OK if we move you?'" Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. One person said, "The food is gorgeous, I get enough, and plenty of drinks." A second person commented, "The food's too good I have put on weight." One visitor told us, "I can stop and have dinner when I want." Another visitor said about their relative, "On the days that [family member] does not come to the day room, she likes to be in her bedroom and has her meals in her room. Staff know she doesn't eat meat, they let me know if anything is wrong, they check she is eating enough." We observed that refreshments were offered throughout the day and people were offered an aperitif before their meal. Staff talked about the menus with people and showed people the available meals so that they could choose. We saw that people were properly supported with eating and drinking. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists.

The service remained good at ensuring people had advice and treatment from health care professionals. One person told us that they could see their doctor when they needed to and another person said that they were going to see their dentist on the afternoon of our visit. People's care records showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough

information needed to support each person with their health needs.

Is the service caring?

Our findings

The service remained good at caring for people. One person told us, "The staff are kind, the majority are good." Another person said, "I'm happy here, both staff and residents make me happy."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. When people became distressed, staff members had a range of actions that they could take and we saw that these differed with different people. One staff member explained that this was because each person reacted differently and staff knew which approach was most likely to reduce each person's distressed.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. One person told us, "I feel I have a voice here, my windows would not open at the top, so I asked the handyman, he scraped the paint off and managed to open them." Another person said, "Staff never complain, they listen, you only have to ask them once." We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line.

The service remained good at respecting people's right to privacy and to be treated respectfully. One person told us that they were given a choice to have either male or female staff. A staff member told us that the registered manager was very "resident focussed". This was evident in the way both the registered manager and staff spoke and interacted with people. We saw this in practice when people were helped from one area of the home to another. Staff checked to make sure people's clothing was straight and suggested quietly to people when and if they needed to have personal care.

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they were happy living at the home. One person told us, "I enjoy it here." One visitor told us that they were able to discuss their family member's care with staff and the registered manager.

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

We looked at people's care plans and other associated records. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Most plans were written in enough detail to guide staff members care practice and additional care records were also completed. Plans for the care of more individual needs, such as diabetes or the use of oxygen, were not written in as much detail. This may pose a risk for new or inexperienced staff. However, staff we spoke with had a good understanding of people's needs in this area. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Daily records provided evidence to show people had received care and support in line with their support plan. However, we spoke with one visitor who was concerned that the records for their relative had not always been fully completed and there were gaps where no care had been recorded. We spoke with the registered manager and asked that they look into this for the visitor.

People had access to a large variety of activities that staff supported them to take part in. One person told us, "I play draughts, you don't get time to be bored. I went to the pub for a beer and I went to Duxford [Imperial War Museum]." Another person said, "I don't get bored, I go and look for something to do." People told us that they liked to go into the garden and a staff member told us that a wooden gazebo had been built in the garden for people to use. We saw that there was evidence of indoor gardening with various plants and a stand with pots and potting compost. There were staff members constantly present in communal areas and this helped people to do what they wanted and choose where to spend their time.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. One visitor told us, "I had a meeting with the manager about a fortnight ago, she is nice, any complaint, she'll sort it out, it will be dealt with quickly." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that complaints had been investigated within 28 days and records were kept to show how this was completed.

Is the service well-led?

Our findings

The service remained good at providing a positive and open culture. One person at the home told us, "If I could go to the newspaper, I would tell them it's a good home." Another person said, "The home is well-run." Visitors told us that they knew who the registered manager was and felt able to approach her if they needed to discuss anything. One visitor commented, "If you have a concern, go to [registered manager] and she acts. [Registered manager] is good, she mucks in and helps."

Staff members told us that there was a stable staff group and that they got on well together. One staff member said that staff were like a family as there were so many diverse cultures, this banded them together. All of the staff we spoke with said that they would have their family members living at the home. They said this was due to the care people received and the wide range of things for people to do.

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. Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. A staff member told us that they had "never known a manager like her. She's so friendly." Our observations showed that the registered manager spoke with staff in a positive and appropriate way. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as environmental, medicines and the care records. Staff members, such as nursing staff or the chef, were also involved in the completion of these audits. This ensured that responsibility for identifying issues and improvement lay with all staff, not just the registered manager. The audits identified issues and the action required to address them. The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. A trends analysis was completed, such as whether falls occurred more frequently at one time of day.

People and visitors told us they were asked their views of the home and the care people received. We saw that the views of people, their relatives, staff and visiting health care professionals were obtained on an annual basis through a questionnaire or through meetings. The information was then collated and a summary of the findings made available. The most recent responses showed that there were few issues identified, such as suggestions for meals and mealtimes, and these had been responded to. There are also regular meetings for relatives and staff to attend, so that they could hear about any plans and discuss any concerns.