

D & L Price

Smithy Forge

Inspection report

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Tel: 01928790986

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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

Smithy Forge 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. The service is registered to provide accommodation for up to six people who require support and care with their daily lives. At the last inspection the service was rated Good. At this inspection we found the service remained Good.

We spoke with three people who lived in the home who all gave positive feedback about the home and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout our inspection visit. We saw they had positive relationships with the people in their care as they had been supporting them for a long time as there had been no staffing changes and no new people coming to live in the home for over 10 years.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and driven by the people who lived who lived in the home. We saw clear one page profiles that gave clear information about the most important aspects of their care for that person. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The registered manager and the provider used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people living in the home.

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

Smithy Forge

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.

The inspection took place on 12 January 2018 and was announced. It was carried out by an Adult Social Care Inspection manager. The manager was given 24 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Halton Council contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, and one other member of staff. We met with three people who lived at the home. We observed staff interacting with people in the home. We looked at medication records. We looked at staff rotas and training records. We looked at maintenance records. We looked at care records for two of the people who lived at the home.

Is the service safe?

Our findings

We asked two people if they felt safe living at the home. One person said "Yes". The other person said "Of course. This is our home and we like it here."

We saw that staff had been trained in safeguarding and that the registered manager attended training every year and updated the staff. Safeguarding concerns were rare at Smithy Forge and there had been none since the last inspection.

We saw that the service was staffed by a consistent staff team who had all worked for the provider for a long time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. No one had been recruited to work in the home since the last inspection; in fact the newest staff member had worked at the home for over eight years. The provider owned another home nearby and in an emergency their staff could support if required although this was a rare occurrence.

We looked at medicines management in the home and saw that it was good. The medicines were audited weekly. We saw that the home was clean and well maintained. We checked the premises safety certificates and saw that they were up to date.

We looked at risk assessments and saw that they were managed well. We saw detailed risk assessments that identified what people could do independently and what they needed help with. We saw that people's independence was maximised and risk reducing actions were in place. We saw that one person had a history of significant mental health problems in the past but that this had always been managed well at Smithy Forge. The risk assessment in place clearly identified what to look for that would indicate that the person was becoming unwell and what action to take in response. This meant that the person had stayed well now for over ten years because of the quick responses taken by staff when the signs appeared that there was deterioration in their well-being.

Is the service effective?

Our findings

Two people who lived in the home told us that they liked the staff and said that the staff cared for them well. We saw from the feedback forms that everyone who lived at the home enjoyed the food that was provided. One person said "The food is gorgeous, I love it."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. No DoLS applications had been made as they were not required for the people living in the home but staff were able to demonstrate that they understood the process should they need to use it. We saw clear evidence of mental capacity assessments having been completed when they were needed.

The staff were trained regularly and this was demonstrated by the records shown to us by the registered manager. The records were audited so it was clear when staff needed refresher training. A staff member told us that they regularly received training and had been trained in all the areas required in order to meet people's needs safely. The staff member told us that they were well supported to do their job. They said "I love it here. They look forward to seeing me and I look forward to seeing them."

We saw that the people chose what they wanted to eat, did the food shopping and were involved in cooking the food supported by the staff if they chose to do so. There were no people in the home who had specific dietary needs but staff showed that they knew people well and what they liked and disliked. One person told us that they regularly went out food shopping and enjoyed choosing the things that they liked to eat.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the staff knew the people well and how to identify quickly when something was wrong and get them the support that they needed.

The home was on a pleasant street in a small neighbourhood. We noted that the provider had built an extension to the downstairs toilet in order to make this bigger but we could see that the structure was built but this had not been knocked through. The registered manager explained that this was because the downstairs toilet was frequently used by one person who lived in the room. The room was being extended to support this person whose mobility needs had changed. In order not to inconvenience the person, the provider was waiting until the person went away with their family for a few days to complete the building works. This was an excellent example of how the service was providing good person centred care.

Is the service caring?

Our findings

The people we spoke with told us that they loved the home and the staff who worked in it.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly.

We saw that people's confidentiality was maintained in the home. Records were locked away in the office. Staff were careful that none of the people could access information about the other people in the home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. We saw that one person had a cold and had chosen to stay in bed for the day. The staff were very attentive to this person, ensuring that they were comfortable and had everything that they needed. We observed friendly banter where the person told staff that their next warm drink needed less lemon and more honey. The person told us that they were very happy living at the home and that they got on very well with the staff who worked there.

We saw that bedroom doors had locks on them and some people in the home chose to lock their bedroom doors when they went out. This showed that people's privacy was respected.

The registered manager told us that no one in the home was using any advocacy services at that time and that they prided themselves as advocating for the people who lived in the home when this was required. They did tell us that they did know how to access an advocate if one was required.

Is the service responsive?

Our findings

We spoke with the people who lived in the home. They told us that they had good relationships with each other and with the staff who supported them.

We saw that the people led busy, varied lives. Activities included work placements and day services. We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. We saw that people's independence was encouraged and that they accessed transport such as dial a ride without staff support to get to their work placement. We also saw that personal relationships were encouraged. One person went to visit their friend at another home one day a week and their friend came to visit them on another day each week. This maintained their relationship and enabled them to spend time together.

Individual care files were in place for the people living at the home and we looked at the two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to-day lives. There was clear person-centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. We saw that staff were attentive to changes in people's needs and the care plans were updated accordingly. One person had lots of framed pictures in their bedroom. It was clearly documented that the pictures were very important to the person. There were too many framed pictures to be on display all of the time so staff regularly supported the person to rotate them and decide what they wanted on display each time.

We saw that there was a complaints procedure in place. There had been no complaints since the last inspection. We did see that there were lots of compliments and that people had thanked the home for the quality care that it had provided.

Is the service well-led?

Our findings

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 service had a registered manager who had been in post for a number of years. The registered manager was also the registered provider.

A staff member told us that the registered manager was very supportive. They told us that the team worked closely together and supported each other to provide the best possible service for the people who lived in the home. They told us that it was the best job that they had ever had and they could never think about working anywhere else.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. We saw that the other registered provider also regularly visited the home and did recorded quality checks on the service that was being provided.

We saw that there were regular meetings held in the home. There were meetings for the people who lived in the home on a by-monthly basis and staff meetings were also held. All the meetings were recorded and minutes kept for future reference. We noted that some of the people who had lived in the home had raised personal issues at the meetings and that staff had been discreet with what had been recorded.

There was a positive person centred culture apparent in the home and obvious respect between the registered manager, staff and people who lived in the home. One staff member told us that the manager "was always happy to do everything that we do." We could see that there was clear learning and development taking place. The registered manager was able to demonstrate that they had applied the learning from the other service that they were responsible for to improve the quality in both of the homes.