SS Philip & James Retirement Home Limited

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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 30 August 2016 and was unannounced. The care home was last inspected on 28 January 2014 and met the legal requirements at that time. SS Philip and James Retirement Home is registered to provide personal care for up to 32 people. There were 30 people living in the home on the day of our visit.

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 their relatives all spoke positively about the care and support provided by the care home team. They told us that staff were, "Kind, caring and patient" and that, "Nothing is too much trouble." People told us that staff were respectful and thoughtful.

People's needs were assessed by the management team before they moved into the home. Care plans were devised with input from people and their relatives. Risks to people were assessed, and actions were taken to reduce the risks and keep people safe.
Staff understood how to safeguard people, and knew the actions to take if they suspected abuse. People who were supported by the service felt safe.

People received personalised care that was responsive to their needs. Care plans reflected that people's individual needs, preferences and choices had been considered and then acted upon. Staff were knowledgeable about people's individual needs.

People were supported to have their nutritional needs met. Where people required special or modified diets, external specialist support was obtained, and their advice, guidance and instructions were followed.

The provider was meeting their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Where people were deprived of their liberty this was done lawfully.

The home was well-managed. The registered manager and senior managers monitored the quality of the service and sought and acted on people's feedback. Quality assurance systems were in place to monitor and mitigate the risks relating to the health, safety and welfare of people.

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.

Risks to people were identified and actions agreed with people were recorded in risk management plans. These were reviewed on a regular basis.

Plans were in place to provide support to people in the event of an emergency.

People received their medicines safely and in accordance with their individual prescription.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Accidents and falls were recorded. Appropriate actions were taken in response and recorded.

Staffing levels were sufficient for the needs of the people living in the home.

Is the service effective?

Good

The service was effective.

People's health care needs were effectively managed. People were supported to have regular health checks. Advice, guidance and support provided from external health professionals was acted upon.

The rights of people who did not have the capacity to consent to care and treatment were upheld because staff acted in accordance with the Mental Capacity Act 2005.

Staff had the skills to provide the care and support people needed.

People were offered a choice of food and supported to keep as healthy as possible.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and maintained. Staff reassured people when they needed it. People felt comfortable and confident they could make decisions about their day to day activities.

People and their relatives were actively consulted and involved before and after they moved into the home.

Is the service responsive?

Good

The service was responsive.

People were involved and received care in the way they preferred. Their needs, wishes and preferences were taken into account.

The care records reflected people's choices and were written in a person centred way.

A complaints procedure was in place and this was easily accessible.

Is the service well-led?

Good

The service was well-led.

Quality assurance and monitoring systems were in place.

People who used the service and their relatives were given the opportunity to share their views and provide feedback at meetings and in surveys. Actions were taken in response to issues identified.

Staff felt well supported by the registered manager and the senior staff. Staff were motivated and committed to providing a personalised service for people.

SS Philip & James Retirement 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.

This inspection took place on 30 August 2016 and was unannounced. This meant the provider and the staff did not know we would be visiting. The inspection was carried out by one inspector.

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. We reviewed other information we held about the service. We read previous inspection reports and we looked at notifications we had received for this service. Notifications are information about specific events the service is required to send us by law.

On the day of the inspection, we met with three health professionals to obtain their views on the quality of the service provided to people and how the home was managed. We spoke with six people who lived at the home and four visitors. We spent time with people in their bedrooms and in communal areas. We observed the way staff interacted and engaged with people. We spoke with the registered manager, two senior managers, the training manager, the manager's assistant and five staff including housekeeping and care staff. We observed medicines being given to people. We observed how equipment, such as pressure relieving mattresses and hoists, were being used in the home.

We read three people's care records. We looked at medicine records, staff recruitment files, quality assurance audits, service user feedback surveys, staff and service user meeting notes, complaints records, staff training records and other records relating to the monitoring and management of the home.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the home. People's comments included, "Safe, I always feel absolutely safe here" and "Safety is so important here, even with my medicines, they have to be locked away." A relative commented, "I always know there's someone [staff] around when they're needed and this is reassuring to us."

People were protected from the risk of abuse and staff understood their responsibilities with regard to keeping people safe, and for reporting concerns. They had received training, and were able to describe actions they would take if they suspected abuse. One member of staff told us, "I am confident we all know what to do. None of us would tolerate abuse and we would report straight away to one of the managers." Staff knew they could contact the local authority safeguarding team to report concerns. Staff were also confident they could whistle blow to the management team or to the Care Quality Commission if they had concerns about other staff care practices.

Risks to people were assessed. These included risks associated with eating and drinking, falls and moving and handling. The registered manager told us they risk assessed some of the bedrooms in the home for people with reduced mobility. This was because there were small steps near some of the bedrooms in one area of the home.

Accidents and incidents were recorded by staff and monitored by the management team. Monthly analyses of accidents were undertaken so that emerging trends could be identified and acted upon. One person who had fallen on a regular basis was referred to the falls clinic for further investigations.

People had access to call bells in their bedrooms. The care home had been recently extended, from 21 to 32 bedrooms. There were two different call bell systems in each of the two areas of the home. Staff were familiar with both systems and people's calls for help and support were answered promptly.

Medicines were managed safely. Medicines received into the home were checked by senior staff and recorded on people's individual Medicine Administration Records charts (MARs). Most medicines were received in a monitored dosage system. Medicines left over from previous months were recorded. Medicines no longer required were recorded in a disposal book and collected by the pharmacy.

Medicines were stored securely in an air conditioned room in locked cabinets and trollies. Arrangements were in place for medicines that required cool storage and for medicines that required additional security.

People were able to self- administer their medicines if they were assessed as safe to do so. One person told us, "I have my own tablets, and have a locked cupboard to keep them safely locked away."

Creams were prescribed for some people to help keep their skin healthy or to treat skin conditions. One tube of cream had not been dated when it was opened. This meant it may have been used when it was no longer effective. We brought this to the attention of a senior manager who addressed the issue immediately.

We saw people being supported to safely take their medicines by staff. We heard the member of staff ask one person, "Are you ready for your tablets now?" and to another person, "Shall I put them (the tablets) in your hand?" The MARs were signed by the staff after they had checked the person had taken their medicines.

Where people were prescribed medicines to be taken when required, such as pain relieving medicines, staff checked if these were needed. Staff were able to tell us the reasons for people needing painkillers and the types of pain people experienced. The care records confirmed the circumstances in which these medicines may be required. For example, one person's records stated, 'Suffers from lower back pain and needs to have regular Paracetamol.' The effectiveness of the Paracetamol was regularly reviewed, and most recent entry in the care records stated, 'She feels her pain is well managed.'

Staff were safely recruited. Staff completed application forms prior to employment and provided detail about their employment history. Interview checklists had been introduced and we saw this had been completed for one recently recruited member of staff. The training manager told us they checked for gaps in employment history, although this was not always recorded. The training manager told us they would make sure this was recorded for future staff. Previous employment or character references had been obtained. Disclosure and Barring Service (DBS) checks were completed. The DBS check ensures that people barred from working with certain groups, such as vulnerable adults are identified.

People and their relatives told us there was always enough staff to meet their needs. Comments included, "They're (staff) always around when I need them" "Requests are responded to promptly" and "Even at weekends, there's always enough staff." The registered manager and senior managers decided how many staff were needed to provide care and support to people during the day and night. Staffing levels were adapted to meet peoples' needs if their conditions changed or if they needed to be supported outside of the home. The registered manager and senior managers provided additional support when needed. For example, on the day of inspection, the registered manager visited one person from the home who had been admitted to hospital.

Plans were in place to support people if they needed to be moved from the home in the event of an emergency. We saw a summary of personal emergency evacuation plans (PEEPs). These are records that confirm the help and support people require if they need to be moved in an emergency situation.

Personal protective equipment was readily available and we saw gloves and aprons being used appropriately, for example, aprons were used for meal service. Health and safety checks on the premises were completed. This included checks on portable equipment such as hoists, and checks on mains equipment such as electrical and gas safety.

Good

Is the service effective?

Our findings

People received the healthcare support they needed. A relative told us, "They call the doctor if they have any worries or concerns about Mum." A visiting health professional commented, "The staff are very attentive and they do notice changes (in the person)." A member of staff told us, "We get to know people so well, we notice even if there are very small changes and if someone's starting to become unwell."

People were offered regular health checks and the records confirmed where people had attended, for example, eye and dental checks. People were supported by staff or relatives to attend appointments when needed. Staff told us when people needed routine appointments, the management team usually made these arrangements.

Staff told us if people were suddenly unwell, they would call for medical assistance themselves if it was needed. Staff told us they had been sufficiently trained to recognise emergency situations. One member of staff described an occasion when they had called the emergency services themselves when a person suffered a suspected small stroke.

Some people in the home used pressure relieving mattresses because they were at risk of developing pressure ulcers. Staff told us they knew how the mattresses should be used, and people received the health care support they needed. A visiting health professional told us, "One person's heels had become very dry and staff responded quickly and did the right thing." The health professional told us the actions staff had taken and that the person's heels had improved.

People had support from staff who had received training to help them carry out their roles effectively. Staff were positive about the induction, training and supervision they received. The provider had appointed a training and development manager to further improve and develop training opportunities for staff.

A training plan was in place to make sure staff had up to date skills and competencies to meet the needs of people living in the home. The provider had an induction process. This encompassed the Care Certificate. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection staff who had been employed recently were completing the Care Certificate.

On-going and refresher training was provided. These records confirmed the refresher training, such as first aid and moving and handling had completed by staff in the required timescales. Staff told us about other training they had received, such as dementia awareness. They told us they also had detailed, up to date guidance and illness specific information, such as diabetes, provided in people's care plans. One member of staff told us, "Having this in the care plans is really good because we can keep referring to it when we need to."

The registered manager had a system to support staff through regular performance supervision and annual appraisals. Supervision meetings were held every six months. Staff told us they felt supported and supervision meetings gave them the opportunity to discuss their progress and agree areas where they may need further support and direction.

The Mental Capacity Act 2005 (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.

Staff received training about the MCA as part of their induction. They told us they understood they needed to obtain consent from people before they provided care and support. One member of staff told us, "I'm confident we all understand that we need people's agreement before we help them with the care they need."

Where people needed support to make decisions, this was clearly documented. For example, one person's care records stated, "Wishes to be involved in all decision making about her care…Requires support and if she becomes confused…sometimes delay (the need for a decision).. she may need more time."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The applications procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had been met. At the time of our inspection there were people living at the home who had DoLS authorisations in place. No one had a condition applied to the DoLS authorisations. They had all been granted for those people were unable to make the decision themselves, to move into the care home. The staff we spoke with were all aware of the people who had DoLS authorisation and they understood what DoLS authorisations meant for people.

People were encouraged and supported to make choices. We heard people being asked where they would like to spend the day and where they would like to eat their meals. People were reminded about activities and supported to where the activity was taking place.

Some people had special dietary needs and preferences. For example, some people needed softened food where they had been assessed by a Speech and Language Therapist (SALT) as at risk from choking. People received the type of food and drink they needed according to their individual assessment and care plan. Where people were at risk or had lost weight, actions were taken. We spoke with a health professional who told us, "Our recommendations are followed and staff do ask for guidance if needed. They leave out the notes for us to complete, so they can refer to the records when needed."

Mealtimes were relaxed and enjoyable for people. Where people chose to eat in the dining room, this was a sociable occasion, and people chatted to others at their table. We heard some people who used clothes protectors being asked quietly and discreetly by staff if they wanted help to put them on.

People told us they liked the food. One person told us, "The food is really very good" and another person commented, "Can't remember what I'm having today, but the food is great." We observed lunch service to people in their rooms and to people in the dining room. They told us they chose their meal in advance.

People all spoke positively about the food. People were served their meals with comments from staff such as, "You are so welcome, enjoy" and "Bon appetit." People who needed support to eat were helped to do so. This was done sensitively and the person we observed was supported and encouraged throughout the meal.

Good

Is the service caring?

Our findings

Everyone we spoke with, people, relatives and health professionals spoke very positively about the caring attitudes of the staff team at the home. Comments from people included, "This is the next best thing to heaven" "Nothing is ever too much trouble" and from relatives, "Kind-heartedness here, I could not give one example of negativity" "We just knew this was the right place" and "Everyone is so lovely here. She is always reassured by staff and they are discreet when people need it."

Staff treated people and their relatives and friends with kindness and respect. There was evident warmth and closeness between staff and the people they supported. All the staff we spoke with told us how they provided a caring service for people. All of the staff we spoke with told us they enjoyed their job. Comments from staff included, "I just love it here and I'm proud to say I think we provide really good care" "The residents become just like family to us" and "I always said I wouldn't work in a care home, but this is so fantastic. I would have placed my Mum here."

Throughout the day, staff demonstrated how they respected people. For example, they knocked on peoples' doors before entering. Staff were mindful of the need to ensure people's privacy was maintained when they were being supported with personal care. They called people by their preferred names. They popped into people's rooms regularly to check people were comfortable, and to ask if they needed anything. We also saw that staff anticipated peoples' needs. Some people told us they enjoyed a regular routine of spending parts of the day with others in the communal areas.

For people who needed support with mobility, staff called into their rooms to check if and when people would like help. One person changed their plans because we were visiting and the member of staff was asked by the person to return in approximately 10 minutes. The member of staff commented it was, "No problem at all." They reassured the person they would return at the agreed time. The member of staff returned at the agreed time and the person was supported into the lounge.

Staff knew the people they cared for really well. They knew people's likes, dislikes and preferences. Staff were aware of people's past lives, and the detail people wanted to share was recorded in a document called, 'My life story.'' Staff demonstrated they were familiar with the details within the document. They were able to tell us about the people living in the home, and important events in their past lives. For example, one person had travelled extensively and staff described the places the person had travelled to. We later spoke with the person who shared with us details about their holidays to far away destinations.

Visiting health professionals told us they were always made to feel welcome in the home, whatever time they visited. One health professional told us, "They (the staff) are very good. We're always made welcome. It's like a family here and the staff are so kind." Relatives told us they were always made to feel welcome and could visit the home whenever they wanted.

Staff took time to talk with people. Throughout the day we saw staff in discussions with people. Staff in different roles: care, housekeeping, and management roles were all seen spending time with people and

showing an interest in what people had to say. People commented about how patient staff were. One person told us, "I think the staff have incredible patience because sometimes some people here aren't that nice or kind to them you know. The staff are so patient and tolerant."

Staff reassured people when they provided support. We saw this when staff supported people with their mobility and with walking aids. Staff provided gentle guidance, reassurance and assistance. People were encouraged and discreetly prompted. For example, we saw staff gently supported people with a light touch on their back for support when they were being supported with mobility.

There were no people receiving end of life care when we visited the home. The registered manager and senior managers told us they consulted with people and their relatives when they wanted and were ready to discuss future wishes and plans for end of life care.

Good

Is the service responsive?

Our findings

The registered manager or a senior manager completed initial assessments with people and their relatives before and when people first moved into the home. People and relatives were invited to visit the care home before a decision was made. One relative told us, "[Name of two senior managers] were so professional and welcoming. It (the care home) has a family run feel and we just knew this was the right place."

Monthly reviews of risk assessments and care plans were then completed. People who used the service and their relatives told us they were actively involved in their care planning. They were invited to six monthly care reviews or reviews when their care needs changed.

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves, and helped them with what they were not able to do independently. Information about people's individual needs, preferences and abilities were documented. It was important for one person that their immediate environment was kept free from trip hazards and this was recorded in their care plan.

The care plans were written in a person centred way. For example, one care plan recorded, 'Likes to go to bed at about 8pm and gets up about 8.30am. Wishes to be checked on every hour throughout the night.' The records confirmed the checks were completed as the person had requested. This reflected the person's individual needs and preferences were respected. Another person suffered with pain on a regular basis. This was fully recorded and the effectiveness of the actions taken were monitored and reviewed regularly. A pain assessment tool was used. This meant the person's specific needs were being met.

Staff told us they read the care plans on a regular basis. One member of staff told us, "I read them most days." Another member of staff said, "I read the care plans especially if I have been way or know someone's needs have changed." This meant people could be confident they were receiving care and support as they needed and in line with their individual preferences.

People told us they had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. An activities programme was available and the weekly update was provided on a board in one of the communal areas. The programme included musical afternoons, visits from local schoolchildren, bingo and board games, and visits to the local church and shops. One relative told us, "[Name of person] enjoys the scrabble so much they decided not to attend their chiropody appointment because it meant they would miss scrabble." The care records provided detail about peoples' activity plans.

The provider had a complaints procedure available for people and their relatives. One person told us, "I always go to [name of senior manager] if I have anything I need to discuss and it will be sorted straight away." A relative commented, "I haven't needed to make any formal complaints, but I would feel very comfortable doing so if I needed to. I'm confident I would be taken seriously and my concerns would be sorted out." We reviewed the complaints files and saw that very few complaints had been received. There was one recorded complaint within the last 12 months. The registered manager told us how they responded

to complaints and this was in accordance with the details recorded in the provider's complaints policy.

Good

Is the service well-led?

Our findings

People and their relatives all spoke positively about the management of the home. They all told us the home was well-led and well-managed. They told us they were always made welcome and kept informed and up to date with changes and developments. They spoke positively about the staff employed in the home. People and relatives commented positively about the home being 'family run.' They told us one of the managers was always available if they needed to speak with them.

People spoke about the registered manager, the two senior managers who were also directors of the family run business, and a senior manager in a training and development role. Most people and relatives, but not all, knew which manager was in charge. We discussed this with the senior management team. The management structure was clearly explained in the Statement of Purpose document which was available to everyone. They told us they may provide further clarification to people and were considering developing a staff structure chart that would clearly identify the management structure of the senior team.

Staff were positive about the support and direction they received. One member of staff told us, "They (the managers and the assistant manager) are all fantastic." Another member of staff commented, "I wouldn't change a thing here. It's a great place to work." Staff told us they were given opportunities to provide feedback, either at staff meetings, or the informal meetings they often had with the senior managers.

Staff were able to describe the values of the organisation. The management team told us the challenge they faced when they extended the care home, was to make sure the home retained it's 'family run' feel and for people to feel really valued as individuals. They told us they believed they were achieving this. The people, relatives, health professionals and staff we spoke with, confirmed their views that this was being achieved.

Quality assurance systems were in place to monitor the health, safety and welfare of people living in the home. The registered manager and the senior managers told us they were in the process of developing and strengthening some of their auditing systems. For example, the care records audit had been redesigned in July 2016, and an infection control audit was being developed. Other auditing, for example, for accidents and falls, medicine management and health and safety practices were completed. We saw that actions had been taken in response to issues identified. For example, the care plan audit identified that one person records did not contain a photograph or confirmation they had consented to care. Confirmation that consent had been obtained and the photograph had been taken was noted at the next audit. This meant people benefitted from living in a care home that could demonstrate its commitment to continuous learning and improvement.

Policies and procedures were available. These were up to date and reviewed on a regular basis. A 'Policy of the Month' was introduced in October 2015. The identified policy was subject to discussion between the managers and staff each month. This meant people were provided with up to date care because staff had access to up to date information.

Resident meetings were held and actions were taken in response to the feedback people gave. For example,

at the meeting held in July 2016 people had asked to receive a weekly rather than a daily menu. This was being implemented and people's feedback would be obtained and reviewed. People's feedback was obtained in surveys. The registered manager and senior managers had asked people living in the home ways to improve the number of completed and returned surveys. It was agreed these could be distributed at a social event, and a cheese and wine evening was planned. The agreement was that people would complete and return the surveys at the time of the social event.

The registered manager and the senior team told us how they kept up to date with current and best practice. They told us they attended local care forums. They told us the recently appointed training and development manager provided support and guidance with regard to access to care practice updates.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required.