

Symphony Care Limited

Symphony House Nursing Home

Inspection report

43 - 45 Queens Park Parade
Northampton
NN2 6LP
Tel: 01604 722772
Website: www.symphonycare.co.uk

Date of inspection visit: 19 May 2015
Date of publication: 05/08/2015

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 

Overall summary

This unannounced inspection took place on 19 May 2015. The home provides support for up to 25 people who require personal care and nursing care. At the time of the inspection there were 24 people living at the home.

At the last inspection in November 2013 we asked the provider to improve on notifying the Care Quality Commission of all deaths at the service. At this inspection we found the improvement had been completed.

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 told us that they felt safe in the home. Staff understood the need to protect people from harm and

Summary of findings

abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. We observed that on the day of our inspection there were sufficient staff on duty. The recruitment practice protected people from being cared for by staff that were unsuitable to work at the home.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information on the identified risk and informed staff on the measures to take to minimise the risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who lived at the home. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The registered manager was visible and accessible. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to.

Summary of findings

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 was safe.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff understood and acted upon the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation.

People received personalised care and support. Staff were appropriately trained and they had the right skills and knowledge to support people appropriately and in the way that they preferred.

People's physical and mental health needs were kept under regular review.

People were supported by a relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. Staff had a good understanding of people's needs, preferences and life history.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Good



Is the service responsive?

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

Good



Summary of findings

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active in promoting the culture of the home. They worked alongside staff and offered regular support and guidance. They monitored the quality of the service and responded swiftly to any concerns or areas that required improvement.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



Symphony House Nursing 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 19 May 2015 and was unannounced and was undertaken by two inspectors.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with nine people who used the service, five care staff, two nurses, the registered manager, five family members and two visiting professionals.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records and rehabilitation programmes of four people who used the service and four recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe at the home. They said there were always enough staff on duty. One person told us “If I need any help I just ask and the staff will help me”. All relatives we spoke with said they felt their relative was cared for safely and in a safe environment. One relative said “people are safe here; I visit most days and everyone not just [my relative] is safe”.

Staff confirmed they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse people might be at risk of and knew what action to take. Staff told us they had not needed to report any concerns but would not hesitate to report if they had any. The provider had an up to date copy of the local authority safeguarding procedures. The registered manager knew what actions to take in the event of any safeguarding concerns that were brought to their attention.

A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “We are all aware of people’s risk assessments and if there are any changes we get told about them and we read the updates”. The manager and staff took appropriate action in response to accidents to ensure that people received safe treatment and all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People told us there were sufficient numbers of suitable staff to keep people safe and meet their needs and staff rotas confirmed this. One person said “There are plenty of staff about and housekeepers and they all stop by for a chat.” Staffing levels were assessed in line with people’s needs and had the capacity to increase if people’s needs changed. The registered manager was also a registered nurse and worked flexibly with in the home and confirmed that there was a nurse working in the home 24 hours a day. Relatives said there were enough staff to meet people’s needs, one relative said “I am here every day and there is always enough staff on duty and they are all lovely, I don’t have complaints.” We observed people received the support they needed from staff when it was required.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on their suitability to work at the home before they commenced their employment.

Established systems were in place for the obtaining, storing, administration and disposal of medicines. We observed a member of staff administering medicines to people following safe administration procedures. They took time to explain to people what their medicines were for and to ask people whether they needed any pain relief medicine prescribed to be given PRN. The medicine administration record (MAR) charts were signed by the member of staff after they had observed each person take their medicines.

Is the service effective?

Our findings

People told us they got on well with staff and they were well supported. Relatives told us the staff were knowledgeable and had the skills to support people. One relative said “there is always a nurse on duty so I know there are trained people overseeing everything.” Staff were seen to engage with people in a positive way. Relatives said people received the care they needed.

New staff received a thorough induction which included classroom based learning and working alongside experienced members of the staff team. The induction was comprehensive and was delivered by the manager and members of the nursing team and included all the providers mandatory training and also specific training on dementia awareness and pressure area care management. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them. One staff member told us “They went through everything with me in my induction; I met with the manager monthly while I was on my probation period.”

Training was delivered by a mixture of face to face and e-learning modules and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People’s needs were met by staff that received regular one to one supervision and team briefs. We saw that supervision meetings were available to all staff employed at the home. The meetings were used to assess staff performance and identify on going support and training needs. Staff said “We talk about things relevant to me in supervision and in team briefs we talk about our residents and any changes and feedback from residents meetings.”

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We saw

that people had individual capacity assessments at the time of their assessment before coming in to the home and they were reviewed as people’s needs changed. People were supported to eat a balanced diet that promoted healthy eating. People told us “The food is lovely, very nice thank you.” Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. People were relaxed at shared mealtimes and had made choices about their menu.

People had a choice as to where they wanted to eat lunch; in their rooms, or in the dining room. Staff were seen to offer support where required and encouraged people to eat giving them time and not rushing them. One relative said “The food is nutritional, very tasty and homemade dinners which [my relative] loves.”

The Chef was knowledgeable about people’s food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. Care plans contained detailed instructions about people individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People’s healthcare needs were met. People were registered with a GP and received regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Following any appointment staff completed records to show the outcome of the visit together with any treatment or medicines prescribed and any follow up appointments required.

Care records showed that people received support from a range of specialist services such as mental health and occupational therapy teams. A visiting professional told us the home was proactive in making referrals to specialist teams and always supported people well and showed a willingness to work with them to improve the care of people. It was clear from talking to people, relatives and staff that everyone working at the home showed a desire to do the best for people in their care.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. Comments included “Lovely staff, I couldn’t ask for better”. Relatives said they were very happy with the care and support provided and said staff looked after people well. Comments included “Thank you to all the team for the commitment to looking after [my relative], we are so pleased as a family” and “All of the staff’s dedication to the residents goes above and beyond our expectations, it is by far the best home in the county.”

People were treated with kindness, compassion and respect. One person said “Everyone is always kind to me; things never seem too much trouble for them”. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care.

People were involved in personalising their own bedroom so that they had items around them that they treasured and had meaning to them. One visitor said “We were encouraged to make the room feel like home for [my relative] and she loves all of her photos and things around her, I think it is a comfort.”

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Staff understood the importance of respecting people’s rights and people were supported to dress in their personal style. One relative told us his family member was always cared for well and he never had any concerns. We saw that some people had been supported to

apply make-up and have their nails painted. Another relative said “There is always someone to speak with if I have any questions about the care and support my relative receives”.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

We saw that people’s privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people’s personal care needs. People were assisted to their room whenever they needed support that was inappropriate in a communal area.

There was information on advocacy services which was available for people and their relatives to view. No-one currently living at the home used an independent advocate but we saw that a few people had advocacy involvement before they moved in to the home and letters in their files detailed how they could in touch if they wanted access to the service again.

Visitors, such as relatives and people’s friends, were encouraged and made welcome. The manager told us that feedback from people and relatives included having a ‘café’ area where visitors could make their own drinks. We could see that this had been completed and was decorated and ‘dressed’ as a café type area of the building. One visitor said, “This new area is great, I can make a drink without disturbing anyone and often my [relative] wants to sit here rather than going to her room with me because it has a lovely feel to it.” Another relative said “I am here for at least six hours every day and staff never mind me being here and they always make me feel welcome.”

Is the service responsive?

Our findings

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information, for example, about people's past history, such as their occupation, where they lived when they were younger, and what interested them, featured in the care plans that care staff used to guide them when providing person centred care. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. A relative told us "They [the staff] are currently doing a more detailed life history book with [my relative] and we meet up and I give as much information as possible because it helps the staff when they are chatting to [my relative]."

Before anyone moved into the home the registered manager carried out an assessment of the person needs to establish that these could be met by the provider. The assessment was used to form the basis of the person's individual plan of care. Care plans contained an assessment of the persons care needs together with information for staff on how these needs could be effectively met. The care plans promoted people's independence and people's individual preferences were also clear. Care plans were reviewed on a regular basis or when people's needs changed.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging people to join in with the activities that were regularly organised. Some people had struck up friendships with others they had met in the communal rooms and had chosen to sit with each other. People were provided with daily newspapers, listened to the radio or watched television, or sat in the garden. Care staff made efforts to engage people's interest in what was happening in the wider world and the local community.

Staff were responsive to people's needs. We observed staff spending time with people and responded quickly if people needed any support. One person said "sometimes I wave to the staff and they know that means I need something." Staff were on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. When people summoned help through activating their call bells they responded promptly, one relative said "[my relative] rings the call bell quite often and staff always respond quickly and with a smile on their face."

People enjoyed a range of in house activities and events. One person said "We had a 'restaurant evening' which was The Beatles themed, it was lovely". Events were arranged with support from 'Friends of Symphony House' which are made up of friends and relatives from current and previous residents. Celebrations were also held for people's birthdays and the home was actively planning for a couple's 65th wedding anniversary. A relative told us "We are always invited to activities as well so we can enjoy the time with them."

When people were admitted to the home they and their representatives, were provided with the information they needed about what to do if they had a complaint. One family member said "We are asked in family/carer meetings if we have any complaints and I wouldn't hesitate to say if I had a concern."

There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to. Relatives said they would not be reluctant to raise concerns, or make suggestions, directly with the provider, registered manager, or with any of the care staff because they were confident appropriate action would be taken.

Is the service well-led?

Our findings

At our last inspection in November 2013 we were concerned that the registration requirements were not being met because we had not received statutory notifications of deaths, which are required to be submitted by the provider to CQC by law. At this inspection we found that the appropriate forms had been completed for notification of deaths and they were filed and available to be viewed.

People told us the manager and staff were very good and that they could speak with them at any time. Relatives told us that the manager and staff were very approachable and always kept them informed. One relative said "The home is the best around here in my opinion; you couldn't find another home that is always supportive of not just the people who live here but their families as well." Relatives told us they were kept informed of their relative's progress by staff. A relative said "When [my relative] was really poorly, the staff kept me up to date and told me about GP visits and results of tests as soon as they got them, he was in safe hands."

Communication between people, families and staff was encouraged in an open way. Health and social care professionals told us that the staff worked well with people and there was good open communication with staff and management. The registered manager told us he had an open management style and wanted to involve people, relatives and staff in the day to day running of the home as much as possible. They said they welcomed feedback on any aspect of the service and anyone could come to them at any time with any queries. Staff we spoke with confirmed this. They said the registered manager was very approachable and said they would always take time to listen and offer feedback.

People had their say about their experience of using the service. There were systems in place to audit the quality of care provided. People using the service and their relatives had regularly received questionnaires asking them to comment on the quality of the service they received. We also saw that letters and cards had been received from relatives complimenting the standard of care that had been provided.

During the inspection we observed that the staff team worked well together and had the resident's needs were

their focus. All the staff said that they worked as a team and they enjoyed supporting people. Staff confirmed they received regular support from the manager. One staff member said "If we have any concerns about the residents or good ideas about something we know we can go straight to the manager, they always listen and takes on board what we have to say and they will show us different ways of doing things as well." Staff meetings took place and minutes of the meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The registered manager regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Staff said they felt valued. The manager told us about employee of the month award where staff, people using the service and relatives nominate a member of the team for the award. One staff member said "I felt honoured to receive employee of the month, I was only doing my job but it shows how much people appreciate the things we do."

The registered manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. They were a mentor for student nurses from the local university and supported nurses from overseas who were updating their training by offering work experience placements at Symphony House.

Quality assurance audits were completed by designated staff and monitored by the registered manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the home were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.