

PBT Social Care Ltd

Simone's House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Simone's House is a residential care home providing accommodation and personal care to up to 5 people with mental health needs and physical disabilities. At the time of our inspection there were 5 people using the service. The service accommodates people in one adapted building. Each person had their own bedroom and some of the bedrooms had en-suite facilities. People had access to a garden at the rear of the property and shared communal areas.

People's experience of using this service and what we found

The provider had made the necessary improvements in relation to risks associated with people's care and health and we found these were managed appropriately. Risk assessments were clear and contained the necessary guidelines for staff. Systems were in place to ensure staff were recruited and deployed safely.

People's needs were met in a person-centred way and care plans contained details on the support people received. People were supported to undertake activities of their choice and access the community.

People received their medicines safely and as prescribed. Staff received training in safeguarding and knew how to recognise and report signs of abuse. There were systems in place to protect people from the risk of infection and cross contamination.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were understood and met by caring and competent staff. People and their relatives were happy with the service and did not have any complaints. The provider had systems in place to record, investigate and address complaints appropriately and in line with their policies and procedures.

The registered manager promoted an open and inclusive culture and supported people to remain as independent as they could. People, relatives and staff spoke positively of the management team and felt supported.

The provider worked in partnership with healthcare services and other professionals to share information and achieve good outcomes for people who used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 July 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and

by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 10 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Simone's House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Simone's House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Simone's House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Simone's House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and contacted relatives by email to seek their feedback about their experience of the care provided. We spoke with 2 members of staff including the deputy manager and a care worker. The registered manager was unavailable on the day of the inspection but we contacted them afterwards.

We reviewed a range of records. These included 4 people's care records and the medicines records for all the people who used the service. A variety of records relating to the management of the service, including policies and procedures, management audits, complaints, staff rotas and meeting minutes were reviewed. After the inspection, we requested and received documents from the registered manager, including staff recruitment records, risk assessments and activities records. We contacted some external professionals but did not receive a response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection in May 2022, we found systems were either not in place or robust enough to safely manage risks associated with people and their care. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- People who used the service were protected from the risk of avoidable harm.
- The provider carried out assessments of each person's personal environment and risks they might be exposed to. For example, risks associated with going out, mobilising around the home or using the kitchen. Risk assessments were detailed and comprehensive and included measures in place to reduce risk.
- Risk assessments also considered people's health conditions and what action to take in the event they became unwell.
- There was information available for staff to understand why people may react in an aggressive manner, how to avoid this by creating a helpful environment and avoiding escalation. We saw evidence that working in a positive way with a person had helped reduce their anxiety and tendency to display aggression.
- Each person who used the service had a personal emergency evacuation plan in place. This identified their needs and abilities, and the support they might need in the event of a fire or other emergency. Safety checks were regularly undertaken and action promptly taken when issues were identified.
- People were supported to remain well by accessing medical care when needed. We saw evidence people attended regular appointments in line with their identified health care needs.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Relatives we spoke with told us they felt their family members were safe living at the service. One relative stated, "No concerns at all. I am very thankful. We couldn't be more grateful for our [family member's] care."
- There was a safeguarding policy and procedure in place. Staff received regular training in safeguarding adults and knew what to do if they had any concerns.
- The provider kept a log of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns.

Staffing and recruitment

At our last inspection in May 2022, we recommended the provider revised their staff deployment approach and considered current guidance on safe recruitment practices. At this inspection, we found improvements had been made.

- The service deployed sufficient numbers of staff to ensure people's care and support needs were met safely.
- People who had complex needs and required one-to-one support from staff received this appropriately.
- Staff were able to spend enough time with people and support them with meaningful activities regularly.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their identity and suitability for the role. New staff underwent training and shadowing and their competency was assessed as part of an induction before they were able to work independently. Staff files were regularly audited to ensure these were up to date.

Using medicines safely

- Medicines were safely managed. There were robust systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. The deputy manager told us, "Medication is so important to get right. I am really strict with this. It is monitored closely and checked each day."
- Medicines were safely stored and records were kept appropriately.
- We looked at the care plans and medicines administration records for all the people using the service and found no unexplained omitted doses in the recording of medicines administered.
- Where medicines were administered from their original packaging, the staff recorded the date of opening to help with auditing these. We checked a random sample of these medicines and found the number of tablets in packs corresponded to the staff signatures. This indicated people were receiving their medicines safely, consistently and as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider enabled people who used the service to receive visitors as they wished.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The provider kept records of all the incidents, accidents or near misses that occurred at the service. The management team analysed these to identify the cause, any trends or patterns so they could put appropriate measures in place to prevent re-occurrence.
- Incidents and accidents were discussed in team meetings to help learn from these and prevent re-occurrence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection in May 2022, we recommended the provider considered current guidance on person-centred care planning. At this inspection, we saw improvements had been made.

- People's needs were met in a person-centred way and in line with their wishes.
- People and relatives were involved in their care and support to help ensure they led a happy and fulfilling life. A relative told us, "We have worked together from the beginning, they were well briefed, they met my [family member] before [they] moved in, had adapted [their] room and provision as needed, worked with private physios and we have bought equipment."
- Care and support plans were clear and detailed and included all aspects of a person's life, their needs and how to meet these. They contained a life history of the person, to help ensure staff knew the person and understood their individual needs.
- People were also supported to remain as fit and healthy as possible, by undertaking regular exercise and having a healthy diet.
- Staff recorded the support they gave people in daily notes. We viewed a range of these and saw they were written in a person-centred way and included social activities as well as tasks undertaken.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection in May 2022, we recommended the provider considered current guidance on the provision of suitable activities for people. At this inspection, we found improvements had been made.

- People were supported to take part in activities of their choice. A relative told us, "[Family member] receives 'tip top' care and is encouraged to participate in activities, ventures out, etc." and "My [family member] is not keen to go out but I am pleased the staff encourage [them] to go out."
- People were encouraged to pursue hobbies and social activities they enjoyed. For example, one person attended college, and had music lessons. We saw they enjoyed an active life and were supported fully with their choices.
- Some people were more reluctant to go out or take part in outdoor activities. We saw they were supported to undertake more gentle activities such as attending a local park or playing games with staff.

- Where they were able, people were supported to undertake household tasks such as tidying up and helping with cooking.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans and met.
- The staff knew individual people's needs and how to communicate with them effectively. Some people were not able to communicate verbally and staff had developed specific ways of communicating with them by using pictures and objects and using signs and gestures. We saw evidence of this during our inspection.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information was given to people and relatives in relation to making a complaint.
- People and relatives knew how to make a complaint and felt this would be taken seriously. One relative told us, "I've never had to make a complaint and I would if this was necessary, I appreciate us working together, solving issues together. They involve me which is what I want."

End of life care and support

- At the time of our inspection, the provider was not supporting anyone with end-of-life needs. However, the staff received training in this and there was open communication with relatives in relation to this subject, so information could be recorded.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection in May 2022, we found systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager had put in place more robust monitoring systems since our last inspection. We saw they carried out monthly checks and audits of all areas of the service such as care records and staff files, catering, housekeeping and laundry and maintenance. Any shortfalls were identified and recorded and appropriate action taken without delay.
- The team regularly reviewed people's needs so they could identify any additional needs and take appropriate action. The staff recorded a monthly summary to reflect what people had been doing and identify any changes. The registered manager told us, "This has been helpful to capture moments of improvement to celebrate and or escalate to added support or referral."
- The registered manager encouraged the staff to work as a team and be involved in people's care and development of the service. They explained, "We also invite support staff to give their input into solutions but impressing on them to be curious, share timely and appropriately any changes whether positive or negative that is out of character for any resident."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service and people and relatives were involved in all aspects of the service.
- There were regular meetings for people and relatives where a range of issues were discussed and there was an opportunity for people to make suggestions. A relative told us, "I am consulted, involved and invited to attend meetings, but I am also grateful that I am not bombarded as the management and staff are sensitive to my needs with work and family commitments."
- Relatives described the management team as 'Excellent, communicative, warm, open, honest and organised'. They told us people who used the service were consulted and involved at all times. A relative

stated, "We had a recent bereavement and my [family member] was given the opportunity to participate with the funeral service on- line."

- The provider kept a log of any compliments they received. We saw a healthcare professional had written, "What a wonderful residential home. I always feel welcome and treated with respect. The home is always clean and organised. I get a feeling everyone is happy here... thank you and keep up the good work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us, "I understand duty of candour to be in two forms. Regulatory duty to inform regulatory bodies matters that carry lawful mandates such as safeguarding issues and events that may prevent a provider from operating fully and may affect residents and staff and moral and accountable response. To me this is sharing with staff, family and stakeholders information in a sensitive but timely manner that may affect them or their loved ones so they are not blindsided by our actions."

Working in partnership with others

- The registered manager worked alongside healthcare professionals as well as the local authority and quality assurance team.
- Staff told us there was good communication at the service. There were regular staff meetings where good communication was encouraged. The management shared relevant information with staff so they felt valued and informed.
- We saw evidence whereby a person using the service was able to remain at the home despite their increased lack of mobility. With the support of the person's family, a private referral to physiotherapy and occupational therapy meant the person was promptly assessed and provided with the equipment they required. Appropriate training was offered to all staff so they could support the person appropriately.
- The registered manager explained they made alterations to the bathroom so a walk-in bath was fitted, which benefited the person as well as other people to improve their bathing experience. They told us, "At every point there was collaborative work to feedback on what is working and not. What could be improved on and how between care home staff, occupational therapist, physiotherapist and the family."