The George Edward Smart Homes

George Edward Smart Homes

Inspection report

Combe Hay House
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 24 March 2015 and was unannounced.

George Edward Smart Homes is registered to provide accommodation and personal care for up to 60 older people. It is owned and run by a Charitable Trust. The home comprises of two connected properties, Combe Hay House which was purpose built as a care home in 1958, and Fawcett House, built in 1967. The home is set in landscaped gardens on the outskirts of Scarborough in North Yorkshire. There is private parking on site.

There was a registered manager employed at this service. 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 at this service. Staff understood what it meant to safeguard people and we saw that they had been trained in safeguarding adults. They had the skills and knowledge to look after people

Summary of findings

well although falls were not always managed safely. People could not always reach their call bells to summon assistance and there were no other aids available to alert staff when people had fallen. The use of telecare would help staff manage falls more effectively.

The service had been maintained and kept clean to a very high standard. medicines were managed safely.

The service had not always worked within the principles of the Mental Capacity Act 2005 because they had not carried out mental capacity assessments and made best interest decisions for those people who lacked the mental capacity to make decisions for themselves. You can see what action we have asked the provider to take at the back of the full version of this report.

People's care and support needs had been assessed before they moved into this service. Care plans were detailed and reviewed regularly. There was a varied programme of activities for people to enjoy.

People knew who to speak to if they wished to make a complaint.

There was a quality assurance system in place and audits had been carried out.

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?

People told us that they felt safe at this service but falls were not always managed safely.

Staff understood what it meant to safeguard people safely and we saw that they had been trained in safeguarding adults.

The service had been maintained and kept clean to a very high standard.

Medicines were managed safely.

Good

Is the service effective?

Staff had the skills and knowledge to look after people.

People could not always reach their call bells to summon assistance and there were no other aids to alert staff when people had fallen.

The service did not always work within the principles of the Mental Capacity Act 2005 when people were unable to make their own decisions.

Requires improvement

Is the service caring?

Staff were observed to be caring and people who used the service confirmed this was so.

People were treated with dignity and respect.

Everyone we spoke with felt that they were able to express their views and opinions.

Good

Is the service responsive?

People's care and support needs had been assessed before they moved into this service. Care plans were detailed and reviewed regularly.

There was a varied programme of activities for people to enjoy.

People knew who to speak to if they wished to make a complaint.

Good

Is the service well-led?

There was a clear management structure within this service.

Effective quality assurance systems were in place. Audits had been carried out by external auditors

Residents meetings were held at this service.

Good

George Edward Smart Homes

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 24 March 2015 and was unannounced. The inspection team was made up of an inspector and an expert by experience that had experience of health and social care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications we had received and other information we held about this service. Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We contacted the local authority commissioners to ask for their view of the service. They informed us they did not identify any major concerns during their last visit to the service.

We spoke with eight people who used the service individually and with two small groups of people who used the service. We also spoke with four relatives, two healthcare professionals, the chef, four care workers, the activities co-ordinator, the registered manager and the care manager. We looked at care and support plans for seven people

We inspected records such as policies and procedures, staff duty rotas, safety checks carried out and certificates, maintenance records and minutes from staff meetings. We also looked around the house and the grounds, looking in every bedroom with people's permission.

We observed practice throughout the day, observed how medicines were managed and how people who used the service experienced a lunchtime period.

Good

Is the service safe?

Our findings

When asked, people who used the service they told us they were safe. One person said, “They’re bothered here. They bother to make sure everyone is alright. In summer, when people are in the garden, they always know where (resident) is and that’s from the carers right through to the gardeners.”

Staff understood what it meant to safeguard people and make them safe. We saw that they had been trained in safeguarding adults. One member of staff told us that they were relatively new to the service and had not seen anything and another told us that they would have no concerns about going to the manager and reporting any concerns they had about people’s safety. This meant that people who used the service could be confident that staff knew what to do if they witnessed any abuse.

There had been one safeguarding notification to CQC where a person had left the home and had been returned to the home with help by the police. The service had followed their procedure for missing persons. There were policies and procedures in place for safeguarding which staff were aware of.

When we looked around the service we found that it had been maintained and kept clean to a very high standard. The housekeeping staff had cleaning schedules which we saw were being followed. There were safety checks of the equipment and premises carried out on a regular basis. The lifts, mains services, fire equipment and vehicle had all had safety checks carried out which were up to date. An emergency fire plan was available for people to read and the environmental health officer had awarded a rating of five to reflect the high standards of food safety management at this service.

We did see risk assessments in people’s care plans that had been completed when there were risks to their health and wellbeing. One person had a risk assessment for mobilising, which said they were at medium risk of falls and gave staff information about those people who may be at risk and guidelines about their care. However, these did not include the use of alternative measures to ensure the home further protected people from falls. For example the use of tele care had not been considered which could be helpful to staff in the management of falls. Another person had been referred to a falls clinic following a fall but the protocol for falls management was not consistent for everyone.

Telecare is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living independently, while minimising risks such as a fall.

Staff employed by the service had been recruited safely. We looked at seven staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references for each person. DBS checks are used by employers to make sure that nothing is known about the people they employ which would mean they were unsuitable to work with vulnerable people. This ensured that the provider was doing all they could to ensure that people who used the service were cared for by suitable staff.

We looked at staff rotas and spoke with staff and visitors about staffing levels. We saw that where people were sick or on leave additional cover had been sought. We observed during the day that there was sufficient staff on duty to meet people’s needs and that the rotas showed that this was consistent over time.

People who used the service were able to come and go as they pleased but some people at the service were living with dementia. We saw one person walking around who was distressed. The maintenance man was with them giving support. This reflected the way in which all staff at this service were observed to be involved in the care of people ensuring their safety and wellbeing.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as looking at the Medication Administration Records (MARs) of seven people who lived at this service. We found that people were receiving their medicines safely. We observed a member of staff drop a tablet but this was recorded and the tablet disposed of safely.

We saw that the medicines ordering system was effective and people had adequate supplies available. The majority of medicines were stored securely in locked trolleys and cupboards within dedicated rooms and the keys to these held safely. We saw policies and procedures for managing medicines safely were in place.

Requires improvement

Is the service effective?

Our findings

People told us when asked if staff had the skills and knowledge to look after them, "They know what to do should I need them" and that "I'm sure they know what they are doing." A relative told us, "I have no concerns. They've done a sterling job."

When we asked about the care of people living with dementia people told us, "The staff are very caring. They're looking out for them all the time."

We noticed when we looked around the premises that people could not always reach their call bells to summon assistance. One person told us, "I had a fall here in my room and it took such a long time for me to crawl and reach my bell. Once I called them [staff] it was managed well." We saw that this person's call bell was on the rear wall behind the bed which could only be accessed by a narrow gap between the bed and the wall. We were told by a second person, "I fell in the shower" and "I fell over the other day; flat on my face." When we checked their care records we saw that the incidents had been recorded clearly and a body map showing any injuries was completed. However there were no telecare aids to alert staff if this person fell in their room whilst alone. This meant that staff were not using best practice guidance when managing those people with a history of falling and therefore people may not receive the help they require in a timely manner.

We also saw that there was very little written or pictorial signage to assist people living with dementia in finding their way around this large building. There was no differentiation in colour between areas to indicate what different areas were used for. This would make it difficult for those living with dementia or sensory impairment to be independent when moving around the service.

We observed some people who used the service being asked if they wanted to go out or what they wanted to eat or drink so they were making some choices. We saw that where people were unable to make their own choices the service had not always followed the principles of the Mental Capacity Act (MCA) 2005. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards (DoLS) protects people liberties and freedoms lawfully when they are unable to make their own decisions.

Some people had capacity assessments completed. However for one person we saw that the assessment said, "can make and fully understand decisions." This person had been diagnosed with, "memory loss, confusion and dementia" in 2005 and when we spoke to them we could see that they had no short term memory to consent to personal care or treatment. Another person had an assessment which stated that they had, "fluctuating capacity" when deciding that the person could not administer their own medication but had not explained how the decision had been reached. One person who was reported as being, "confused" wanted to leave and go home but they had not being able to do so. This person did not have a DoLS in place. People had not been assessed in accordance with the Mental Capacity Act 2005 when they lacked the mental capacity to make decisions for themselves.

This was a breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) 2014. You can see what action we asked the provider to take at the back of this report.

Staff had the skills and knowledge required to carry out their roles and when we interviewed them they were able to tell us that they had taken part in an induction when they started working at the service. We inspected the training matrix and saw that staff had received training in areas relevant to their roles such as moving and handling, health and safety and safeguarding. We looked at staff training records which confirmed this.

We also saw that some care workers had National Vocational Qualifications (NVQ) at level 2 in care. These are qualifications gained in the workplace which relate to the work staff were employed to do. Staff told us that they were encouraged to do training and this was advertised in the staff room. An external training provider visited the service to carry out the training.

We joined people who used the service for lunch in the dining room. Two groups were commenting on how tasty the food looked. We saw that people had a choice of meal and the meal was made up of three courses which looked appetising. We were told by people that, "It's fantastic. I couldn't eat when I first came but now I eat everything they put in front of me" and "First class. Always a choice which is offered in advance of the meal. It's excellent. Better than I could do at home." Another person said, "It's very good. I particularly like the cooked breakfast."

Requires improvement

Is the service effective?

We saw that specialist diets were catered for. The chef told us that they were aware of any special diets that people needed and knew how to serve food if it was required to be served in a specific way such as soft mash or pureed. They showed us the choices available for people but told us that if people wanted something different there was always an alternative available. They told us that the service always used local providers for meat, fish and vegetables. The recent visit by the local authority environmental health officer had awarded the service a 5 under their food hygiene rating scheme which means the service employed very good practices around food hygiene.

Tables in the dining room were set with cutlery and condiments. We saw that people were allowed to eat at their own pace without being rushed. No one required assistance to eat but some people required support by having their food cut up. This was done at the table in a supportive but discreet way by staff. There was sufficient staff in the dining room to ensure that people received their meals promptly. The low murmur of conversation throughout the meal and people expressing their appreciation of the food conveyed the feeling of a relaxed and enjoyable lunchtime experience.

We did not see any fluids in the communal areas and spoke to a care worker about this. They said, “Fluids aren’t out in the lounges but people can have something whenever they ask.” Those people who could not ask would only receive a drink when they were offered by staff. There were areas at the end of corridors where people could make a drink if they wished. We asked about how staff monitored people’s weight. Staff told us, “People are weighed monthly or weekly if they are not eating or are losing weight. We pass on any concerns to the managers and they involve the GP.” We saw in people’s care plans that weights had been recorded but there was no validated tool to measure the risk to someone’s health if their weight fluctuated. This would help staff to have a clear protocol to follow when deciding if a referral to a healthcare professional was needed and ensure that people who used the service were receiving appropriate advice.

People told us that they could see their GP whenever they wished. A relative told us, “Staff recognise when there is a need and see to it. They keep me updated.” We were able to speak to two healthcare professionals who were visiting the service on the day of our inspection. One told us that they were called appropriately.

Good

Is the service caring?

Our findings

People who used the service told us that, “The staff are wonderful,” and “They’re very caring, they’re all different.” A relative said,” They (staff) are all very good, some are better than others but no-one is bad.”

We observed that staff were kind and considerate. They spoke to people respectfully and took care to preserve people’s dignity. When anyone required personal care they were taken to their room. There was a friendly and welcoming atmosphere at this service which was clear from the attitude of staff and people who used the service.

Everyone we spoke with felt that they were able to express their views and opinions. One person said, "We can give our views on the annual survey. Another person said, “I’ve always been a gardener. They wanted me to take on a section but I said no. I go and tell the gardeners if they’re doing it right or not!” We saw staff communicating effectively with all the people who used this service. Staff knew people who used the service well and we observed some positive interactions. We heard staff encouraging people to talk about their plans, families, hobbies and any events that they were attending. Everyone who used the service that we met was smart and well dressed.

When we asked people they told us that they were involved in their care planning. A relative told us, “I’m absolutely involved and we discuss future planning” and another relative said, “Yes, they would involve me.” One person who used the service did say that they had not been involved but that they had no complaints about their care. One person said, “Well my sons take care of everything so perhaps they do speak to them about it.”

Relatives told us that they could visit at any time and were always made welcome. We saw that visitors were coming in throughout the day of the inspection and were offered drinks and snacks. They were able to see their friends and relatives privately in communal rooms or in people’s own bedrooms.

One off duty member of staff brought their dog into the service so that a person who likes dogs could spend some time with them. Staff went out of their way to make sure people were happy

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into this service. We saw records that outlined people's likes and dislikes and these had been recorded in their support plan. Some people had a lifestyle questionnaire which identified their preferences.

Some people who used the service and their families told us that they had been involved in discussions about their care plans and any associated risks although some had not. One person who used the service for respite care told us, "I come in a few times a year. They know me and know what I need. It's like home." A relative commented, "Yes, they involve me."

Care plans were personalised and contained information about people's daily routines. They looked at areas such as communication, daily life, emotional support, nutrition, mobility and personal care. The presentation and structure of the records enabled us to find relevant information easily. Recent entries indicated that the care plans had been reviewed. There was an online system which alerted staff when care plans were due for review. This meant that the care plans were evaluated for changes regularly so that peoples care was up to date

A healthcare professional told us, "There are no problems at this service. They are very responsive and ring us immediately when there is a problem." This meant that the staff were proactive in seeking support when they had concerns about a person's health.

We did notice that people who were living with dementia did not have a specific care and support plan which meant that staff may not always be aware of the what that person wanted or needed to maintain their wellbeing.

The registered manager told us that people living at this service were offered a range of social activities. There was a "knit and natter" taking place when we went to meet the activities co-ordinator as well as a craft group. People were chatting and laughing; they looked as if they were enjoying themselves.

The activities co-ordinator told us that there was a full and varied programme of activities. The service had its own minibus and outings were a regular feature. On the morning of the inspection a group of people went out in the minibus for a short trip to the promenade and spoke enthusiastically of it on their return. There were exercise classes, scrabble, music, cards, dominoes, cookery, pampering and entertainers. One person who used the service told us, "There's never been an entertainer I didn't like here." We discussed the activities that were specifically organised for people living with dementia. The activities coordinator did not have a specific programme but was keen to develop meaningful activities for everyone.

The University of the Third Age (U3A) accessed rooms for their activities that people who used the service could join if they wished. Most people spoke favourably about the activities programme but one person said. "I find a lot of them very childish – the ones they want you to join in with but I do like it when the choirs or musicians come." This demonstrated the way in which the service encouraged the community to come into the service.

There were different areas where people could join activities or just sit quietly. There were a variety of communal areas such as the library or sitting areas in hallways which people could choose to use. In the library we saw a person sat quietly reading.

When we asked people who they would speak to if they wanted to make a complaint people told us, "I would complain to the head of the home and feel comfortable doing so" and " I would tell a carer." Only one person we spoke with told us they had made a complaint. They said they went straight to the office where it was sorted out. We saw that there were policies and procedures in place for complaints. These were displayed in the main entrance hall.

Good

Is the service well-led?

Our findings

We received positive feedback about the registered manager of this service with people telling us, “Oh I know her well and we share a sense of humour” and “Yes, I know the manager. You can speak to her at any time.” One person said, “I’m sure you can speak to management. Someone comes around and asks how we are.” Staff told us that they had confidence in the registered manager.

This service is a charitable trust and has a board of trustees which the registered manager reports to. We observed that the registered manager was supported by other managers who were responsible for people’s care and welfare. There was a clear hierarchy which staff and people who used the service were aware of.

The service had a range of systems in place to help determine the quality of service the home

offered. Audits were carried out on the services provided. However there was no medication audit completed. We discussed this with the manager in charge of care and they accessed the National Institute for Health and Care Excellence medicine audit and guidance whilst we were on the premises in order to carry out an audit to check medicines management.

There was a quality assurance policy which stated that the service was committed to providing services which conform to or exceed the specified requirements defined by CQC. In order to achieve this aim the service arranged for external auditors to visit the service annually. The most recent audit had just been completed and the report was not yet available but we were able to look at a previous audit and action plan. North Yorkshire County Council had also carried out a quality assurance visit within the previous eight months and did not identify any major concerns. The service was being proactive in identifying areas of concern and any areas where they could improve.

Meetings took place for people who lived at this service. The minutes of the meetings were left in the entrance hall for people to read. We did not see them presented in any other format to make them accessible for everyone. One person told us, “There are meetings from time to time” and “I’ve been once. “People who used the service told us that they had completed questionnaires. People had responded positively to the quality and level of care. Everyone we spoke with told us that they would recommend this service. This service made efforts to involve the people who lived there and gather their views.

Community links were encouraged with U3A bringing their classes and activities into the service and people were being taken out into the community regularly. There were links with local churches and people were invited into the service for events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent When people lacked the capacity to give consent or make decisions the provider had not acted within the requirements of the Mental Capacity Act 2005 and associated Code of Practice.