

Samuel Hobson House Limited

Samuel Hobson House

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

About the service

Samuel Hobson House is a residential care home providing personal care to up to 39 people. The service provides support to adults with a range of needs including people who have dementia. At the time of our inspection there were 36 people using the service.

People's experience of the service and what we found:

People were safeguarded from abuse and avoidable harm. The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

There were enough staff on duty to meet people's needs. Staff involved in handling medicines had received training around medicines. The provider was supporting people living at the service to minimise the spread of infection. People were able to receive visitors without restrictions in line with best practice guidance.

There were systems in place to identify when things went wrong.

People's needs were assessed, and care plans were in place which contained information about the level of support required. The service made sure staff had the skills, knowledge and experience to deliver effective care and support. People had a variety of food and drink to meet their needs. The provider worked effectively with other agencies. People's individual needs were met by the adaption, design and decoration of the premises. 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 were treated well and respected as individuals. Where possible, people were involved in daily decision making. People's privacy, dignity and independence were respected and promoted.

People achieved good outcomes from their care. Care plans contained clear information about how best to support people with their communication needs. People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. People's concerns and complaints were listened to, responded to and used to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain free death.

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. An improvement plan was in place following a visit from the local authority. There was a positive and open culture at the service. The provider understood and met the duty of candour. Staff worked with external professionals which included GPs, speech and language therapists and district nurses.

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

Rating at last inspection

This service was registered with us on 10 January 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

Samuel Hobson 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.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Samuel Hobson 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. Samuel Hobson 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

The inspection was unannounced.

What we did before the inspection

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 sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who lived at the home and 8 relatives and friends. We spoke with 11 members of staff including the registered manager, 2 senior care workers, 6 care workers, 1 chef and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 1 visiting healthcare professional.

We reviewed 5 people's care plans, medicines records, accident and incident records and safeguarding records. We also reviewed records relating to training, recruitment, quality assurance and feedback and complaints. Following the site visits, we gained feedback from 1 health and social care professional. We also reviewed the training matrix sent to us by the registered manager.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider had a safeguarding policy in place which staff understood and followed. Accidents and incidents were recorded, reviewed and measures were put in place, where required, to reduce or remove any risk.
- Staff were trained and understood potential signs of abuse and how to report any concerns. One staff member told us, "I have completed safeguarding training which is done annually. If an incident happens, I check the person over and consider if medical assistance is needed, record the incident in detail, inform my manager and refer to the safeguarding team, if needed."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- When people's needs changed, the assessments in their care plans were updated to reflect this. For example, when people lost weight, their risk assessments were updated to include recommendations from healthcare professionals.
- People felt safe. One person told us, "I feel very safe, if there was a problem I would speak to a person in charge." Another person told us, "I feel safe, enjoy living here and do not regret living here."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One staff member told us, "There are enough staff and there are team leaders on each floor." Another staff member said, "When somebody rings in sick, we try to cover between the permanent staff. If agency staff are needed, the same ones are used so they know people's needs."
- Staff told us they were a good team who worked together well which led to people receiving good care. One staff member told us, "We are a little home, we have a good team and support one another. We are very flexible to people's needs. We go beyond expectations, love the people and their families and communicate well with them."
- Staff were safely recruited. New staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.

- Staff involved in handling medicines had received training around medicines.
- People received their medicines as prescribed.
- There was an up to date medicines policy in place.
- There was guidance in people's care plans instructing staff how people preferred to take their medicines. For example, where 1 person took their own diabetes medication, a diabetes care plan was in place and a locked drawer and disposal box were provided in their bedroom.
- Medicine Administration Records [MAR] were completed. The provider carried out audits to ensure there were no mistakes.

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.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- There were systems in place to identify when things went wrong. For example, a falls log was in place to record and monitor falls and learning was discussed in handovers and shared with the wider team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care plans were in place which contained information about the level of support required.
- At the time of the inspection the provider was in the process of transferring care plans to a new system. The provider had a plan in place to update care plans to ensure they contained more information about people's individual life experiences and preferences.
- One relative told us, "Care plans and fluid charts are reviewed with a nurse. Any changes are discussed with me, and staff always catch up with me when I visit." One staff member told us, "People's care plans show us what care they require including their food and drink requirements and preferences, but people can change their minds and we will offer alternatives."

Staff support: induction, training, skills and experience

- There were systems in place to ensure staff had the skills, knowledge and experience to deliver effective care and support.
- New staff were supported by other more experienced staff during their induction.
- The provider had a plan in place to ensure staff completed their refresher training when required. One staff member told us, "My training is up-to-date and is refreshed annually. I feel equipped to do my role."
- Staff received regular supervision. One staff member told us, "We have supervision where we discuss training, whether we need further support and we talk about any concerns we have in our roles."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a variety of food and drink to meet their needs.
- Nutritional care plans were in place and these identified requirements such as the need for a modified diet. One person told us, "I have never left a meal and I can choose what I have. I have a health condition and the staff have helped me reduce my medication through diet."
- Staff encouraged people to eat and drink healthy options and respected people's right to choose their own meals and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked effectively with other agencies.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. The registered manager told us, "Due to our monitoring procedures, we are able to identify early when

people require additional support. We refer to health partners who come in and support us."

- Where there was an increased risk in relation to falls, skin problems or weight loss, the provider worked alongside relevant partner agencies and implemented recommendations. One professional said, "The care home is prompt with letting us know about any issues. One person's skin condition has improved as staff have followed our recommendations."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design and decoration of the premises.
- People were involved in designing the garden space. One person told us, "The front garden of the home is good, and we do planting, in the summer. We even won a local Garden in Bloom competition."
- We saw people had photos of their loved ones and personal possessions were displayed in people's rooms.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- Mental capacity assessments had been completed, although these did not always have enough detail about how a decision was reached. The provider had a plan in place to ensure mental capacity assessments were completed on a new care planning system where staff could record more information about how a decision was reached.
- Applications were being submitted appropriately when DoLS authorisations were needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and respected as individuals.
- During the inspection there was a happy and pleasant atmosphere and people moved around as they wanted. We observed the caring and kind way people engaged and interacted with each other.
- We saw positive interactions between people and staff members. Staff spent time encouraging and supporting people to take part in activities. We observed 1 staff member asked a person to teach them how to play a sports activity the person used to coach.
- Staff received training in equality and diversity to help them recognise the importance of treating people as unique individuals with different and diverse needs. One staff member told us, "We treat people with warmth, involve them in their care, offer choices of clothes, promote independence and get to know them."
- Care plans took account of people's likes, dislikes and preferences including how they wished to be supported. One person told us, "Staff help me to have a bath or shower when I want one and they encourage me to do things myself like dressing."

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were involved in daily decision making. People's care plans advised staff how to communicate with the person.
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. For example, we saw a staff member gaining consent and explaining each step when supporting a person to file their fingernails.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People's dignity was respected in the way staff spoke to people and acted towards them. For example, when 1 person required support with personal care while in a communal area, staff acted promptly and discreetly to ensure their care needs were met.
- One person told us, "When staff use equipment to help get me into the bath, they are gentle and cover me in towels where they can. I do dress myself but staff are on hand when I need help."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- People achieved good outcomes from their care. One relative told us, "My [relative] has had 1 fall and the care home contacted me to let me know. Staff called for an ambulance, but they didn't need to be taken to hospital. The care home got a side rail for the bed to help keep them safe."
- Care and support was personalised and responsive to people's individual needs and interests. Support was delivered by staff who knew people well.
- Staff told us how they supported people in line with their specific needs and preferences. One person told us, "I can choose when I get up. Today I had breakfast in my room then a bath. Later I am having my nails done." Another person told us, "When I came here, staff helped a lot because I was unable to weight bear."

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 understood and supported.
- Care plans contained clear information about how best to support people with their communication needs.
- We saw staff using effective communication including appropriate facial expressions and speaking in clear sentences when required.
- One staff member told us, "Some residents follow a soft diet or are diabetics. We use pictures to show them menu choices."

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- Care staff organised activities and encouraged people to take part in them. One staff member told us, "We encourage people to take part in different activities. We have singers coming in regularly and have had pantomimes."
- The management team had organised a jumble sale. We saw people taking part in the event which was also attended by relatives and people connected to the care home.

- One person told us, "I am able to go to the shops and attend community events." Another person told us, "My relatives visit and we stay in the lounge or go to my bedroom."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There was a complaints policy available to people.
- The registered manager responded to complaints and reviewed them to ensure the lessons learned were used to improve care.
- We saw evidence of a relative's concerns about laundry management being followed up and addressed.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- Care plans included people's end of life preferences.
- Staff had received end of life training.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- When we fed back to the management team issues with a weighing scale and some items outside the back of the building which required clearing, these were addressed straight away. We found no evidence of this impacting on care.
- The provider was completing an improvement plan which they put in place following a visit from the local authority. This included improvements relating to staff training, updating care plans, holding coffee mornings and allocating staff protected time to do activities.
- Where audits identified errors or concerns, these were followed up to ensure people's care needs were met and the lessons were cascaded through handovers and team meetings.

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 and open culture at the service. One person told us, "The managers are out of this world and come round to see us." Another person told us, "We are informed of events and what's going on."
- We saw evidence of residents and relative's surveys which included positive comments about staff, the atmosphere and the quality of food.
- The registered manager told us, "We are open to our staff and respond to issues. If staff have concerns about residents, we share them with team leaders straight away."
- Staff meetings were held regularly. One staff member told us, "Team meetings are useful and things do change when issues are raised. The managers keep us updated with changes."
- One staff member told us, "My suggestions on fund raising and activities have been taken on board which I believe will improve care for the residents living with dementia."

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 provider understood and met the duty of candour.
- The registered manager offered examples of how they responded to complaints made by relatives. These were investigated appropriately.

Working in partnership with others

- Staff worked with external professionals which included GPs, speech and language therapists and district nurses. This meant people received appropriate health care when needed.
- One relative told us, "The district nurse visits every day to give insulin to my [relative] and the care home contacts us regarding COVID and flu jabs."