

Symphony Care Limited

Symphony House Nursing Home

Inspection report

43-45 Queens Park Parade
Northampton
Northamptonshire
NN2 6LP

Tel: 01604722772
Website: www.symphonycare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Symphony House Nursing Home is a residential care home providing personal and nursing care to up to 25 people. The service provides support to older people and people with physical disabilities. At the time of our inspection there were 24 people using the service.

Symphony House Nursing Home provides accommodation across 2 floors with 2 communal lounge and dining rooms. The second floor can be accessed via a lift. Bedrooms have private en-suite facilities.

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

Systems and processes to protect people from the risk of abuse had not been followed for people on admission to the service. People living in the service felt safe and staff were trained in recognising and reporting concerns.

Individualised risk assessments were in place. However, measures were not always in place for staff guidance and to mitigate risk. Risks in the environment such as from fire and water safety and hygiene were assessed and mitigated with regular safety checks taking place.

People were not always supported to have maximum choice and control of their lives as mental capacity assessments were generalised to all decisions and did not consider what decisions people could make independently. However, staff were observed and feedback suggested that people were supported in the least restrictive way possible and in their best interests; the policies and systems in the service required improvement to support this practice.

Medicines required some improvement to ensure staff had clear guidance, people received their medicines as prescribed and effectiveness of medicines could be monitored. Medicines were stored and disposed of safely and staff were trained in specialist techniques for administration.

Systems and processes were not consistently effective in maintaining oversight of the safety and quality of the service.

The home was clean and free from odour, infection control measures were in place to prevent the risk of infection. Staff were trained and used PPE appropriately. Staff were tested in line with current guidance.

Accidents and incidents were recorded and analysed for trends and patterns and referrals were made to professionals where required to mitigate risk.

There was a supportive culture in the home with evidence of independence, choice and inclusion. Positive risk taking was supported.

Feedback was sought about people's experience of care which was collated to look for where improvement could be made. People and their relatives had developed good relationships with staff and were leading their own care. Staff felt well supported, were able to share ideas and concerns and felt listened to. There was evidence of partnership working with other healthcare professionals to support people's needs and improve 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 21 November 2020) and there were breaches of regulation. The provider was issued with a fixed penalty notice following the last inspection which they paid.

Why we inspected

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

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.

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 remained requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safeguarding people and managerial oversight of the safety and quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider and work alongside them and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Symphony House Nursing Home

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

This inspection was carried out by one inspector.

Service and service type

Symphony House Nursing Home 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. Symphony House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 May 2022 and ended on 17 June 2022. We visited the location's service on 25 May 2022.

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.

We used information gathered as part of monitoring activity that took place on 18 March 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with three people who used the service and three friends and relatives of people using the service, about their experience of the care provided. We spoke with four members of staff including the registered manager, one nurse and two care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse within the home. However, we found that when people were admitted to the home with significant pressure wounds the registered manager had not understood their responsibility to report to the local authority safeguarding team and Care Quality Commission (CQC).
- The registered manager had not followed the advice of a health care professional to submit notifications and had not followed the providers internal policy and procedure regarding reporting safeguarding, which extended to reporting harm experienced in any care setting. This meant that people in other care settings remained at an increased risk of harm.
- Care and Nursing staff had received training in safeguarding people and on questioning during the inspection demonstrated a good understating of recognising the signs of abuse within the service and how and where to report it. However, there was no evidence that staff had raised safeguarding concerns with the registered manager or provider around significant pressure sores on admission or whistle blew to the relevant authorities as per the providers policies and procedures.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. One person told us the staff were kind and caring and they felt safe. Another person said, "I feel safe here." People told us they would talk to the registered manager if they felt unsafe.

Assessing risk, safety monitoring and management

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 not always working within the principles of the MCA as assessments were generalised and not decision specific. However, appropriate legal authorisations were in place to deprive a person of their liberty where needed or had been applied for. Any conditions related to DoLS authorisations were being met. We discussed MCA with the registered manager who was aware of a need to improve in this area and had already discussed and delegated the task to a competent person.
- Individualised risk assessments were in place. However, where risks to people had been identified, some measures were not in place to mitigate risks. For example, where people were at risk of dehydration their fluid recording chart did not have a target amount of fluid the person should drink for staff guidance, and total fluids per day were not calculated to ensure people had drunk enough. We found no evidence that people had been harmed.
- The building was well maintained and regular safety checks took place such as fire safety checks and water safety checks to prevent the risk of scalding and legionella.

Staffing and recruitment

- Staff recruitment files required improvement. For example, when a staff member had a gap in their employment history this had not been explored and health declarations had not consistently been checked and signed off by the registered manager.
- Disclosure and Barring Service (DBS) checks were completed prior to employment. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People and staff told us there were enough staff. One person said, "Staff come quickly if you need them." A relative told us, "Staff are quick to come when they [people] ring the bell, plenty of staff." The provider had recruited several new staff that were in their induction period and had a staffing contingency plan in case of sudden staff shortages.

Using medicines safely

- Medicines were not consistently managed safely. Staff did not always have protocols to follow for people's 'as required' [PRN] medicines; to understand why, how and when to give the medicine. Recording of PRN medicine was inconsistent and when PRN medicines were administered staff had not always recorded the reason why. This meant the effectiveness of the PRN medicines could not be monitored and we could not be assured it was given as prescribed. We found no evidence people had been harmed and following the inspection the registered manager received guidance from a health care professional on improving PRN monitoring.
- Medicines were stored securely and were administered by trained nurses. Where specialist techniques were required staff had received further training and competency checks.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Systems on entry to the home were robust and included checking test results for visiting professionals as per the latest guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. Staff were observed to using PPE appropriately and people and their relatives confirmed this.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was visibly clean and odour free.
- 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

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored for trends and patterns to prevent future incidents. For example, where a number of falls were identified, referrals had been made to falls teams, risk assessments and care plans updated and measures were put in place to mitigate risk.
- Learning from accidents and incidents was shared across the staff team. One staff member told us the home had a culture of learning lessons and improving rather than blaming individuals.

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. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to notify the Care Quality Commission of deaths of people in the service. This was a breach of regulation 16 (Notification of death of service user) of the Care Quality Commission (Registration) Regulations 2009 (Part 4)

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not consistently effective in maintaining oversight of the safety and quality of the service. For example, concerns found during inspection around medication and inconsistency in risk mitigation had not been identified during internal auditing processes. Where audits had identified repeat errors over several months, the registered manager's actions had not been effective in resolving the issue and errors had continued. This meant people had remained at increased risk of harm.
- The registered manager had not fully understood the regulatory requirement around recruitment, therefore gaps in recruitment records had not been identified and addressed.
- The provider had not followed HSE guidance for care homes regarding prevention of falls from height. We discussed this with the registered manager who agreed to bring this to the providers attention and ensure appropriate window locking mechanisms were fitted as soon as possible.
- The provider was not able to evidence regular auditing and action planning for the service to identify issues and support the service and registered manager with improvement. Therefore, we were not assured the provider was maintaining effective oversight of the safety and quality of the service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to be as independent as possible and were empowered to take positive risk. One person told us they were supported to return to their own home regularly to enjoy time there before returning to the service.

- People had developed good relationships with the staff and management team and they spoke positively of the support they received. A relative told us they were included in their relative's care and were made to feel very welcome at the home where they spent a lot of time supporting their loved one.
- One of the providers core values was to prevent people using the service from being disadvantaged or discriminated against on the grounds of gender, ethnic origin, age, disability, religious belief, sexual orientation, social class or cultural background. The provider was an equal opportunities employer. Staff spoke positively of the homes culture. One staff member said, "I would put my family member here."

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 had a good understanding of the duty of candour, the providers duty of candour policy was displayed in the entrance hallway of the home along with the complaints procedure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had not always received a regular formal supervision. However, staff felt well supported and spoke positively of the registered manager. One staff member said, "The manager is always present always available, listens and responds to us." Staff attended regular hand over meetings and felt informed of changes in people's care and support needs.
- People and relatives spoke positively of the culture in the home and felt well informed on any changes with their loved ones and involved in their care. One relative told us, "The manager is lovely, will always make time for you if you have any questions or are worried." Another relative told us they had recently attended a meeting to discuss some changes in their relatives needs and agree to a change in the care the plan going forward.
- The provider collated feedback from people and their relatives which was analysed for areas that could be improved. The latest feedback had been positive evidencing people and relatives were happy with the support received.

Continuous learning and improving care; Working in partnership with others

- The provider had achieved The Gold Standards Framework (GSF) accreditation, this is a model of care that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. The provider had recently sort further support with achieving the standards from a hospice end of life care team.
- There was evidence of partnership working with other professionals such as GPs, diabetic nurses and tissue viability specialists to ensure people's healthcare needs could be met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to protect people from abuse were not robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust in maintaining effective oversight of the safety and quality of the service.