

# Care UK Community Partnerships Ltd

## Snowdrop House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Snowdrop House is a purpose-built residential care home providing personal and nursing care to 52 people aged 65 and over at the time of the inspection. The service can support up to 70 people and can provide short-term respite care and specialist care for people who may live with dementia, have a physical disability or require mental health support.

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

The service provided end of life care. People's care plans did not include the detailed information needed to keep people comfortable and pain free at this time. Peoples' care plans lacked the finer detail to help staff provide consistent care. The provider's quality auditing system failed to identify this lack of detail to support staff in providing consistent care and effective end of life care.

People said they felt their complaints were not always responded to and they did not always feel listened to. We received mixed feedback about whether the manager was seen around the home regularly. The manager told us of various methods they used to gain people's feedback however, people were not confident that any changes resulted from them giving their feedback.

People and relatives said they were happy with the care provided and people enjoyed the activities provided. People, and their relatives where appropriate, were involved in planning care. People's bedrooms were personalised, and communal corridors were wide and welcoming spaces. People were supported by external health and social care professionals and staff supported people to attend appointments as needed.

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.

Staff received an induction when starting at the service. Regular training, specific to their role, was delivered and refreshed when needed. Staff received supervision and felt supported by the management team. We received mixed feedback about the food, however, a new chef had been recruited and this was their first day at the service.

Some people gave mixed feedback about staffing levels however, we saw people received support when they requested it. Recruitment processes were robust. Staff had received training about safeguarding people from abuse and knew how to report any concerns they had to the management team.

People were protected from the risk of infections. People's medicines were administered, stored and recorded safely. The outcome of any 'lessons learned' was shared with the staff team. People's individual risks were assessed, and staff supported people safely and patiently. Accidents and incidents were reviewed, and action taken as needed.

People were treated with respect and kindness. Staff were attentive and the atmosphere in the home was calm and relaxing. Visitors were welcomed into the home. People were asked for their views about the care as part of their care plan review. People's choices were respected, and staff were mindful of people's dignity when supporting them. People's private and confidential records were stored securely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 24 October 2018). At this inspection the service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.

Details are in our responsive 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 ●

# Snowdrop 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 Care Act 2014.

#### Inspection team

One inspector carried out this inspection with the support of two Experts 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

Snowdrop House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager had applied to be registered with the Care Quality Commission, this was in process at the time of this inspection. Being a registered manager 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.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eleven people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the regional director, the home manager, senior care workers, care workers and an activity co-ordinator. We received feedback from external health professionals including a GP, a hospice nurse and a chiropodist. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People gave mixed feedback about staffing levels. On one floor people shared negative comments whereas on the other two floors people said there were enough staff available to meet their needs. However, we saw people received support when they requested it. There were staff available when people needed them. The home was calm, and staff were not rushed. Staffing levels were closely monitored and the low incidents of accidents and incidents indicated there were enough staff available to maintain people's safety. A health professional told us, "Staffing levels have greatly improved with the care staff delivering top quality care."
- Most staff said there were normally enough staff available to meet people's needs, some staff said at times people occasionally had to wait if staff were busy with other people. The manager advised the home had been short of registered nurses and there had been a concerted effort to recruit in this area. The campaign had been successful, and candidates were awaiting some final checks to be completed before they could start to work at the home.
- Recruitment files included all relevant information to help the manager make good decisions about the staff they employed.

### Assessing risk, safety monitoring and management

- People had their individual risks assessed to help promote their safety. Staff were aware of these risks. We observed staff supporting people safely and patiently. People who used bedrails to help keep them safe from falling from bed had the protective bumpers on to help protect them from injury. Accidents and incidents were reviewed, and action taken as needed. The manager kept these under review to help identify any emerging trends or themes.
- People had their individual evacuation needs assessed for in the event of a fire or other emergency. Fire drills were undertaken and staff who attended signed to say they had taken part.
- Staff supported people to safely transfer by means of mechanical hoist. The transfers were not rushed, and staff talked with people throughout encouraging and checking they were comfortable.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person said, "I feel safe because the staff are so nice, the carers are all good. They answer call bells quickly and they come and tell me if they are with someone else and that they won't be long."
- Staff had received training about safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had to the management team. However, not all staff were aware that the local authority was the lead agency in all safeguarding matters.

### Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed. The environment was clean and tidy.
- People were protected from the risk of infections, staff received training and followed guidance.

### Using medicines safely

- People's medicines were administered, stored and recorded safely. Regular checks and audits were completed. Any actions from these audits were signed when completed.
- Staff administered medicines in a calm and discreet manner, explaining to people what the medicines were for and taking their time to make sure people received their medicines as prescribed.
- External health professionals raised a concern that people prescribed pain relief on an 'as needed' basis did not always receive this as needed. We shared this concern with the provider who immediately liaised with the health professionals to explore their concerns and to ensure people received pain relief as needed.

### Learning lessons when things go wrong

- Where an issue had arisen, or an event had taken place, the outcome was shared with staff at team meetings, supervisions and any actions needed explained.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- External professionals gave mixed views of the experience and skill mix of the staff. We were told that care staff were skilled and had the necessary attributes to be caring and kind to people. However, external health professionals said, "Even when there have been regular nursing staff (directly employed by the service), we do not feel that they have had either the experience or skill mix required to meet the needs of complex patients." Two nurses were directly employed to work at Snowdrop House at the time of this inspection, there was a heavy reliance on agency staff whilst recruiting permanent staff. The provider and manager reported that a successful recruitment campaign had resulted in two further nurses awaiting final recruitment checks before starting work imminently.
- Staff received an induction when starting at the service. Regular training, specific to their role, was delivered and refreshed when needed. Staff said they felt they had enough training but could ask for more if they felt they needed it. Staff told us that their competency was checked after receiving training.
- Staff received supervision and felt supported. Staff told us that they could meet with their line manager at any time.

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

- We received mixed feedback about the food. Some people praised the food, however some were not as satisfied. The manager had used various ways to explore people's satisfaction with the food including residents' meetings and conducting a food survey. A new chef had been recruited, this was their first day at the service. Some people who used the service had been involved with interviewing the new chef, which consisted of them sampling some food cooked for them.
- A person told us, "It's all edible and well-cooked but people our age were brought up on plain food. We've sorted out a lot recently in residents' meetings, for instance the sauces and gravy come in separate jugs now, not on the meals. If you don't like the choices offered, you can have something else." The manager advised the new chef planned to liaise with people about their specific requirements.
- People chose their meals at the point of service. People living with dementia were shown two plated options which meant they could make meaningful choices based on the look and smell of the food. Tables were laid nicely with cloths, napkins and condiments. People were given support in a kind and patient way if they needed help to eat. Staff chatted with people while they supported them.
- People's allergies, dietary needs and weight changes were shared with the kitchen staff so that appropriate foods could be made available. Staff recorded people's food and drink intake where they were assessed as being at risk of not eating or drinking enough.

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

- People, and their relatives where appropriate, were involved in planning care. A relative said, "The senior carer went through all the care when [person] arrived, I don't know how they do it, but everybody quickly knew all about [person] and their needs." A person told us, "Yes (I have a care plan). Once a month they come around and talk about it and make sure it's up to date."
- People's choices were reflected in the care plans and we saw staff giving people choices throughout the day. For example, for drinks, joining in with activities and the food options offered.

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

- Snowdrop House is a modern, purpose built and well equipped care home. It is spacious and light, with a range of facilities for people to use such as a hair salon, a coffee shop, comfortable lounges and a cinema room.
- People's bedrooms were personalised, and communal corridors were wide, appealing and welcoming. There was a pleasant garden area which staff told us was enjoyed by people when the weather was favourable.
- People were able to move freely around the home using hand rails and grab rails as needed.

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

- People were supported by various health and social care professionals. Staff supported people to attend appointments as needed.
- Changes in people's health status and needs were documented and staff were aware of these.

#### Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were encouraged to make their own choices and decisions. For people with reduced capacity or communication needs, staff provided support to ensure they made choices and decisions where possible.
- People had their capacity assessed in relation to important decisions about their care. Best interests decisions were recorded.
- DoLS applications were made appropriately to ensure people's rights were respected while promoting their safety.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People were treated with respect and kindness. Staff spoke with people in a courteous and dignified manner. One person said, "It's lovely living here, it's a lovely home. People are very friendly. They [staff] come in and tidy my room, they put things in the linen bag. Night staff come in and have a chat too, they know I'm a night owl. I go to bed late." A relative told us, "The home is absolutely outstanding. I can come in any time. The staff are all so happy, I would want to come here."
- Staff were attentive to people and the atmosphere in the home was calm and relaxing. We saw several examples throughout the inspection of positive interactions that showed staff knew people well.
- People and their relatives told us that their relationships were respected. Visitors were welcomed into the home. One relative told us, "I have not met one member of staff who is not kind and compassionate."
- People's life histories, religion or cultural beliefs, hobbies and interests were considered by the staff team. This was documented so that staff could speak with people about what was important to them.

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

- People were asked for their views about the care as part of their care plan review. Staff told us that care was person centred and delivered in accordance with people's wishes, choices and preferences.
- Staff constantly asked people for their choices and these were respected. For example, during the lunch service there was piped classical music into the dining room. People said they did not like the operatic singing, so staff quickly turned it off and put on a more popular CD.
- People and their relatives told us that they felt involved in planning their care and it was delivered how they wanted it to be. For example, some people wore jewellery and had their nails painted in accordance with their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and waited before entering rooms. Staff were mindful of people's dignity when supporting people.
- People who needed support by staff were dressed appropriately. People who needed assistance with continence products or using the toilet, received this support in a timely manner.
- People's private and confidential records were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

### End of life care and support

- The service provided end of life care. When people were nearing the end of their lives, care plans were used to guide staff when supporting people. We viewed two people's care plans relating to end of life care. One care plan stated that staff should look for signs of agitation, pain or distress and, "Any concerns to inform GP." There was no information about the actions needed by staff to keep the person comfortable and pain free. The second care plan we viewed did not give any information for staff to keep the person pain free and comfortable in their final hours.
- A shortage of permanently recruited nursing staff resulted in a high reliance on agency nurses. The agency confirmed that the nursing staff had received palliative care and syringe driver training. However, feedback from external health professionals involved with the care and support of people nearing end of life was not positive. The management team gave assurance that they had recruited nursing staff who were awaiting final checks before starting to work at the home and that palliative care training was prioritised.

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

- Peoples' care plans included key areas where support was needed however, lacked the finer detail to help staff provide consistent care. For example, care plans stated where people may need a bed bath or support with a shower but didn't describe how staff should approach this according to individual preferences. A care plan for a gentleman didn't indicate what support he needed with shaving.
- Staff recorded when personal care had been delivered. The electronic system gave alerts when a care need had not been recorded as being completed.
- People's relatives said they were happy with the care provided. A relative told us, "They even moved [person's] bed into the position it was at home, so they felt more at home. [Person] has been given five-star treatment, they are having a ball!"

### Improving care quality in response to complaints or concerns

- People told us they felt their complaints were not always responded to appropriately and they did not always receive feedback about what actions had been taken in response to the issues they raised. One person told us they had made a complaint about how staff supported them to transfer by means of mechanical hoist. They said, "I have complained about it but it's not changing. It's not deliberate but the end result is horrendous."
- Most people said they had never had to make a complaint, but if they did they would go to a staff member or to the management. A person said, "Once or twice (I've complained). We raise concerns at resident's meetings and they say they will look into it, but it doesn't seem to make any difference." We discussed this with the manager who advised they would explore alternative ways of providing people with feedback

about actions taken in response to their complaints.

- Complaints were monitored to help the management team address any emerging themes and trends.
- People's relatives spoke of meetings with management where they were able to raise anything that concerned them. We reviewed minutes from recent meetings, these gave feedback from the manager about actions to be taken.

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 told us that they enjoyed the activities provided. People told us that they had enough to do and were happy living at the service. One person told us, "Activities are very good. The activities lady is a very suitable character for the job. I tell them my interests and what I've done in the past."
- There were opportunities for people to go out. A person told us, "We have meetings in the lounge or a coffee morning and discuss what trips and activities we'd like. We come up with all sorts of ideas and they do listen and do them if possible."
- A health professional told us, "The activities in place for the residents is amazing, there is always something going on within the home which is so lovely to see." A relative of a person who used the service told us, "My [relative] always says they love it here, they join in all the activities, they often go out on the bus, they are never in their room, I would definitely recommend this home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider introduced induction loop amplifiers around the grounds of the home for those people who have hearing impairment to enhance sounds within the home for them.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, 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.

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

- The manager kept themselves informed of changes through contact with the provider and attending local meetings which included spending time with other service managers. They shared information and learning through the staff team on their walk rounds, during supervisions and handovers.
- The provider carried out monthly quality checks. Information from these checks and learning across the provider's locations was shared with the home's staff for any required actions to be taken.
- However, the audits undertaken of people's care plans had failed to identify the lack of person-centred detail to support staff to provide consistent care. The management team monitored complaints to identify any themes or trends. However, despite the management team's actions to address concerns or complaints people told us they felt they were not advised of actions taken to try and resolve their concerns.

Working in partnership with others

- The GP and hospice nurses said they had previously shared concerns with the previous deputy manager about the standard of care provided for those people nearing end of life. They said they were disappointed that this had not led to improvements in this area.
- The manager had ensured that other agencies were informed of any issues arising. The manager had links with various agencies which included the local authority and a local care providers association.
- There had been a recent monitoring visit from the local authority quality monitoring team who had rated Snowdrop House as 'Good'.

The provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- We received mixed feedback from people and staff about whether the manager was seen around the home regularly. People told us they were happy living at Snowdrop House but said the upheaval in management of the home meant they didn't know who was in charge or what the management ethos of the home was. However, the registered manager was able to show that they were present around the home daily and demonstrated a good knowledge of the people living at Snowdrop House.
- Relatives told us they were happy with the service provided at Snowdrop House. One relative said, "The manager is a rock, she cares about me as well, she asks me how I am, she always has time for me." However, one relative said, "I have absolutely no idea who the manager is." The manager said they were disappointed with this feedback as they had written to people and their relatives when they started to work at the home.

The provider had created a leaflet, "Meet the new manager" which was available on reception.

- There were daily handovers detailing updates or changes to people's needs in some cases, and meetings with staff discussed all relevant information.

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

- People had meetings regularly to discuss the service and anything they wanted to change or plan for the future. People told us they used this forum to bring up issues that concerned them, such as the food provision. They said that they mentioned this every meeting, but no-one took any notice. However, the manager reported that people's feedback had driven forward the recruitment of the new chef and that people had been involved in interviewing the new chef as a direct result of their previous negative feedback.
- The manager used various ways of encouraging feedback from people. For example, the ground floor dining room had a "Feedback Box" on the table but there were no pens or paper handy for people to give their feedback.