

Somerforde Limited

Somerforde Limited

Inspection report

2-3 Forde Park
Newton Abbot
Devon
TQ12 1DE

Tel: 01626361786

Date of inspection visit:
26 March 2019

Date of publication:
16 May 2019

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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:

Somerforde Limited is a residential care home that provides personal and nursing care to 22 people aged 65 and over. The service is in a large house, set in its own grounds, over three floors. It is in the Devon town of Newton Abbott and overlooks a mature park.

People's experience of using this service:

- At our last inspection Somerforde Limited was rated requires improvement and we found two breaches of regulation relating to safe care and treatment and good governance. At this inspection we found improvements had been made and the service was no longer in breach of regulations.
- Overall medicines were managed safely, however some further improvements were required to improve recording. These issues were addressed during the inspection and after the inspection we were sent information to show how the changes had been embedded within staff practice. and after the inspection we were sent information to show the service had resolved them.
- People were supported by caring staff that enjoyed coming to work in the service and knew people well.
- Care plans were person centred and captured preferences and people's histories. Staff tailored their support to how people liked it.
- People told us they felt safe and happy in the service. Relatives said they were happy their family members were living there.
- Staff were aware of how to report any safeguarding concerns and had become more confident in identifying deteriorating health, and referring onwards to health care professionals
- The environment had undergone improvements with the whole service being refurbished. Environmental checks were undertaken regularly. We identified that window restrictors did not meet best practise guidance so the provider addressed this on the day of inspection.
- People were asked for consent before care was provided. People were offered choice and control over their day.
- Staff were supported through supervision and training and the provider and registered manager now had a robust quality assurance system.

We have recommended that the service review how they manage medicines in line with NICE guidelines.

Rating at last inspection: The rating at the last inspection was requires improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will monitor the service on an ongoing basis and re-inspect according to our schedule. We may inspect sooner if we receive information of concern.

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 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 ●

Somerforde Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors and one 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:

Somerforde Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we looked at notifications we had received about the service, these tell us about significant events in the service such as an injury or allegation of abuse. We spoke with healthcare professionals who had worked with the service and referred to the last inspection report.

The service had completed a PIR or provider information return, this is an opportunity for the service to tell us what they are doing well and how they plan to address identified areas for improvement.

During the inspection we spoke with five people and nine staff members, including the registered manager, cook, care staff, and the provider.

We received feedback from four health professionals and three relatives. During the inspection we and spent time in communal lounges and the dining room. We completed a short observational framework for inspection (SOFI) during the lunchtime meal. This method of observation enables us to gain more of an insight into the experiences of those people who may not be able to verbalise their care experience to us. We looked at care records for five people, records for accidents, incidents and complaints, service policies and procedures and six staff files. We looked at training records for staff and how the service measures the quality of service provision including gathering feedback from people and relatives.

After the inspection we were sent some further records which we requested from the service, these were sent over promptly.

Is the service safe?

Our findings

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

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.

At our last inspection on 16 and 17 January 2018 we found concerns relating to safe care and treatment, specifically relating to the management of risks and medicines. This resulted in a breach of regulation. At this inspection we found the service had significantly improved enough so there was no longer a breach in this regulation. However, we identified that some improvements were still required.

Using medicines safely:

- We checked people's medicines and their medicine administration records (MARs) to see if staff were administering people's medicines correctly and in accordance with best practice guidance.
- We observed staff administering medicines in a safe way ensuring that people took their medicines as prescribed, offering support when needed. Staff signed MARs once people had taken their medicines. However, we saw that staff had used an unrecognised code to indicate when a medicine had not been given. We brought this to the attention of the registered manager who acted immediately to resolve the issue.
- Protocols were not in place to instruct staff when to give as required medicines. This posed a risk to people in the event of new or unfamiliar staff providing incorrect care. Following the inspection, the provider told us new guidelines had been implemented.
- Senior staff were trained to administer medicines and they had their ongoing competency checked to ensure their understanding of processes and procedures. Staff knew what to do if medicines errors occurred, and how these should be investigated and learned from.
- The provider acted to ensure staff followed safe protocols for the receipt, administration and disposal of medicines.
- Medicines were stored safely. However, daily room temperature checks were not always being recorded. We spoke to the deputy manager about this and they immediately introduced management spot checks to ensure these were being recorded as they should.

We recommend the provider reviews their medicines management processes and follow best practice guidance in the administration of medicines with reference to the NICE guidelines.

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

- Safeguarding concerns had been reported, investigated robustly and in a timely manner. This demonstrated the provider acted appropriately to keep people safe.
- Staff had received training in safeguarding adults and could tell us the signs of abuse. Staff said they were confident the registered manager would act if they raised any concerns.
- Staff understood whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind.

Assessing risk, safety monitoring and management:

- Relatives and healthcare professionals all told us people were provided with care and support in a safe way. One person said, "I feel safe when they help me."
- For people who faced specific risks such as diabetes or skin damage, these risks were assessed. There were clear actions and instructions in place for staff to mitigate these risks.
- Staff knew the risks that people faced and could tell us how they supported people with them.
- Pressure relieving equipment was at the correct setting and mattresses were regularly checked to ensure they were optimised for pressure support.
- Environmental checks were completed regularly. However, we identified some issues that we fed back to the registered manager and provider and by the end of the inspection they had been resolved and risk assessed. These were two uncovered hot surfaces, and window restrictors being installed but installation not meeting best practise guidance.

Staffing and recruitment:

- The provider had appropriate recruitment processes in place to ensure suitable staff were recruited to safely to be able to work with vulnerable people. All relevant information about applicants had been obtained and the necessary safety checks completed.
- There were enough staff to meet people's needs. Staff were visible in communal areas of the service during the inspection.

Preventing and controlling infection:

- People were protected against the risks of infection. Regular environmental checks had been undertaken including cleaning schedules.
- Staff had completed training in infection control and food hygiene.
- Staff were provided with protective equipment such as gloves, aprons and antibacterial hand gel.

Learning lessons when things go wrong:

- The registered manager could provide us with examples of where the service had learned from incidents or safeguarding concerns.
- Learning from safeguarding concerns was shared with the wider team where appropriate and staff were supported to learn from mistakes.
- Falls and accidents and incidents were analysed for trends so future incidents could be prevented from reoccurrence.

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.

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:

- Best practise guidance was shared with the staff by the registered manager.
- People's needs were assessed before entering the service and those needs communicated to staff.
- Spot checks were completed by the management team to check staff were providing care using best practise guidance.
- The service had an electronic system that had people's needs entered in it so that staff had reminders of how much fluid people needed and could be offered care at the time they preferred. This enabled information from people's initial assessments to be reflected in the actual care provision.

Staff support: induction, training, skills and experience:

- New staff were given an induction and shadowed more experienced staff, so they got to know people before working alone with them.
- Staff received supervision and an annual appraisal to enable them to review their practice and consider any training needs. The management team also conducted observations of staffs' practice to check staff competence, which was linked with the supervision and appraisal process.
- Staff were provided with training that enabled them to provide care that met people's needs.

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

- The food looked and smelled appetising and people told us they enjoyed it. There was a range of food on offer. During the lunchtime meal we saw four different options being served. One person said, "There is a variety for lunch, it's nice."
- Peoples preferences were met and respected by the service. One person preferred raw meat and fish so the service bought in cured meats for them to eat.
- Warm and cold drinks were offered regularly and as it was a warm day on the day of the inspection staff decided to make up milkshakes to offer to people as an alternative to squash, juice, water, tea and coffee.
- Some people needed specific support with eating and drinking, these needs were met. For example, people prescribed thickeners had their fluids thickened in line with professional advice.

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

- There had been investment in the décor and since our last inspection the whole service had been repainted and had new furnishings and flooring.
- The service had a lift and stairlift for those people with limited mobility to access the upper floors. There was a plan to renovate a mezzanine floor so that it could also be accessible via a stairlift.

Supporting people to live healthier lives, access healthcare services and support:

- Referrals for healthcare services were made in a timely way.
- Health care professionals we spoke with said they had seen an improvement in the management of people's health needs in the last 12 months. Feedback suggested health professionals were now confident that staff could identify and act appropriately when someone became unwell.

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 with appropriate legal authority. 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 and found that it was.

- The registered manager and staff understood the principles of the MCA.
- We observed staff asking for consent before starting care tasks.
- Consent documentation was in place and signed by people where appropriate, for example some people had signed consent to care documents. Mental capacity assessments had been completed, best interest decisions were recorded and DoLS applications had been made appropriately.

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.

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 told us they were happy living at Somerforde, they said "Care is very good I'm looked after", "There are some damn good carers", and "Everybody is really friendly."
- Relatives told us their family members were well treated. However, we received some feedback to suggest that staff could improve the experience of visitors by offering a cup of tea and making sure there was a space for them to meet with the person they were visiting.
- People were supported by staff who were kind and caring and spoke of the people they supported as if they were family.
- The service communicated with family to keep them updated on people's changing needs and encouraged people to stay connected to their families. One person was supported to use video technology to see and talk to their family.

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

- People were encouraged to give feedback at regular residents meeting and relatives were encouraged to attend. One relative told us "They are listened to so that's good," and gave an example of where a menu change had been introduced as the result of people expressing their views.
- People were offered choices in what they ate, what they wore and what they did. We heard staff asking people what they wanted to do or giving them a range of choices, they could choose from.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected that people were in control and gave us an example of one person who liked to walk around to maintain their independence but were at risk of falls. Staff enabled this person to walk whilst mitigating the risk so they still had an element of independence in their movement.
- One person told us "We share my personal care" and went on to explain that they did as much as they could and staff were there to support with the areas they could no longer reach to wash.
- Staff knocked on people's doors before entering and described how they would cover people's bodies up during personal care to preserve their dignity.
- Files containing personal information were stored in a lockable office.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were person centred. They contained details of what people did before they moved to the service and how they liked to spend their time.
- Care documents contained clear instruction on how staff could support people in line with their preferences such as, food likes and dislikes, topics for conversation and the how people liked their personal care delivered.
- There was a range of activities. Some people chose to take part in these, whilst others preferred to go for walks, go to social clubs or see friends. The service had recently employed a social care worker whose role was to socialise and talk with people, whilst identifying those people who might be lonely or at risk of falls and spend time dedicated with them.
- One person walked to the park opposite the service every day and sat on a bench. Staff took them a coffee so they could enjoy their drink in the fresh air.
- People told us they were happy with the level of activity in the service, they said, "I do not feel lonely or isolated" and "We have some really good times, I've made friends here." We also received feedback that people would benefit from more trips out of the service and people were looking forward to the warmer weather when they could get out more.
- People could access information in an accessible format if they needed it.

Improving care quality in response to complaints or concerns:

- A complaints procedure was in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed within the service.
- People and relatives said they knew how to complain and would feel comfortable approaching the registered manager or a senior staff member to complain.

End of life care and support:

- Most people's end of life wishes had been discussed with them and recorded in care plans.
- Staff told us they would feel more confident with further in-depth training in end of life care.

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.

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

At our last inspection on 16 and 17 January 2019 we had concerns that quality assurance systems were not sufficiently robust to assess, monitor and improve the quality and safety of the care provided. At this inspection we found sufficient improvements had been made so that the service was no longer in breach of regulation in this area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The focus of the service was on providing high quality care for people. Staff actions reflected the values the registered manager spoke of. An understanding of person-centred care was evident in the interactions we observed and care documents we looked at.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their responsibilities of the Duty of Candour. A legal requirement to be open and honest when things wrong.

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

- There was a clear management structure in the service, and staff had defined roles and areas of responsibility.
- Notifications were made to us as expected in line with requirements.
- There was now a robust quality assurance system which had been set up by the registered manager. Weekly performance targets were set for senior staff members which they reported back to the registered manager. Communication regarding safeguarding outcomes and learning from falls was shared with all the team appropriately.
- Quality checks were completed on key areas of the service such as medicines, care plans, health monitoring and infection control. The registered manager told us they were aware that there were improvements to be made in medicines management and there was a plan to embed better practise.
- The provider said they were taking a bigger role in quality assurance and had invested heavily in electronic care planning and refurbishment of the whole home. The provider said, "There is so much potential here, we want people to have the best lives possible."

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

- People and relatives were involved in the service through feedback questionnaires and regular meetings. One person said, "The management are lovely people."
- People were considered as equals and asked their opinions no matter how advanced their ill health or

dementia.

- The registered manager promoted an equality agenda within the service.
- Staff felt supported by the provider and management team.

Continuous learning and improving care:

- The service had made clear improvements since our last inspection and was no longer in breach of regulations. Health professionals fed back to us they had seen an improvement in the standard of care and now felt more confident in the service.
- The registered manager researched best practise in care and maintained links with local agencies and services to stay up to date on care management.

Working in partnership with others:

- The service worked in partnership with district nurses, GP's, dentists, opticians and podiatrists to support people to achieve positive outcomes.