

Mr M E & Mr P R Butterfield

Sotwell Hill House

Inspection report

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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

Sotwell Hill House is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 36 people in one adapted building.

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

Whilst some risks were managed well, we found the management of falls could be improved. Where people had had falls, their risk assessments were not always reviewed, and the falls care plans lacked detail about how staff should minimise the risk of falls.

We found the provider's processes around legionella risk assessments and management could be improved. The provider had a part system to manage legionella. However, they did not have a risk assessment or management plan to measure against this risk. Therefore, they had no way to measure how far the system they had reduced or managed legionella risk. We have made a recommendation about management of legionella.

People's care plans contained conflicting information which could put them at further risk.

Incidents and accidents were recorded; however, trends and patterns were not always identified which meant there was no learning that followed to minimise any further risks.

We found staff deployment could be improved to ensure safe evacuation at night. The staffing levels did not take into account the layout of the building in addition to people's needs. The registered manager and deputy manager often worked on the floor to cover for unplanned absences.

The provider's quality assurance processes were not always effective. We found the audits completed had not identified any of the concerns we found. There was a lack of effective monitoring and systems in place to monitor the safety and quality of care

People living at Sotwell Hill House told us they felt safe receiving care from compassionate staff who new them well. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

Sotwell Hill House was a family run home which was well-led by a long-standing registered manager and provider who had support from an established team of staff. The service had a clear and stable management and staffing structure in place and staff worked well as a team. We received overwhelmingly positive feedback from relatives regarding the way the home was run and how they had adapted during the

Covid 19 pandemic to maintain a caring environment.

Rating at last inspection

The last rating for this service was good (Published 1 August 2019)

Why we inspected

The inspection was prompted in part by a notification of a significant incident, following which a person using the service died. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident.

The information shared with CQC about the incident indicated potential concerns about the management of risks in relation to accidents and incidents. This inspection examined those risks and reported on the findings in the safe and well led domains.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

Enforcement

We have identified one breach in relation to lack of good governance. 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

You can see what action we have asked the provider to take at the end of this full report.

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 changed from good to requires improvement based on the findings of this inspection.

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

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 work alongside the provider 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 ●

Sotwell Hill 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.

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

The inspection team consisted of two inspectors.

Service and service type

Sotwell Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 reviewed information we had received about the service. 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. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about

important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We looked at the service's last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We looked around the home and observed the way staff interacted with people. We looked at five people's care records and four medicine administration records (MAR). We spoke with 10 members of staff including the registered manager, deputy manager, care staff and domestic staff. We looked at four staff recruitment and training records. We reviewed the provider's quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from 11 relatives about their experience of the care provided. We requested and received feedback from one healthcare professional.

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 requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risk assessments in areas such as their mobility, nutrition and pressure development were identified, and risk management plans were in place. However, we found these were not always reviewed following falls and some care records had conflicting information. For example, one person had fallen several times in the past. After the last fall, the care plan for mobility had not been updated following the fall. Their falls assessment dated October 2021 was inaccurate stating no falls in the past 12 months. There were contradictory statements, that lacked clarity in the care plan such as 'uses stairs, is able to use stairs unaided', 'when moving person, person may require some guidance from care staff. She may attempt to move without assistance, when assistance is required' and 'person has no known falls in the last 12 months'.
- Another person had an unwitnessed fall in their room. An accident form had been fully completed and had been reviewed by the deputy manager. The falls risk assessment and mobility care plans had not been updated following the fall and stated 'No known history of falls'. This was despite the person having had several falls in the past.
- Another person's record indicated they were high risk of falls and had had several unwitnessed falls. The risk management details form only listed the previous falls but there was no risk management strategy recorded. There were no records of any reviews of risk assessments and management plans following the falls. This person also had a sensor alert mat in place; however, this was not recorded in their care plan.
- The provider had a system to record accidents and incidents which showed no trends had been identified. However, we viewed the accidents log and saw there were clear trends showing most people fell during the night shift and majority of the falls were unwitnessed.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate risks in relation to falls were identified and mitigated. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to staff and they knew people well and they were able to demonstrate how they supported people with safe mobility. We were assured staff supported people safely.
- The provider's approach to assessing and managing environmental related risks was partial. They had a system that was designed to minimise legionella risk. However, they did not have additional control methods in place such as periodic water sample analysis in line with the health and safety executive (HSE)

code of practice for legionella prevention and control. Whilst the provider had a system to manage risks related to legionella, they did not have a risk assessment to assess if that risk was managed well. The provider did not have any additional controls in line with the code of practice for legionella prevention and control to ensure the risk was well managed.

We recommend the provider consider current guidance on managing legionella and take action to update their practice accordingly.

- The provider's environment and systems in relation to fire could be improved. The fire risk assessment and evacuation plan did not take into account the staffing levels at night and the layout of the building. A recent fire inspection had cited areas of improvement which the provider was addressing.

Staffing and recruitment

- On the day of the inspection we saw people were attended to in a timely manner and staff were busy but not rushed. Records showed planned staffing levels were often met. The registered manager told us they were using some agency staff due to slow recruitment which was ongoing. Records also showed the registered manager and deputy manager often worked on the floor. However, staffing levels at night could be improved to ensure safety. This was in view of possible night-time evacuation as well as records of accidents and incidents which showed the majority of falls occurred unwitnessed during the night shift.
- We also found staffing rotas showed there were two staff who both worked part-time covering the cleaning schedules for the whole home. One member of staff told us, "We are short staffed. Currently there are two staff and they work part time. Hardly managing, and I feel we need more staff." The registered manager told us they were recruiting but it was very difficult to find the right people. The provider had introduced recruitment strategies such as increase in pay to attract a wider community.
- We received mixed feedback from people regarding staffing levels. Some people told us, "They could do with more staff especially in the morning" and "Staff look rushed and it would be nice if they had time for chat, not a long one." Other people said, "There is enough staff I think, and I never wait long if I need help" and "Staff are caring, and they are available when I need them." Relatives told us they had never had any reason to think there were not enough staff.
- Staff told us they managed but there were times when they could do with more staff. Comments included, "We could do with more staff but we all chip in a lot", "We have enough staff during the day. There are two staff at night and if we have an emergency, we call the manager" and "We are short staffed at times, but the manager and the deputy help out and we also get agency."
- We discussed the staffing concerns with the registered manager and provider and they were going to try some different staff deployment strategies targeting busy periods to ensure people's safety.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. People told us, "I love living here and feel very safe. There is always someone around" and "I feel safe, I am free to do what I want."
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "If I notice any type of abuse, I'll report to the manager or the safeguarding team or the Care Quality Commission."
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to

help resolve the issues.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One healthcare professional told us, "I have experienced Sotwell Hill House's adherence to the infection control surrounding the Covid19 pandemic, with an alternative entrance/exit to the building, which included hand washing and changing facilities, as well as temperature taking and mask provision."
- 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.
- 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.
- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

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 good. At this inspection the rating has changed to 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.

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

- The provider's quality assurance systems were not always effective and not used to drive improvement. The concerns we found around risk assessments had not been identified by the provider's own quality assurance systems. Where accidents and incidents forms were completed, staff had checked 'risk assessments not reviewed' on several occasions and this was not in line with the provider's policy. The provider's audit systems had not identified these shortfalls.
- We looked at the last three care plan audits and noted there were no shortfalls identified. However, we found conflicting information in people's records. This showed the provider's quality assurance systems were not picking up these issues and was not used to drive improvement.

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

- The registered manager told us they recognised the auditing of records fell behind as she often worked on the floor. As such they had just appointed a second deputy manager who would be a key part of the management structure and ensure quality assurance processes were up to date.

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

- We were met by a welcoming provider, registered manager and team. They had clearly been shaken up by the incident which prompted this inspection. They understood the need for the inspection to ensure other people were safe. They had reacted by upgrading some of their systems such as the alarm system and external security sensor cameras.
- People were complimentary of the way the home was managed and said, "The manager [Name] comes around and she is doing a good job managing the place" and "[Registered Manager] is a really good manager. She runs this place perfectly. She is always busy and on the go."
- We received overwhelming feedback from relatives regarding the management of the home. They told us, "[Registered Manager] leads by example and we have seen her completing work that needs to be done. I feel she goes above and beyond and this is what we appreciate about the home, it is family run and staff make sure work is completed", "Sotwell Hill House, as far as we are aware, is well managed. Many staff have been working for the home for many years. This suggests good management, working conditions and loyalty" and "We do think Sotwell is well managed. [Registered Manager] and [Provider] appear to have a 'gentle touch',

which we like, and at the same time they have a quiet authority over the staff and are frequently present on the ground supervising or getting involved hands-on as necessary. It is wonderful to have a family run business home which actually feels like a real 'home' rather than a detached and impersonal institution."

- Staff were complimentary of the support they received from the management team. Staff said, "Manager is very understanding and approachable. Both manager and deputy are hands on", "Manager is understanding, fair and very supportive" and "She is gentle, and she listens. She is strict but fair."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and care reviews. The information gathered was used to improve people's care. The provider had just completed a survey which was being analysed.
- Staff morale was good, and they told us that they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "I love working here, I have been here for 15 years and there is a good reason why. The management asks and values our opinion. We only want to make sure residents get the best care."

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- Where changes had been suggested by healthcare professionals, these had been introduced and resulted in improvements in people's care. One healthcare professional told us, "I have always found the manager to be very communicative, friendly and supportive during my visits to both myself and the resident concerned."
- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such to support care provision, service development and joined-up care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems were not robust enough to demonstrate risks in relation to falls were identified and mitigated.</p> <p>The provider's quality assurance systems were not always effective and not used to drive improvement.</p>