

Altogether Care LLP

# Yeovil - Sherborne House Care Home

## Inspection report

131 Sherborne Road  
Yeovil  
Somerset  
BA21 4HF

Tel: 01935423210  
Website: [www.altogethercare.co.uk](http://www.altogethercare.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Yeovil – Sherborne House Care Home is registered to provide nursing care and accommodation for 37 people. The home specialises in the care of older people living with dementia.

The home has been extended since the last inspection which has increased the number of beds available from 29 to 37. At the time of this inspection there were 23 people living at the home and no one had moved into the new extension.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People were cared for by adequate numbers of staff to meet their needs and maintain their safety. People looked very comfortable and relaxed with the staff who cared for them. People received their medicines safely from registered nurses. A visitor told us, "They are in safe hands."

People received effective care and support from staff who had the skills and knowledge to meet their specialist needs. Food and drinks served to people were well presented and appeared appetising. One person said, "Food is very good." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring towards the people who lived at the home. One person said, "Staff are kind and happy." Another person commented, "Staff are always kind. They look after you." People or their representatives were involved in decisions about their care and support including the care they wished to receive at the end of their life.

The service was responsive to people's needs and they were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

The home was well led by a registered manager who had an excellent knowledge of people using the service and staff. Staff morale was good which created a happy environment for people. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Yeovil - Sherborne House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 9 May 2017 and was unannounced. It was a comprehensive inspection carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in May 2015 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 12 people who lived at the home and nine visiting friends or relatives. We also spoke with six members of staff. The registered manager and the provider's operations manager were available throughout the inspection.

A number of people who lived at the home were unable to verbally share their experiences with us due to their dementia. We therefore observed care practices in communal areas and looked at a number of records relating to individual care and the running of the home. Records seen included three care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The home continued to provide safe care to people.

A number of people were unable to fully share their views with us because of their dementia. We observed that people were extremely comfortable and relaxed with the staff who supported them. People sought out staff and used physical contact such as holding staffs hands and putting their arms around some members of staff. People who were able to, said they felt safe. One person said, "Although I don't want to be here. I feel safe and well looked after." A visitor told us, "They are in safe hands."

The risks of abuse to people were minimised because all new staff were thoroughly checked before they began work to make sure they were safe to work with vulnerable people. Staff also received training in how to recognise and report any suspicions of abuse. Minutes of staff meetings showed staff discussed safeguarding people and how to raise concerns. Staff were clear about how to report any concerns and told us they were confident action would be taken if an allegation was made. Where concerns had been raised with the registered manager they had taken action to investigate allegations and ensure people using the service remained safe.

There were adequate numbers of staff employed to make sure people were kept safe and had their social and physical needs met in a timely manner. Staff were able to assist people with their physical needs and spend time socialising with people. When people required support this was provided. One person told us, "If I press the bell they are here in a sec."

Risks to people's safety were assessed and action was taken to make sure people were cared for safely. At the time of the inspection the home was being refurbished and new flooring was being laid in the main hallway and corridors. In order to maintain people's safety during this time the risks to people had been assessed and resulted in some people spending the day in their rooms rather than in communal areas. To minimise the risks of social isolation during the day additional monitoring had been put in place for people in their rooms. Care staff visited people at least hourly through the day and spent time chatting. The activity person also spent time with each person in their room instead of carrying out group activities.

Other risks relating to people's individual care were also assessed and action was taken to minimise the risks to people. For example one person was assessed as being at risk of choking and the staff were following recommendations made by a speech and language therapist to make sure this risk was minimised.

People received their medicines safely from registered nurses. There were systems to audit medication practices and clear records were kept to show when medicines had been administered or refused. The home had also been audited by the dispensing pharmacy to further make sure practice was safe for the people using the service. The pharmacist's audit showed the staff looked after people's medicines in accordance with up to date good practice guidelines.

Some people received their medicines covertly (without their knowledge.) Where this was happening there was evidence that this had been fully discussed with relevant professionals and personal representatives. A trial had recently been carried out to ensure that people who received their medicines covertly still required them to be administered this way. This helped to make sure that people only received medicines covertly when it was deemed necessary and in their best interests.

## Is the service effective?

### Our findings

The home continued to provide an effective service to people.

People had their healthcare needs monitored by registered nurses who were available in the home 24 hours a day. Care staff made sure any concerns about a person were quickly passed on to a registered nurse. For example one person complained about feeling unwell and a member of staff immediately spoke with the registered nurse who went to see the person who was unwell. A visitor told us they had no concerns about how their relative's health needs were met. They said, "If they need the doctor or dentist or anything like that they arrange it all."

Registered nurses monitored people's weight and sought advice where they identified concerns. Some people had been identified as losing weight so closer monitoring had been put in place and referrals were made to specialists. One person had been prescribed food supplement to increase their nutritional intake and we saw staff assisting the person with this. Records showed the person's weight had begun to stabilise showing the effectiveness of the supplement.

People received food and fluids which met their individual needs and took account of their preferences. A number of people required their food and drink to be served at a specific consistency to minimise the risks of choking. A lunch time we saw the kitchen staff had prepared pureed meals which were well presented and colourful, which made them appear appetising. One person told us, "The food is very good." Another person said, "Food is alright now. I don't like spicy food and they gave it to me in the past but I have sorted it out now."

People were offered choices of meal and staff respected people's preferences. At lunchtime one person changed their mind three times and each time staff presented the person with their chosen meal showing great patience and understanding. Where people needed physical assistance to eat this was provided in a dignified manner. Staff sat down and chatted whilst helping the person which made it a pleasant sociable situation for people.

People were supported by staff who received on-going training to ensure they understood and were able to respond to people's needs. The provider told us in their Provider Information Return that all new staff had induction training which included completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. In addition to completing training new staff were also able to shadow more experienced staff which enabled them to get to know people living at the home and how they liked to be cared for. One member of staff said, "There's lots of training. It's a way to make sure we all do things the right way." Another member of staff told us about training they had recently attended which they said had been really useful. They told us "I know how to do things properly now and to make sure people are kept safe."

Some people were unable to make decisions for themselves because of their dementia. Staff had received

training about the Mental Capacity Act 2005 (MCA) and knew how to support people when they were unable to make a decision. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records showed people had had their ability to make certain decisions assessed and where they lacked the ability to make a decision, appropriate people had been involved in making a best interest decision.

Staff understood the need to support people to help them to make decisions for themselves. One member of staff said, "Just because someone can't actually tell you their decision in words it doesn't mean they can't show you in other ways. Some people may take you and show you what they want." Another member of staff said, "It's about really knowing people. [Person's name] is always more responsive in the afternoons so that's when it would be best for them to make their choices about things." This showed staff assisted people to make choices for themselves which is in accordance with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals to ensure people who required this level of protection to keep them safe had their needs assessed by the appropriate authority.



# Is the service caring?

## Our findings

The home continued to provide a caring service to people.

People told us staff were kind and caring and we saw many examples of this throughout the day. One person said, "Staff are kind and happy." Another person commented, "Staff are always kind. They look after you." A visiting relative said, "They are all kind, everyone is helpful and there is always someone around."

Staff showed patience and understanding when supporting or socialising with people. This created a calm and relaxed atmosphere. When people communicated with staff the staff member listened and took time to understand what the person was saying even when this was not immediately clear. Staff made sure they supported people at their own pace to maintain their independence where possible. For example, one person used a walking frame and staff walked slowly with them offering reassurance but allowing them to move at their own pace.

There were warm and caring relationships between people and staff. One person cuddled a member of staff when they sat down with them. On another occasion a member of staff gently woke a person up. When the person woke and saw the staff member their face lit up with a smile showing how happy they were. Throughout the day we heard laughter and good humoured banter showing people were happy and content in their surroundings. One person said "I'm happy. Everyone is happy and they smile."

We heard examples of how staff often went over and above their job roles which demonstrated their caring nature. Staff helped people to celebrate special occasions such as birthdays and wedding anniversaries. This helped people to feel special even when they were no longer able to organise events for themselves.

People or their representatives were involved in decisions about their care. One visitor said, "We are always invited to reviews but if anything happens or changes [registered manager's name] is straight on the phone. We are completely involved." Where people were able, they had signed their care plans to show they had been discussed with them.

People were treated with dignity and their privacy was respected. The home had a number of dignity champions and one thing that had been introduced since the last inspection were cards that were put on bedroom doors when staff were assisting them with personal care. This meant that other people did not disturb them and promoted their dignity.

Care plans showed people had been consulted about the care they would like at the end of life and their wishes were recorded to make sure they received care in accordance with their preferences. Where people had died at the home staff attended funerals to show their respect to the person and their families. One thank you card we read said, "Thank you for giving them the best care possible."

## Is the service responsive?

### Our findings

The home continued to provide responsive care to people.

People were encouraged to make choices about their day to day lives and staff knew people and their preferred routines well. People were able to choose what time they got up, when they went to bed and how they spent their day. We heard that one person liked to get up very early and then return to bed later in the day and we saw they had done this on the day of the inspection. One visitor told us, "They just seem to go with the flow." One person sat in a quiet part of the home and told us, "I'm happy in this little spot." Another person said, "I can choose to watch TV if I want to."

Each person had a care plan which was individual to them and showed how staff would meet their needs. These plans of care were comprehensive and gave staff the information they required to meet people's needs. For example one person had a specific need around a long term health condition. The care plan clearly set out the care and monitoring the person needed. It also included information to help staff to recognise if the person was becoming unwell and outlined the immediate actions they needed to take. This ensured staff responded appropriately and consistently to people's needs.

Where people's needs changed staff responded to the changes. For example staff had established that one person often felt more comfortable and relaxed in bed. They had consulted with the person's doctor to make sure they had appropriate pain relief and staff were caring for them in bed. They were warm and comfortable and records showed that staff regularly assisted them to change position to minimise the risk of pressure damage to their skin and maintain their comfort.

Care plans contained life histories which gave staff information about people's lifestyle choices and the things and people that were important to them. There was a short profile about each person and their life history on their bedroom door and on the front of the care plan. This acted as a quick reminder about people's likes and dislikes and ensured care and support was provided in accordance with these. One member of staff said, "It just reminds you about the amazing lives people have lived."

People were helped to maintain relationships with friends and family. Visitors told us they were always made welcome and able to share meals with friends and family if they wished to. Staff always greeted visitors and offered refreshments. Staff and people living at the home took part in a number of charity events raising money for others. We saw pictures of numerous events, some of which had been featured in local newspapers. Visitors told us they were invited to, and involved in, events in the home. One visitor said, "If they are having a funny hat day they tell me so I can wear a funny hat too." This all helped to keep people connected to their community and their friends and family.

There was a dedicated activity worker but all staff shared the responsibility for making sure people were occupied and received social stimulation. There were organised activities each day but the activity worker told us they did not stick rigidly to a programme but responded to people's interests and abilities on a daily basis. This helped to make sure everyone received support to take part in things that interested them.

On the day of the inspection the activity worker visited people in their rooms with a memory box. A memory box is a collection of objects designed to help people remember and talk about their memories. The activity worker chatted and reminisced with people about items in the box. Care staff spent time with other people. One member of staff was singing with a couple in the lounge and another was reading the bible to a person who told us they found comfort in it. Throughout the day staff sat with people chatting and laughing together and people were happy and animated.

People who were able, and visitors, said they would complain if they were not happy with any aspect of the care they or their relative received. One visitor said, "I would make a complaint if I needed to. I know [registered manager's name] would respond." One person said, "If they don't show respect I will tell them but I've had no troubles."

Where complaints had been made the registered manager had fully investigated people's concerns and made changes where necessary to improve the service people received.

# Is the service well-led?

## Our findings

The home continued to be well led.

There was a registered manager in post who was appropriately qualified and experienced to manage the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had managed the service for a number of years and had an excellent knowledge of the people who used the service and the staff. People told us the registered manager and head of care were very approachable and they could always speak with them if they needed advice or support.

The registered manager's attitude created a warm and welcoming atmosphere throughout the home. There was a stable staff team and morale was good which all helped to create a friendly, happy environment for people. One visitor told us, "I think it is excellent here. The staff are always so friendly and caring towards the residents and to us." One regular visitor had been nominated by staff, and won, The Somerset Care Award for 'Unsung Hero' which showed how families were cared about as well as people who lived at the home. One member of staff said, "It's like a big family and we were so proud when he won. He is so much part of Sherborne House."

People lived in a home where the registered manager was very visible and constantly monitored the quality of the service to make sure high standards of care were provided. There were various audits to monitor and improve the quality of care and the environment. From audits, action plans were put in place to make sure action was taken to address any shortfalls. The actions taken were monitored by the provider's operations manager. This made sure that actions were carried out in a timely manner. For example when audits had highlighted that equipment required servicing to make sure it was safe to use this was arranged and checked by the operations manager.

The registered manager and provider sought people views to make sure they were happy with the service and to enable people to make suggestions about the home. Where appropriate the registered manager acted on suggestions and feedback. For example there had been a concern that people and visitors did not always know the job roles of staff. In response to this name badges with staffs job roles had been issued and were being worn. Another suggestion had been the removal of a large tree at the front of the house and this had been done.

Due to the building of the home's extension the garden had been destroyed and resembled a building site. It was not accessible to people and provided a depressing view for people in the home. Work had begun on the day of the inspection to clear the garden and we shared our concerns about the lack of accessible outside space with the provider. The provider told us the redevelopment of the garden was a priority and would be completed as a matter of urgency.

The provider took action to make sure the home met the required standards and was operated in accordance with current legislation. There were policies and procedures which gave staff the information they required to provide care and support in accordance with current best practice guidelines.