

Potensial Limited Somerville

Inspection report

4 Somerville
Poulton Road
Wallasey
Merseyside
CH44 9ED

Tel: 01516398522
Website: www.potens-uk.com






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 04 December 2017 and was unannounced. This was the first inspection of the home since it was registered in September 2016. It was carried out by an Adult Social Care (ASC) inspector.

Somerville 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.

Somerville is registered to provide support for up to seven people who require support with their mental health. At the time of our inspection seven people were living there, six of whom had lived together for many years.

The house is a large adapted domestic style dwelling situated in a busy area of Wallasey near to local amenities and transport. All of the bedrooms had en-suite bath or shower rooms.

The service has a registered manager. 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 people we spoke with all told us that they liked living at Somerville. Their comments included "much better conditions" (than where they had previously lived). "It's quieter here, I like that." "It's lovely. Nice and modern. One of the nicest I have been in."

We found breaches relating to governance of the service. Although a number of systems were in place for monitoring and improving the quality of the service provided these had not always been effective. Systems had failed to monitor the time it took to repair emergency lights, deal with hot radiators and ensure records were located in the correct place.

You can see what action we told the provider to take at the back of the full version of the report.

The people we spoke with who lived at Somerville were all very positive about living there and about how the support they received had improved their lives. With the support of staff people were learning to be more independent, look after their personal care, engage with their local community and plan for their future.

Procedures were in place for safeguarding vulnerable adults, supporting staff who report a concern and dealing with complaints. People told us that they felt safe living at Somerville and confident to raise any concerns they may have. Staff knew how to identify any potential safeguarding concerns and how to report

them.

People told us that they liked and trusted staff who worked at Somerville. Sufficient staff worked at the home to provide people with the support they needed. Systems for recruiting new staff were robust enough to check they were suitable to work with people who may be vulnerable.

Staff had received training to provide them with the information they needed to support people safely and in line with current good practice. Training was on-going and planned to equip staff with skills to enhance the support they provided.

The management team knew people well and had built positive relationships with people. Staff felt supported whilst working at the home.

People's medication was well managed and they received the support they needed. Staff knew about risks to people's mental and physical health and had provided support to people in managing any health concerns they had. This had not always been clearly recorded within their care file.

People had been encouraged to make decisions and choices for themselves. When someone needed the protection of a Deprivation of Liberty Safeguard (DoLS) this had been applied for on their behalf. Restrictions to people's freedom had been minimised and any impact on others living at the home had been considered and addressed.

A through assessment of people's support needs and their choices had been carried out. Following on from this care plans were in place to provide support to people in a way they preferred. People were as involved as they wished to be in shopping for, planning and preparing meals and drinks.

Staff encouraged people to occupy their time in a number of different ways. This included supporting people to find out about activities they could participate in independently as well as with staff support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Parts of the environment were not safely managed.

People felt safe living at Somerville and staff knew how to report and manage any safeguarding concerns that arose.

Medication was safely managed.

Sufficient staff worked at the home to meet people's care needs.
Robust procedures were followed to recruit new staff.

Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to support people safely and well.

People received the support they needed to manage their health.

People's rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People liked and trusted the staff team.

People were supported to be as independent as possible and increase their life skills and experiences.

Staff treated people with respect and supported them to make decisions.

Is the service responsive?

Good 

The service was responsive.

People felt confident to raise any concerns or complaints with staff.

Care and support was planned and delivered based around people's individual needs.

People were supported and encouraged to occupy their time in ways they preferred including becoming involved with their local community.

Is the service well-led?

The service was not always well led.

Systems for auditing the quality of the service provided were not always effective.

The management team knew people well and were striving to continually improve the service they provided.

Requires Improvement 

Somerville

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 was planned to check 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.

The inspection was carried out on 04 December 2017 and was unannounced. This was the first inspection of the home since it was registered in September 2016. The inspection was carried out by an Adult Social Care (ASC) inspector.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We requested information about Somerville from the local authority who raised no concerns about the service.

We spent time talking to people who lived and worked there, observing the day to day care and support provided to people, looked at a range of records including medication records, care records for two of the people living there, records for three members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

People living at Somerville told us that they felt safe living there. They said if they had any concerns they would feel confident to raise them with staff.

We noted that the emergency light contractors test carried out in October 2017 had identified failings in that seven lights did not meet the three hour test. The registered manager told us that they did work but did not stay on for the required three hours. Since our inspection the registered manager has informed us that this work has been carried out.

We noticed that some of the radiators in the home were very hot to touch. Although these were behind furniture we considered they could pose a risk to people. A member of staff explained that this was due to a recent issue with the boiler that had been fixed and turned the boiler down to rectify this.

Certificates and checks were in place to ensure that the building and equipment were safe to use. This included checks on electrics, gas and fire systems as well as regular in house health and safety checks.

The provider had a policy in place for whistle blowing and the staff handbook contained information on disclosure of public interest matters. Whistle blowing supports employees who report a concern that they believe is in the public interest. We noted that the policy and handbook gave the titles of who staff should contact and the policy stated that staff could also speak to the 'regulator'. Staff we spoke with were aware of the whistle blowing policy. Adding contact numbers including that of 'the regulator' (the Care Quality Commission) would make this process easier for staff to follow if they wished to do so.

A policy was also in place for staff to follow in the event that a safeguarding adults incident should occur. Staff we spoke with were aware of how to identify and report safeguarding incidents and stated that they would not hesitate to do so.

We were unable to locate records relating to one person's health during the inspection and asked the manager to look into this. Since then she has completed her investigation and advised that the information was in care files but had been recorded in the incorrect place.

Records relating to people living at Somerville and staff were securely locked away within the office. A computer system was also in use that was password protected.

One person explained to us "Staff give us medication but we have cupboards in our rooms." Other people we spoke with confirmed that staff looked after their medication and ensured they had it on time.

People had their own medication cabinet in their room and a small medication room was also available to store any stocks of medicines. We saw that medication was stored safely. We checked a sample of medication stocks against records and these matched indicating people had received their medication as required. Audits and checks were in place and completed so that any discrepancies with people's

medication would be quickly noted and therefore acted upon. Staff had a good understanding of how to support people with their medication and had all undertaken training in medication awareness and administration. Information on when people may need 'as required' medication was readily available for staff to follow.

Systems were in place for monitoring any accidents or incidents that may occur to check for any emerging patterns. Staff had received training in and were aware of the actions to take in the event of emergencies occurring including fire and health emergencies.

The home had four members of staff plus the registered manager who shared her time between Somerville and a second home operated by the provider. One member of staff slept on the premises overnight and there was always a member of staff on duty during daytime hours. A second member of staff usually worked between 9am and 5pm although we were told this could vary depending on people's needs. People told us that there were enough staff to provide them with the support that they needed and we saw this during our inspection.

We looked at recruitment records for two members of staff who had commenced working at the home recently. These showed us that staff had undergone an interview process and checks including obtaining a Disclosure and Barring Service check, references and identification had been carried out. These recruitment processes helped to ensure staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

One of the people living at Somerville described staff to us as "very competent." Our observations and discussions with staff during the inspection showed us that staff had a good understanding of their role and how to meet individual's needs and choices.

Staff told us that they had received training to help them undertake their job role. The provider had a training department that organised both face-to face and learning via computer training for staff. Records showed that staff had completed the core training identified by the provider. In addition staff had completed more specialist training including understanding and supporting people with their mental health, communicating with people and supporting people with dignity. Both the registered manager and deputy manager had undergone training in the 'Recovery Star' this is a programme that enables people using services to measure their own recovery progress, with the support of staff and significant others. We saw that training for all staff was being booked for 2018 with a view to introducing this approach within the home. This showed us that training was planned and undertaken to meet the needs of people living at Somerville.

Records showed that a senior member of staff within the home had not received formal training in management practices. We were advised that this would take place in 2018. This would be of benefit to the home as the registered manager shared her working week between Somerville and another home operated by the provider.

Regular staff meetings had been held where a variety of areas were discussed including training and the support staff provided. Following each meeting an action plan had been compiled and checked for completion at the following meeting. Staff told us that they felt supported and that they felt confident to speak out at meetings. Records showed that the majority of staff had received formal supervision sessions throughout the year.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were. Assessments had been carried out to see if people may require the protection of a DoLS. Staff had liaised with the local authority and co-operated with an Independent Mental Capacity Assessor (IMCA) to look at

where the use of a DoLS would be the least restrictive way to support someone to stay safe. When needed they had applied for a seven day emergency DoLS to support one person to stay safe during a difficult time in their life.

We saw that people had been consulted and asked if they gave their consent to a number of things such as the use of photographs. Where systems were in place to keep one person safe but may restrict other people, discussions had taken place with individuals and the care planning process had been used to resolve this.

Assessments of people's capacity to agree to certain decisions in their life were in place for finances and medication. We discussed with the registered manager assessing other areas of the person's capacity making abilities and included information on times when the person may not be able to make the decision including when their mental health may be causing them difficulties.

People told us that they helped plan their meals. One person said "The food's nice." another person advised us "We pick our own meals."

People told us that in general staff shopped at local supermarkets for food as they did not wish to do so. However they explained that everyone was involved in planning menus. We asked people if they could go into the kitchen and get a drink or snack if they wished and they told us that they could. Staff were supporting one person to become more independent by shopping for, preparing and cooking their own meals.

We saw that food was stored safely and there were sufficient supplies available.

People told us that if they needed support to see the GP or attend medical appointments staff helped them with this. Care records showed that people had been supported to access regular health checks. Discussions with staff showed they had responded well to a recent medical emergency.

Some of the people living at Somerville told us of the different ways they felt their physical and mental health had improved due to living there. Staff had a good understanding of the support people needed with their physical and mental health and were able to explain how they provided this in a low key manner. Records did not always fully reflect the support that staff had provided.

Records showed that one person had lost weight and had been supported to seek medical advice. Staff were able to give a clear verbal picture of the suspected reasons for this and the action being taken. However this was not all recorded and no recent weight records were available. The manager investigated this at our request and later advised the information was available but recorded in the incorrect place.

Somerville is an old house that has been adapted. Everyone living there had their own bedroom with en-suite facilities. Shared rooms included a lounge, large domestic style kitchen with dining table, a conservatory with seating and an enclosed back garden. The garden contained a covered smoking area and a staff office.

Adaptations to the building included a ramp to the front door and a large adapted toilet should people need support with their mobility.

We saw that people had been able to personalise their bedrooms as they chose. People told us that they liked their home with several people commenting it was an improvement on where they used to live. One person told us "I love the lounge, I like the settees." Another person said "It's lovely. Nice and modern" about the building in general and added "it's a shame there's no windows" with regards to the lounge.

The lounge was in the middle of the house and as such was a thoroughfare from the front of the building containing the kitchen, stairs and hallway to the back of the building containing bedrooms, the conservatory and garden access. This meant every time anyone moved from one part of the house to another they walked through the lounge between people sitting watching television and the television set. The floor covering was blue speckled lino which gave the room a clinical appearance. In addition the only natural light in this room came from a single door that was half glazed with frosted glass. This meant that the room appeared dark and gloomy. Overall this room did not appear homely or a relaxing space to spend time in. Plans were in place to replace the flooring and new settees had recently been purchased to improve the appearance of the room.

Is the service caring?

Our findings

People told us that they liked living at Somerville and they liked staff who worked there. One person commented "Staff are really nice. Much better. I love it here." Another person told us "Staff are helpful and caring."

A member of staff told us "I treat people as I would like my family to be treated." Throughout our inspection we saw staff sitting and engaging with people spending time taking and chatting as well as meeting people's support needs. Staff had a very good understanding of the support people needed with their mental health and how to provide this, including changing their approach to meet individual's needs.

People told us that staff respected their choices and decisions. Regular 'service user' meetings had been held at Somerville. We looked at the minutes of some of these and saw that a variety of subjects had been discussed. These included ensuring people knew how to raise concerns, discussing activities and things people wished to do and also some things people should not do.

We discussed with the manager planning how to take these meetings forward as people gained in confidence and independence so that the meetings continued to develop into being service user led rather than a mixture of discussions and instructions.

Throughout the inspection we saw that staff spoke respectfully to people and respected their privacy. For example a member of staff explained how they never entered people's bedrooms without permission and we saw this to be consistently followed during our inspection. Wherever possible people had a key to their bedroom and a key to their front door. People were aware the front door was locked for safety reasons and where possible they could go out if they chose to.

Staff gave us several examples of how they had supported people to become more independent since moving to Somerville. This was confirmed by one of the people we spoke with who told us "Staff are helping me to be more independent" and explained they were supported to shop for and prepare their own meals as well as carry out general household tasks.

We saw that people chose how to spend their time and whether they wished to stay at home or go out. People told us that if they wanted staff to accompany them on an appointment or activity then staff would arrange this with them. People living at Somerville clearly felt that Somerville was their home and they could decide what they wished to do and when.

Two people gave us examples of how staff were supporting them to change their lifestyle and to become more independent. We saw that this had encouraged people to be motivated to take part in new activities and increase their lifestyle opportunities. Staff told us that since moving to Somerville people had increased their motivation with regards to personal care and how they spent their time. This was confirmed by a couple of the people we spoke with.

Is the service responsive?

Our findings

Individual care plans were in place for all of the people living at Somerville. People told us that they knew they had care plans and one person explained that staff had talked to them about their plan. The company were in the process of using a computer system for care plans and at the time of our inspection both this system and paper files were in use. We looked at a sample of these and found them to be well written and person centred. Although some of the information was not filed in the correct place the registered manager advised us that on-going training in use of the computer system was taking place.

A detailed assessment of the person's needs and wishes had been carried out. This information had then been used to write care plans to reflect the support the person needed. We found that care plans reflected the information people living there and staff gave us along with our observations during the inspection.

People living at Somerville and staff were able to tell us how people were planning for their future and what they wanted to achieve.

Throughout our inspection we saw that people were engaged in a variety of activities and occupying their time as they preferred. Some people went out with or without staff support; others read the paper, watched TV, chatted or did household tasks.

One person told us "I tidy my room, do housework, I am learning to cook." They told us that they were interested in getting a voluntary job and explained how staff were supporting them with this. People also told us about activities they had taken part in or had planned with staff support. This included meals out, trips to places of local interest and shopping. In addition some people went out and about on their own, one person had been supported to get a voluntary job and people had been supported to find out about local community centres or tea dances they could attend on their own.

One of the people living at Somerville told us "I plan." They showed us how staff supported them to plan a personal menu each week and also a list of tasks and activities they wished to carry out in the next week. We saw that this included being independent where possible and receiving staff support when needed. For example staff were supporting one person to learn to use their laptop and to use public transport.

Information was made available to people in a way they could understand. Easy to read information about how to complain was available along with a guide which provided people with information about how their home operated and the support they could expect. In addition people told us that staff explained things to them verbally to help them make decisions or understand information.

People told us that they were supported to make decisions and choices for themselves. One person told us "You can do what you want." Another person explained "I decide. Staff are there if you need support." One person explained to us that prior to moving into Somerville they had visited the house and met with people several times. They explained "I came different days to get used to it. I was asked if I wanted to come."

People also told us that staff listened to them and were responsive to their requests or support needs. For example one person told us that they wanted to go on a day out and had told a member of staff who had helped them arrange it and had accompanied them.

People told us that they knew how to raise a concern or complaint and would feel comfortable talking to staff about concerns they had. One person explained "I have got a keyworker but I can talk to any of them."

We saw that how to raise a complaint had been discussed at service user meetings and in addition an easy to read guide to complaining was available in the hallway. No complaints had been recorded at the home since it opened in 2016; however a policy was in place for staff to follow should a complaint be received.

Is the service well-led?

Our findings

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 service has a registered manager who had worked there since the home opened in 2016. The registered manager was also registered to manage another small care home owned by the same provider. At Somerville she was supported by a deputy manager who worked there full time.

A number of systems were in place for checking the quality and safety of the service provided at the home. Although these systems had led to continuing monitoring of the home and we saw that the service had supported people to improve their lives they had not always identified or addressed issues we noted during this inspection such as incorrect recording and the delay in fixing emergency lights.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes were ineffective at assessing monitoring and mitigating risks relating to the health, safety and welfare of people.

Systems in place included in house audits of medication, staff files and the environment. The manager completed a monthly report for senior staff that included information on care records, accidents and staffing issues. We were advised that this was sent to senior staff within the organisation who monitored the contents. Although this stated that care files had been audited it did not state the specifics of what had been audited on each occasion.

The provider also had a system in place for cross checks. This involved a manager from another service visiting Somerville and carrying out an audit of a specific part of the service they provided. A senior manager from the provider also visited the home and carried out their own audit providing a report and action plan if needed.

An on-going development plan was in place that set objectives for meeting the aims of the service. We saw that a rolling action plan was used to set dates for completion of objectives. This was added to as and when required.

Throughout our inspection we found that the manager and deputy manager had a very good insight into the needs and choices of people living at the home and how to support them effectively. They had built good relationships with people and spent time interacting with people regularly. Through discussions we found that they had plans to continue to improve the support they offered to people for example through adopting the 'Recovery Star' approach.

Staff told us that they felt supported by the management team and the wider organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were ineffective at assessing monitoring and mitigating risks relating to the health, safety and welfare of people .