Somerset Care Limited

Critchill Court

Inspection report

Lynwood Close, Frome, BA11 4DP
Tel: 01373 461686
Website: www.somersetcare.co.uk

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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

Overall summary

This inspection took place on 05 and 09 March 2015 and was unannounced.

Critchill Court provides care and accommodation for up to 50 people. There is a separate part of the home known as Cedar Oak which provides care to people living with dementia. The "main house" provides care and support to older people some of whom are living with dementia. The home does not provide nursing care and people who require nursing assistance are supported by the local district nursing team.

There is a registered manager in post. 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.

There were generally safe arrangements for the administering and management of medicines however improvement was needed in the management of "as required" medicines. There were not consistent arrangements for the giving of "as required" medicines to ensure people received this medicine in appropriate circumstances. There was also a risk people received some medicines when they would not be effective because opening dates had not been recorded. These medicines had limited lifespan once opened.

Summary of findings

People told us they felt safe because of the availability of staff and how they were always responsive to their requests for assistance and support. One person told us "It is really good here, so friendly and I feel safe because staff know what they need to do."

The service provided a personalised service which recognised the specific needs of people ensuring they received the care they needed. People told us how they were able to choose how they lived their lives and how their privacy and dignity was respected.

People's nutritional needs were met and specialist support and advice was available to address any concerns about people's health and wellbeing. People had access to a range of community healthcare professionals.

There was a caring and supportive environment which recognised people's rights and choices and encouraged people to lead an independent lifestyle.

People were supported to voice their views about the care they received and make suggestions for improvements. People told us they felt able to make a complaint and were confident they would be listened to and action taken. One person told us "I know how to make a complaint and they would do something if I was unhappy about something". Staff recognised the importance of people feeling able to say what they wanted and felt about the care and service they received. The service was open to complaints and had responded honestly and made changes where these had been identified as a result of the complaint.

Staff had an understanding of potential risks to people's wellbeing and how to support people in alleviating such risks and responding to behaviour which could cause distress to the person or others. Risk assessments reinforced how staff could respond to identified risks as a result of people's dementia such as aggressive behaviour or people being reluctant to accept personal care.

People told us they found the registered manager approachable and "someone we can talk to" and "always around in the home".

After a period of change a registered manager was now in place and staff commented on the improvement in morale and how "the home has turned a corner". Staff were optimistic about the future of the home and how it was improving.

There were systems in place to monitor the quality of care and make improvement where they were needed.

Summary of findings

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 fully safe. There were areas for improvement.

The arrangements for the management and administration of medicines were not robust and potentially people were at risk of receiving medicines inappropriately.

People told us they felt safe living in the home and staffing arrangements ensured they received the care they needed.

Staff had an understanding about how to protect people from abuse and were confident about reporting any concerns and their concerns being listened to and acted upon.

Is the service effective?

Good

The service was effective.

People were confident they were cared for by staff who were skilled and trained to meet their needs

There were arrangements in place to support people who had complex or specialist needs through the involvement of community health services.

People's nutritional needs were being met and people were able to make choices about their meals.

People's rights were protected and where they were able were involved in making decisions and choices about their daily lives.

Is the service caring?

Good

The service was caring.

People's privacy and dignity were respected and they were able to make choices about how they spent their time.

Staff responded appropriately and sensitively to people's behaviour which could challenge others and were supportive and attentive to people's needs.

People had opportunities to voice their views about the care they needed.

Is the service responsive?

Good

The service was responsive.

The service recognised the individuality of people and provided personalised care.

People had the opportunity to voice their views about the quality of care they received and make suggestions for improvement.

Summary of findings

The service promoted an environment where people felt able to make a complaint and felt listened to. Action was taken to address people's complaints.

Is the service well-led?

The service was well led.

The registered manager promoted an environment which was open and where people and staff were able to voice their views about the quality of care.

There were systems in place to review and monitor the quality of care provided by the service.

Critchill Court

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.

This inspection took place on 05 and 09 March 2015 and was unannounced. It was carried out by one adult social care inspector and an expert by experience whose area of expertise was dementia care. 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 visit we looked at information we held about the home. This included information regarding significant events that the home had informed us about. At the last inspection no concerns related to the care and support people received were identified.

During this inspection we spoke with 16 people who lived at the home, five visitors and two visiting community nurses. We also spoke with 15 members of staff, the registered manager and the regional manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included eight care plans, medication records, complaints records and health and safety records.

Requires Improvement

Is the service safe?

Our findings

There were some improvements needed in the management of medicines. There were inconsistencies in the arrangements for administering "as required" PRN medicines. On Cedar Oak there were two people who had PRN medicines. These medicines were to help in relieving specific symptoms associated with dementia. There were no PRN protocols in place. These would set out the circumstance such medicines can be given. This meant there was a potential risk the use of PRN medicines would not be in the best interests of the person or appropriate for the circumstances at the time of their use. However in the main house these protocols were in place.

There were secure and appropriate storage of medicines. Temperature checks were regularly undertaken to ensure medicines were being stored at the correct temperatures levels. Ointments and topical applications had the date of opening and date they should be discarded written on the container. However there were opened eye drops which did not have the date opened recorded. This meant there was the potential risk this medicine would be given past the recommended use by date.

There were secure and appropriate storage of medicines. Temperature checks were regularly undertaken to ensure medicines were being stored at the correct temperatures levels. Ointments and topical applications had the date of opening and date they should be discarded written on the container. However there was the potential risk this medicine would be given past the recommended use by date because the date of opening had not been recorded.

People's medicines were administered by staff who had received specific training to carry out this task. People's medicines were stored in secure storage in the person's room. We noted how the administration of medicines could start at 5am. We were told this was only where people were awake and this was confirmed by some people we spoke with. We discussed this practice with the registered manager and how some medicines would impact on people who possibly remained in their bed until a later time. The registered manager told us they were looking at this arrangement.

We looked at administration records and other records of medicines that required additional security and recording. These medicines were appropriately stored and additional records for these medicines and daily stock control was in place. On Cedar Oak one person had been assessed as requiring their medicines covertly. This is where medicines were given without the knowledge of the individual. There was a covert medicines assessment which had been completed by the person's doctor. The home was seeking advice from the pharmacist as to a safe and effective way of administering this medicine.

People told us they felt safe in the home. One person told us they felt safe because "There are always staff around, they are there when you need them." Another person told us "There is always someone to talk too and quite a lot of staff around". A third person told us "It is really good here, so friendly and I feel really safe because staff know what they need to do." A visitor told us "I know my relative is very safe because they know my relative and are attentive to their needs."

Staff were able to demonstrate a good understanding of their responsibilities in protecting people from abuse and the risk of abuse. They told us f they had any concerns about possible abuse they would report their concerns to the manager. One told us they had raised concerns and the manager had "acted straight away and did something about it". Staff were aware of how they could go outside the organisation under whistle blowing arrangements for reporting concerns.

People told us there were always sufficient staff to respond to their needs. One person said "If I need anything at all staff will come quickly." Another person said "If there is anything you need you only have to ask and the staff are there for you." A third person told us "There are always quite a lot of staff around."

Staff told us they felt there were always sufficient staff on duty. However some said it would be helpful to have more staff on duty in the main house. The registered manager told us they had reviewed the staffing arrangements and were looking at increasing the staff on duty particularly in the mornings. This reflected the changing needs of people and also how there were increasing number of people who were coming to the home who had a diagnosis of dementia. This showed the provider had reviewed their staffing arrangements to ensure people needs could be met.

We observed how staff responded to people and their availability. We noted on Cedar Oak staff were available to

Requires Improvement

Is the service safe?

respond in a timely way to people and call bells were answered promptly. Staff were present in the communal areas and we they were able to respond quickly if people became distressed or agitated. This meant people's behaviour was well managed and staff were able to spend time with people sitting and chatting. In the main house staff were generally available however we saw there were periods of time when staff did not come to the communal area. It is this part of the home where there are plans to increase the number of staff on duty.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely. People's health needs were identified and assessment of associated risks had been completed. For example, skin integrity and nutritional needs. The information from these provided staff with guidance on how to reduce the risks. For example, regular repositioning, promoting and monitoring fluids. There were also procedures in place to ensure people's health and welfare was protected in the event of an emergency such as flood or fire.

Where people may have behaviour which could challenge others there were risk assessments in place. These identified how staff could respond to these behaviours such as aggression and what techniques they could use to alleviate the risk of behaviours escalating. For one individual the risk assessment identified how the staff could respond by talking with the person in a calm and re-assuring way, and also talking about specific topics which were of interest to the person. Another risk assessment instructed staff to leave the individual or ask a different member of staff to try and respond to the person.

A staff member was able to tell us specific ways of responding to one person when they were distressed or resisting care. This corresponded to what had been written in the person's risk assessment. Another staff member told us how they approached a person who at times was reluctant to accept personal care. For another person their care plan recorded how they preferred, and was less resistant to care, when a female member of the care staff supported them. This was known by staff we spoke with. These arrangements ensured the risk of behaviour which could cause distress or harm to the person or others was alleviated.

Good

Is the service effective?

Our findings

People told us they felt confident about how they were supported by care staff. One person told us "They are very good at their job" and another said "They know what to do and how to do it." A visitor told us "I feel very confident about the care staff give to (their relative)."

Staff told us they had good access to training. One staff member told us "Training is very good they really want us to be trained well. I feel it gives me the skills I need to do a good job." Staff we spoke with had all undertaken core skills training in areas such as moving and handling, safeguarding, infection control and health and safety. Those staff who had responsibilities in administering medicine had completed specific training in medicines. Some staff had completed national vocational training and dementia care training. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively.

Care plans showed people were seen by doctors, nurses, chiropodists, opticians and were supported to attend hospital appointments where needed. One person told us "I can see the doctor when I need to I only have to ask and they are called". A healthcare professional told us how the service was very responsive to their advice. "They are very good at seeking support and following the advice we have given". They told us how they visited one person weekly. They said how staff and management were "approachable" and "they always know the patient well".

A mental health professional who visited the home regularly told us how the service had improved over the past few months. They said staff knowledge and understanding of the behaviour of people who were living with dementia had improved. They gave us an example of how the service had responded to a specific behaviour of one person in ensuring this person had access to food throughout the day. They were particularly positive about how the service did not rely on medicines to respond to people's behaviour.

People told us they enjoyed the meals provided by the service and there was always a "good" choice. One person said "I really enjoy my food here not as good as my home cooked food but they do try. There is always a choice." Another person said "There is always plenty to eat here. I really enjoyed my dinner". A third person told us "the food is tasty and it is what I liked to eat. There is plenty of it." A relative told us they had Sunday lunch in the home and "I know I can join my relative for lunch at any time". Another relative also told us how much they enjoyed having a meal at the home with their partner.

At lunchtime we observed the meal being served to people. On our first day there were no condiments on the tables. We were told this was normally the case. However on our second day some tables had condiments. Food was served by staff rather than people being able to help themselves. One person told us they would have liked to be able to serve themselves. On Cedar Oaks each person was presented with two plated meals and could choose the one they wanted. Because of the smaller dining area on Cedar Oak there was a more homely feel to meal times.

Some people were given soft or pureed food as stated in their care plan. People's specific dietary needs were catered for and we were told how one person had a gluten free diet and how this was provided. One person told staff "I don't feel like eating at the moment I'll have something later". The response from care staff was sensitive and reassuring and a meal was kept for the person to have later. Where people needed help with their meal staff were available to sit and assist them. They did so in a quiet and sensitive way at a pace which suited the person.

Care staff monitored people's weight and where they had identified concern about weight loss referrals had been made to the person's doctor or a specialist. One person had been prescribed dietary supplements and their daily diet was being monitored and their weight was being monitored weekly. This person had been seen by the nutritionist. Another person was reluctant to eat meals with people and also did not eat main meals. This person was provided with food and snacks to eat throughout the day to make sure they ate sufficiently.

Some people had equipment in place to alert staff of their movement during the night. This was where people were at risk of falling or moving around the home and becoming disorientated and distressed. There were records which showed the use of such equipment had been discussed and agreed with the person. However there were some people who were unable to give consent such as consenting to staff providing specific personal care. In these cases best interest's decisions involving professionals and other relevant people such as a doctor or relatives were involved in making the decision.

Good

Is the service effective?

We observed staff making sure, particularly on Cedar Oak, people knew and understood what was being asked of them. Staff asked people "is it ok" and "I am just going to …. is that alright?" Staff listened to what people needed and took time to explain what they were going to do.

We asked staff about their understanding and knowledge of the Mental Capacity Act (2005) (MCA). 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. There was inconsistent understanding and knowledge of the MCA. Some staff were able to talk about how it related to "making sure people give consent and have mental capacity" and "making best interest's decisions." Other recognised they knew little about the Act. A healthcare professional told us they thought staff needed more knowledge about the Act. We were told by the registered manager this was an area where training was now taking place and this was confirmed by staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager told us deprivation of liberty authorisations had in the past six months been put in place for people who lived on Cedar Oak. This reflected how people living on Cedar Oak had their liberty restricted and lacked capacity in relation to the decision about where they should live. Their freedom to leave the home independently was restricted to ensure their safety and wellbeing.

Good

Is the service caring?

Our findings

People told us they found staff caring and kind. One told us "People (staff) are so kind here they look out for me and really care for me well." Another person said "This is a very caring place." A visitor said "The staff are very attentive and nothing is too much trouble for them. The care is really very good."

We observed how staff on Cedar Oak responded promptly and sensitively if a person was becoming distressed. They would sit with the person, reassure and talk with them. There was a calm environment with staff present and attentive to people's needs. In both areas of the home staff spoke with people in a respectful manner. When supporting people with care staff explained what they were doing. Visitors spoke of a warm and welcoming environment. One visitor told us "They made me feel so welcome when I arrive."

Staff responded appropriately and sensitively to a person who was being verbally abusive to another person. Staff quickly defused the situation and sat holding the person's hand speaking gently and reassuringly to them. The person responded and was soon more relaxed and chatted with those around them in a friendly manner. This was all done in a quiet way maintaining the dignity of the person.

People told us they had their choices respected by staff. One person told us they chose to stay in their room rather than use the lounge this included having their meals on their own. They told us this was their decision and how "staff know it is my choice, it is not a problem." Another person always wanted to go outside and walk around the garden no matter the weather. Staff always made sure this was possible making sure they wore the appropriate clothing. People told us it was their decision when to get up and go to bed. One person told us "I'm enjoying this toast, I can have it any time I like when I get up. I'm usually up early but I get up when I want." We noted how this was the person's second breakfast.

There were ways for people to express their views about their care. People said they were involved in decisions about how their care was provided. One person told us they had met with one of the care staff to talk about their care plan. Another said "They (staff) are very good asking me what help I need." A relative of a person living on Cedar Oak told us "Since my relative came here we have had two assessment meetings and we are waiting for the latest one. The home keeps me fully informed about my relative and the care that is being given."

Care staff were able to tell us about the specific needs of people. It was evident through our observations they had a good knowledge of people, their histories, preferences, likes and dislikes. Care staff were able to tell us about people's past lives.

Good

Is the service responsive?

Our findings

People told us care was provided which was about and met their needs and choices. One person told us "I get care which I need they work around me" Another person said "It is what suits me that's the important thing". A relative said "The care here is good. I feel it is tailored to meet my relative's needs."

On Cedar Oak people's choices, lifestyle and personality had been taken into account when arranging and providing care. One person had been a nurse and would only accept care from a staff member in uniform. There was a no uniform policy in the home so a uniform was kept and worn by staff when providing personal care for this person. Two people liked to help around the home and were encouraged to do so. One told us "I help to keep the place tidy you know."

In the main house we saw how staff recognised people's individuality. One staff member told us the best way to support an individual with their personal care by the use of specific language and words which they accepted and used. We saw how staff had identified the best ways of supporting another person who could be reluctant to accept care. This was by recognising the beliefs and "reality" of this person.

As part of people's admission to the home a pre-admission assessment had been completed. This was then developed into a personalised care plan. These provided information specific to the individual. Included were preferences such as bath or shower, how people liked their rooms, how to provide personal care such as moving and handling arrangements.

There were monthly residents meetings where people told us they had an opportunity to talk about the care they received. One person told us "We don't always have them but they are good we can talk about what we want like activities". Another person told us they had made suggestions about meals and how the menu had been changed as a result. People told us they were able to speak with the registered manager if they were unhappy about anything. One person told us "She is very approachable and is always about asking how we are".

There was a You Say We Did system where people made suggestions and the registered manager would say what they planned to do in response. Some people had asked for an improved garden and arrangements were now being put in place to make it more accessible for people.

People told us they knew how to make a complaint and felt confident they would be listened to and action taken. People told us they were able to speak with the registered manager if they were unhappy about anything. One person told us "She is very approachable and is always about asking how we are". One person said "I know I can make a complaint or say if I am unhappy about anything and they will do something about it". Another person said "I told the manager I was not happy about something and they did something and it was much better." A relative told us "I would go straight to the top if I had any complaint. I know and understand the procedures." Another relative told us "It was only a small issue but I complained and I know I was listened to."

The registered manager told us they planned to involve people in the recruitment and interviewing of prospective staff. This was part of their vision to improve the home through greater involvement of people to ensure "residents have ownership of their home".

Good

Is the service well-led?

Our findings

People told us they found the registered manager "someone you can talk to" and "she is always around" and there if you need to see her". One person told us "I think it is getting better here people and staff are a lot happier". Another person said "It is more relaxed than it used to be. Staff are happier and it just feels better and I think the care is better to".

The service had experienced a period of change with no continuity of management and lack of a registered manager. However a registered manager was now in place and staff commented positively about how the service had improved. One told us "The home has turned a corner and care is improving." Another member of staff said "Morale has picked up, I don't dread coming into work like I used to." Staff described the manager as someone who was approachable, very supportive, listens and hands on. One said how they felt more valued and "there is more praise."

Staff told us how the registered manager had discussed what they wanted to achieve and the service they wanted to see in the home. One said it was about "providing care to a standard we would want our parents to have" and "people deserve the best". This was confirmed to us by the registered manager who said they wanted a home which was "run by the residents and involved residents as much as possible".

All staff received formal supervision and told us they found these helpful in "talking about how we are" and "what we think of things". They told us team meetings were not as frequent but they were aware the registered manager was looking at introducing regular team and staff meeting. This was confirmed by the registered manager who said staff meetings had not been happening as frequently as they should.

There were quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. The regional manager had recently completed an observation audit on Cedar Oaks. This entailed a period where people and staff were observed to make a judgement about the interactions, staff responses to behaviour and how they supported people. It identified positive interactions between staff and people and people being supported in an enabling manner. Written feedback about the audit was given to the manager, which included any identified actions, and verbally to the staff team.

There were systems in place to review accidents and incidents and identify any improvements such as referral to outside agencies for support and advice and any changes to the environment. The home operated a behaviour management system which was used to record behaviour incidents of concern. These were used to make a judgement about how staff could improve their responses to people's behaviour. A healthcare professional told us they had discussed with the registered manager the results of these incident records. For one person they said it had helped in identifying possible triggers to these behaviours.

The registered manager responded to complaints in a professional and open way. The complaints log showed how the service had responded positively to complaints. Records showed how actions had been taken to address dissatisfaction with care being provided or how staff had responded to people. This involved changing people's care arrangements and apologising for mistake or errors made when caring for a person.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.