

JM Beyer

Somerville House

Inspection report

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Date of inspection visit:
26 April 2019
29 April 2019

Date of publication:
21 June 2019

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

About the service: Somerville House is a small residential care home that is registered to provide support to 18 older people, including people living with mental health problems and dementia. The service was supporting 17 people at the time of our inspection.

People's experience of using this service:

The care home was not always clean and hygienic which placed people at risk of developing infections. Some furniture and equipment could not be effectively cleaned as it was not in a good state of repair. Not all areas of risk had been identified and addressed, which posed a risk to people's health and safety.

Care plans did not always reflect the care and support people needed, though staff were knowledgeable about people's needs and how to support them with their own routines.

Quality assurance systems had been implemented. However, they had not identified issues with furniture and equipment that needed repairing or replacing, infection control and shortfalls in care plans. People were included in the development of the service.

People were happy with the care provided as staff were kind and caring. People said, "It's like a home. People and staff have been here a long time, it's like a little family and it's comforting." Staff respected people as individuals and maintained their privacy and dignity.

People trusted and felt safe with staff as most staff had worked at the service for a long time. Recruitment, induction and ongoing processes helped ensure only suitable staff were employed and that they had the required skills and knowledge. Staff were supported by the management team and received supervision and annual appraisals though this was not always done in line with the providers policy.

Meals were prepared using fresh ingredients and people were complimentary regarding the food quality and choice. People's healthcare needs were met through timely referrals to appropriate healthcare professionals and they received their medicines as prescribed.

Staff sought consent and 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. People were encouraged to participate in activities within the care home and the local community.

People and staff were happy with the management of the service and could approach the management team at any time. The registered manager prided themselves on knowing each person who used the service and providing person-centred care.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. The

registered persons had failed to ensure a clean and safe environment and had not suitably assessed, monitored and improved safety whilst providing the regulated activity of personal care.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection: At the last inspection, on 10 July 2017, the service was rated Good (report published 1 August 2017). The last inspection was a focused inspection, which looked at whether the service was Well-Led.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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

Inspection team: The inspection was completed by one inspector.

Service and service type: Somerville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority adult safeguarding teams and Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with four people who used the service. We spoke with the nominated individual, registered manager, care manager, two care staff and the cook.

We completed a tour of the environment and looked at a range of documentation such as care files, daily notes and medication records for three people. We looked at a selection of documentation for the

management and running of the service such as recruitment, induction, supervision and staff training. We also looked at surveys, audits, compliments and complaints.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Preventing and controlling infection

- Areas of the home were not always clean and placed people at risk of developing infections. We found shower chairs, toilet frames and equipment used for pressure relief and mobility was dirty.
- Furniture and flooring could not be effectively cleaned as it was worn and damaged. Wooden furniture in people's bedrooms was worn and shower chairs were rusty. Flooring in one bathroom had become loose, others were not sealed and could not be sufficiently cleaned.
- Cleaning schedules were ineffective at maintaining a hygienic environment. They did not contain enough information to support staff and it was unclear who was responsible for specific tasks.
- Clean towels were stored in bathrooms where there was a toilet, which posed a risk of cross contamination through airborne spores.

Assessing risk, safety monitoring and management

- Personal emergency evacuation plans had not been completed. This meant people were at risk of not getting the right support in an emergency.
- The provider identified people were at risk of experiencing burns through uncovered radiators, as they had the potential to become hot. However, they had not consistently managed this risk, as they covered some, but not all radiators.
- Risks to people's wellbeing and safety were identified and appropriate strategies were in place. Though, risk assessments did not show when risks to people had increased or when further action was required.

The failure to assess risks and provide a clean and safe environment was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered persons acted immediately during and after the inspection. They arranged for areas of the service to be cleaned, amended cleaning schedules, purchased some new furniture and had an action plan to cover radiators.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People trusted and felt safe with staff. One person said, "Yes, I feel safe with staff and I can talk to them about my worries."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- Accidents and incidents had been responded to appropriately. However, they were not always logged in the same place, which meant it was difficult to analyse and learn from them. We discussed this with the registered manager who confirmed they would review their process for logging and analysing accidents and

incidents.

Using medicines safely

- Medicines systems were organised, and people received their medicines when they should.
- Staff were knowledgeable about how people liked to take their medicines. We observed people being supported with their medicines in a personalised manner.
- Protocols were in place to guide staff how to administer 'as and when required' medicines, also known as PRN.
- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.

Staffing and recruitment

- The registered manager monitored staffing levels to ensure they were appropriate to meet people needs. People confirmed staff supported them in a timely manner.
- People were supported by a consistent staff team and the staff turnover was low.
- The providers recruitment processes helped ensure only suitable staff were employed. People were included in the recruitment process and their views were taken into account.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans to support staff to provide appropriate care.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction programme, which ensured they had the skills and knowledge to support people safely.
- The registered manager monitored staff training and ensured they completed appropriate training to meet people's needs. Staff were positive about the range of training available. A staff member said, "There's enough training and if we want anything specific they will arrange for us to do it. I last wanted to do end of life training and got to complete a course."
- Not all staff had received supervision in line with the providers policy. However, staff told us they felt supported. A member of staff said, "We get lots of support. I think that's why I've been here for so long, as it's like a big family."

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

- People were complimentary of the food and the choices available. One person said, "They buy fresh food all the time. There is a menu and if you don't like something they will cater for you, so there's always something you can eat."
- People were supported to have a diet of their choice and their independence was promoted. One person was supported to cook their own meals when they chose which helped them maintain their skills.
- Staff monitored people's weight, though it was not clear when to raise concerns with relevant healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services, followed professional advice and provided effective care.
- Staff were knowledgeable about the support people needed and provided consistent care.
- Where appropriate, people were supported to move into the local community. One person said "I wanted my own independence back. [Registered and care managers names] helped me contact the council, get a flat and furnish it. In the end, I wasn't really managing so I chose to come back here."

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

- Areas of the service had been designed to promote people's independence. The provider had built a small

kitchen area, so people could prepare their own hot drinks and pictorial signage was used to help people find toilets, bathrooms and communal areas.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were effectively protected. Staff were trained and working in line with the MCA. Care plans supported this.
- Staff sought consent and people were supported to make their own decisions. Where they were unable to, decisions were made in people's best interests with the support of family or professional advocates.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and passionate about providing good care. A staff member said, "I love it, I love the people. It's like looking after your own family."
- People trusted staff and described them as kind and thoughtful. The registered manager told us, "Staff will do anything and go above and beyond the call of duty." Staff visited people in their own time and supported them to access the local community.
- Staff interacted positively with people. We observed people were relaxed as they were talking, laughing and singing with each other and with staff.
- Staff were trained in equality and diversity and respected people's personal histories. People were supported to attend religious events and to follow diets in line with their beliefs. Staff were knowledgeable about people's religious needs and care plans showed the support people needed.

Respecting and promoting people's privacy, dignity and independence

- Staff were compassionate and maintained people's privacy and dignity. One person said, "I've still got my dignity. I wash myself where I can, and staff help where needed. They are very gentle with me."
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. Care plans documented the support people needed and daily records showed they were followed.

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

- People were effectively supported to make decisions about their care. Staff supported people with their routines and offered them choices. Staff worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans.
- People were supported to access advocacy services or had support from their family with making decisions.

Is the service responsive?

Our findings

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

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

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

- People confirmed staff provided care in line with their wishes and personal preferences. Care plans contained information about people's likes, dislikes, interests and personal histories, which supported staff to provide person-centred care.
- Staff were knowledgeable about the care and support people needed but care plans did not always reflect this. One person's daily records evidenced they needed more support than their care plan recorded. We raised this with the care manager who updated the care plan during the inspection.
- People were supported to pursue their hobbies and interests. One person enjoyed sewing, they had tools and materials available and their room was decorated with their work. Other activities included musicians, quizzes and bingo, staff involved people in the activities and respected people's decision if they chose not to participate.
- People were supported to lead fulfilling lives. One person attended a local college course and had been supported to arrange a holiday.

Improving care quality in response to complaints or concerns

- People were complimentary of the service but were confident any concerns would be addressed. One person said, "I like it here, I don't want anything to change." The registered manager told us they regularly spoke to people to ensure they were happy with the service provided.
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the management team.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. Staff respected not all people wanted to discuss their end of life wishes. For those who did, discussions were conducted sensitively. One person said, "Staff asked about my wishes for the end of my life. They asked where I wanted to be cared for and if I want cremating or burying. I'm ok talking about that as it was done sensitively."
- Care plans documented people's preferences and included spiritual and cultural information.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Quality assurance systems had not been fully implemented, as a result the provider and management team were unable to effectively monitor and maintain the quality of the service.
- Systems were not in place to identify and address infection control issues.
- Environmental checks failed to identify furniture and equipment that needed repairing or replacing. The provider and registered manager told us they completed regular checks, though there was no evidence of what was checked, problems identified, or action taken to resolve issues.
- Systems had not identified shortfalls within care records. Staff were unable to effectively monitor the quality and accuracy of care plans and daily records as appropriate audit documents were not in place.

The provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood the regulatory requirements and reported information appropriately.

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

- People and staff spoke positively of the provider, registered manager and the service provided. One person said, "It's brilliant considering it's a small home. There's a mixture of people with complex needs, I think staff do a brilliant job."
- The registered manager was proud of staff and invested in them to provide a good service. They told us, "I want people to be healthy, safe and happy. Not just the residents but the staff as well. A happy team makes a good home." There was an open and honest culture and a relaxed atmosphere.
- The registered manager provided care and knew each person who used the service. They said, "I know every one of the residents and they know me. It means we can approach delicate subjects as people have confidence in us."
- The registered manager completed 'spot checks' to help ensure people received a good service at any time of the day or night.
- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

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

characteristics; Working in partnership with others; Continuous learning and improving care

- People, staff and professionals were included in the development of the service. Annual questionnaires were completed and analysed to help identify how the service could be improved.
- The registered manager held residents' meetings and discussed upcoming changes. When people did not want to attend the registered manager spoke with people individually to gain their views.
- The service had effective working relationships with other organisations and professionals to ensure people received the right support.
- Accidents and incidents were monitored to look for patterns and trends in order to learn from them and improve 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to identify and address areas of risk and provide a clean environment posed a risk to people's health and safety. Regulation 12(2)(a)(b)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor and improve the quality of the service were not established and effectively operated, which meant people were at risk of receiving a poor service. Regulation 17 (1) and (2)(a)(b).