

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Yeovil – Sherborne House Care Home is a care home and provides personal or nursing care for older people and those living with a dementia. The home can accommodate a maximum of 38 people. At the time of the inspection 31 people lived at the home.

The home also had a separate pathway unit called "The Wing." The Wing accommodated 8 of the 31 people. This unit was for people who had been discharged from hospital to be assessed prior to going home or moving into alternative accommodation. The Wing was staffed by 2 NHS staff members, an occupational therapist and a physiotherapist. The NHS staff carried out the needs assessments when people came to the home and Altogether Care LLP provided the accommodation and care staff to deliver the regulated activity.

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

At the last inspection medicines management was not robust. At this inspection improvements had been made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home had been extensively redecorated since the last inspection. The home environment had been adapted to meet people's needs. Dementia friendly signage helped people move around the home safely and there were additional quiet seating areas.

Since the last inspection there was a new registered manager. The registered manager and other senior staff carried out a robust programme of audits which helped ensure good oversight of quality and emerging risk in the home. When issues were identified these were quickly resolved and learning shared.

Risks to people were assessed, recorded and regularly reviewed. Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to report concerns both internally and externally.

There were enough staff to meet people's needs. Call bell response times were monitored to ensure people received timely support. Staff were recruited safely, thereby helping to ensure only suitable people were employed.

Staff received a comprehensive induction and ongoing training to help them understand and meet people's needs. People and their relatives felt the staff were well trained and competent.

People were supported to access health services whenever required. This included the home's rehabilitation

wing and off-site services such as hospitals and GP surgeries.

Staff spoke positively about the registered manager and said they were proud to work at the home. They felt supported by their colleagues and senior management. The registered manager felt well supported by the provider. Staff were actively encouraged to gain additional skills and qualifications to develop their practice.

The home worked well with other organisations such as hospital discharge teams, social services and local colleges. The home also understood the importance and benefit of links with the wider community through social events.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 January 2020) and there was a breach of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 and 22 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yeovil - Sherborne House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Yeovil - Sherborne House Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one 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.

#### Service and service type

Yeovil - Sherborne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yeovil - Sherborne House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, operations manager, head of care, senior carers, carers, nurses, housekeeping and the chef. We also received written feedback from 6 staff and 4 health professionals who work closely with the home.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to operate effective systems and processes to make sure medicines were effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines management had significantly improved since the previous inspection. The introduction of an electronic medicines system had provided more real time oversight including over stock levels and missed doses.
- People's electronic medicines administration records were complete and easy to follow. These were regularly checked by the management team to ensure compliance.
- Staff who administered medicines had received the relevant training and ongoing competency assessments. Staff administering medicines wore 'do not disturb' tabards in line with the home's medicines policy. This reduced the risk of errors caused by distraction.
- For each person prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Daily checks ensured medicines were stored correctly and at safe temperatures.
- Medicines requiring stricter security were stored appropriately with stocks matching records.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and regularly reviewed. People had personalised risk assessments to help reduce risks including dietary intake, bed rails, diabetes, fragile skin and falls risk. Staff knew people well so could identify when their risks increased or reduced. A relative told us they were "so happy" as the home had supported their family member to move to a downstairs bedroom when their mobility decreased.
- Daily handover meetings were held where changes in people's health were discussed and decisions made about appropriate follow up action.
- General environmental risk assessments had been completed to help ensure the safety of people, staff, relatives and visiting professionals. These assessments included: gas safety, water temperature, legionella, window restrictors, electrical systems and equipment. Evidence was supplied of this.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and

served. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Their comments included: "Oh yes, I feel safe here" and "There are always staff around to help me." Relatives agreed. For example, one told us, "I feel [name] is safe there. I'm absolutely happy with [name's] care. All the staff ring me to keep me updated."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff told us they would feel confident whistleblowing if they observed or heard about poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People told us staff attended to their needs in a reasonable time when requesting their assistance. Call bell response times were audited by the management team.
- The home had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. A staff member advised, "Inspections are conducted to supervise if PPE is used according to government guidelines."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative said, "The home is always clean." Another told us, "The layout of the home is lovely. The home is kept lovely and clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. When infection outbreaks had occurred, the home followed local health protection team advice.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visiting in line with government guidance and local risk assessments. A relative told us, "I can visit every day if I want."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed at a home and provider level. This supported the timely identification of themes and trends and the action required to help prevent a recurrence. Learning was shared in the home and with the provider's other locations.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the previous inspection the dining room door was locked. This was a blanket decision which had not considered the principles of the MCA. On this inspection, the dining room door was open, and no blanket restrictions were found.
- Staff had a good understanding of the principles of the MCA and were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.
- Where people were assessed as lacking capacity to make a particular decision, consent had been given on the person's behalf by relatives with the necessary legal authority to do so. Supporting paperwork was held on people's files.
- The management team had applied to the local authority for people who required DoLS authorisations and kept a record of when applications were made and due to expire. Where people had conditions attached to their authorised DoLS these were being met by staff.
- Staff sought people's consent throughout the inspection. One person told us, "Staff are very kind and always ask permission."

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

- People lived in an environment adapted to meet their needs. Since the last inspection the home had been

redecorated and additional quiet areas established for people to spend time alone or meet with family and friends. People had chosen the décor and displays around the home. Further decoration was part of the home's development plan.

- People's rooms were personalised according to their tastes. People had their own furniture and mementoes that were important to them and helped them settle in.
- There was now a new entrance to the home with easier access including for paramedic crews with stretchers.
- There was level access to the secure gardens, outdoor spaces and the patio.

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

- People had initial assessments that supported their move to the home. This formed the basis of their care plan.
- Care plans were created using evidence-based practices around areas such as wound management, repositioning and pressure care.

Staff support: induction, training, skills and experience

- New staff received an induction which included shadow shifts with more experienced staff and practical competency checks. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff undertook a range of training that supported them to meet people's needs. This included: infection control, medicines, fire safety, safe use of paraffin-based creams, use of syringe drivers, epilepsy and food hygiene. A relative commented, "I have no qualms with the staff. They all seem to know what they're doing."

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

- People had enough to eat and drink and fed back positively about the food. One told us, "The food was lovely on Christmas Day." Another said, "There is a nice variety." A relative commented, "[Name] enjoys the food. It's very nice today."
- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists. The chef told us they had timely access to people's preferences and dietary associated risks.
- Alternative options were available including for vegetarians and snacks were available outside of typical mealtimes.
- We observed lunchtime to be a calm and unhurried social occasion. Staff and people engaged in conversation. People chose where they sat and could change what they had ordered earlier.

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

- The service understood the importance and benefits to people of timely referral to specialist health and social care professionals to help maintain people's health and well-being. For example, 2 relatives commented, "I absolutely feel the staff are responsive when [name's] health changes" and "The manager always phones up to let us know about appointments."
- Health and social care professionals were positive about the care people received. For example, a professional said, "Nursing staff cover on the [The Wing] has been more consistent, which has meant earlier recognition of deteriorating patients. This has meant patients have been able to quickly move through the [rehabilitation] unit to their chosen discharge destination, often successfully returning home."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new registered manager was in place. They started in the role in July 2022 and had previously been a registered nurse at the home. This provided a familiarity with the people living there, staff and the home environment.
- At the last inspection quality assurance processes were in place but were not robust. At this inspection, there was evidence the registered manager undertook various audits providing a robust oversight of quality and risk in the home. These audits included head of care reports, medicines, call bells, infection control and meal experience. Where audits identified issues, these were quickly resolved.
- The registered manager worked closely with the 2 heads of care within the home. This approach maintained quality of care in areas affecting people's lives including wound care, blood sugars, falls activity and equipment cleanliness.
- Staff were encouraged to develop their full potential by undertaking advanced training and qualifications. A staff member told us, "We are offered different continuous professional development courses to enhance our professional knowledge and maintain quality of our practice."

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

- The registered manager and staff had a clear understanding of their roles and responsibilities.
- The registered manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- Staff and professionals spoke positively about the registered manager and senior management. They told us, "The registered manager is very supportive especially with reasonable adjustments for family", "The registered manager has made a huge difference, always available to speak with you. Is understanding and takes action", "[Registered manager] is and will continue to be a great manager" and, "Very approachable management. Can raise concerns. They follow it up and make sure we have all we need." A professional expressed, "I feel [registered manager] does a great job and keeps me in the loop with all that goes on."
- Staff enjoyed working at the home. There was a homely and supportive culture. Staff commented: "I love it here", "The culture here is awesome. There are lots of different races with no racism. We all help each other", "I love my job, I do feel very proud of working here", "It is an honour to be a part of Sherborne House" and, "It's like a family here. I left, missed it and came back." A relative said, "Everyone appears happy. They are all nice there. I would certainly recommend the home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour. They said, "If something goes wrong I need to be open, notify family and work out lessons learnt from the incident to prevent a recurrence."

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

- The home undertook twice yearly satisfaction surveys to gather the views of people, relatives and staff. This identified what was working well and where improvements could be made. Results from a September 2022 staff survey included the following: 92% felt training was good to excellent, the positivity and compassion of the registered manager were rated 94% and 95% respectively.
- Meetings were held with people and relatives with feedback used to drive improvements at the home. Follow up actions had included: an easel purchased for artwork, the creation of a wish tree and pictures of people's most admired actors put up in the main lounge.
- Regular whole team and departmental meetings were held. Staff told us they felt comfortable raising topics of discussion and were encouraged to contribute ideas at these meetings. Staff felt empowered and included. A staff member said, "If we bring up ideas the registered manager listens."

Working in partnership with others

- The home had established and maintained good working relationships with other organisations such as GPs, social workers, hospital discharge teams and physiotherapists. This included partnership working in The Wing of the home. A professional commented, "I feel Sherborne House has been of great support to us and the people that use [the home]."
- The home had supported students to take on roles within the home and previously provided an apprenticeship to a member of the care team.
- Seasonal fetes were held to foster positive links between the home and wider community.