

Somerforde Limited

# Somerforde Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Somerforde Ltd is a care home registered to provide accommodation for up to 24 older persons who require nursing or personal care. Nursing care is not provided by the home. The community nursing team provide nursing care and support when required. Some people were living at the home for short term respite care with a view to returning to their own home.

This inspection took place on 24 and 26 November 2015 and the first day was unannounced. There were 22 people living at the home at the time of the inspection.

One of the two company directors held the position of registered manager and was in day to day control of the running of the home. The other director attended the home daily. 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.

We received a mixed response when we asked people their views on the quality of the meals provided by the home. The majority of people said the food was “good”, “very nice” and “it’s lovely, too much sometimes.” Five of

# Summary of findings

the thirteen people we spoke with said it was not to their liking. We discussed these findings with the registered manager who showed us the audits the home had previously undertaken to gain people's views. We saw the results of these were all positive. However, they gave assurances they would speak with each person again to ascertain their views about how to improve their enjoyment of the meals.

People spoke highly of the care they received. They told us they felt safe and were supported by kind and caring staff. One person said, "yes, it's especially nice here" and another said, "this is wonderful. The best place in England." A relative told us "I can relax knowing mum is safe and cared for."

The registered manager said, "residents' wishes are at the forefront of their care to allow them to live their lives as fully as possible." We saw risks to people's safety and well-being were well managed and people's rights were respected. Care needs and the support and assistance required to meet these was well documented and staff received clear guidance about how to keep people safe. People were involved in planning their care and reviewing how well the home was meeting their needs. Staff were knowledgeable about people's needs and their preferences. People received their medicines as prescribed and medicines were managed safely.

Recruitment practices were safe and staff were employed in sufficient numbers to provide a safe and caring home. Staff told us they enjoyed working at the home. They all said, "I love working here" or "I love my job." Staff had

completed training in a variety of training topics such as person-centred care, nutrition, diabetes and dementia care as well as health and safety topics to give them the skills they needed to meet individual care needs.

People had regular access to healthcare professionals. When concerns about a person's health were identified, staff sought professional advice promptly. Community nurses told us they had confidence in the staff's ability to care for people well.

Leisure and social activities were planned to provide meaningful engagement for people. However, the involvement of people who may be at risk of social isolation needs to be better recorded.

People, relatives and staff told us the home was well managed. There were clear lines of responsibility in the home and staff worked well as a team. The registered manager was described as "wonderful, really supportive" and people also praised the deputy managers. People said if they had concerns they were confident these would be listened to and dealt with promptly.

People told us the home was always clean and fresh smelling. The premises and equipment were well maintained. There were systems in place to assess and monitor the quality of care. The registered manager had audited care records, policies, the environment, and staffing. People, relatives and staff were encouraged to share their views for improving the services provided at the home.

# 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?

The home was safe.

People told us they felt safe at the home. Relatives were confident their relations received safe care.

Risks to people's safety and well-being were well managed. Staff were knowledgeable about protecting vulnerable people.

Staff recruitment practices were safe.

People received their medicines as prescribed and medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People gave a mixed response about the quality of the meals provided by the home. The registered manager gave assurances people's views would be sought and changes made as a result.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected.

People had regular access to healthcare professionals. When concerns about a person's health were identified, staff sought professional advice promptly.

Good



### Is the service caring?

The home was caring.

People spoke highly of the care they received. People were treated kindly and with patience. Staff had genuine affection for people.

Relatives were happy with the care their loved ones received and had a good relationship with the staff and the registered manager.

Good



### Is the service responsive?

The home was responsive.

Staff were responsive to people's need and requests.

Care plans described people's needs clearly as well as their preferences in how they wished to be supported.

Leisure and social activities were planned to provide meaningful engagement for people.

People said if they had concerns they were confident these would be listened to and dealt with promptly.

Good



### Is the service well-led?

The home was well-led.

Good



# Summary of findings

People, relatives and staff told us the home was well managed. There were clear lines of responsibility in the home and staff worked well as a team.

There were systems in place to assess and monitor the quality of care. The manager had audited care records, policies, the environment, and staffing.

People, relatives and staff were encouraged to share their views for improving the services provided at the home.

# Somerforde Limited

## 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 was 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 24 and 26 November 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the inspection we spoke with 13 people who lived at the home, three visitors, and six members of care staff as well as housekeeping, catering and maintenance staff. We spoke with the staff about their role, the training they received and the people they were supporting. People and their relatives shared with us their experiences of the home and the care they received. The registered manager was present during both days of the inspection.

We discussed the home with the community nursing service prior to and during the inspection to gather their views about the service. We looked at the care plans, assessments and daily notes for three people with a range of needs. We looked at three staff files to check that the home's recruitment and training procedures, as well as the procedures in relation to the operation of the home.

# Is the service safe?

## Our findings

People told us they felt safe living at Somerforde. One person said, “yes, it’s especially nice here” and another said “yes, I feel very safe.” They said they could talk to staff if they had any concerns. Relatives confirmed they were confident their relation received safe care and support. One relative said, “I can relax knowing mum is safe and cared for.”

People were protected by staff who knew how to recognise signs of possible abuse. There was information about how to raise safeguarding concerns on the staff noticeboard. Staff told us they had received training in how to recognise harm or abuse. They were confident no member of staff would tolerate anyone receiving poor care or being abused and the registered manager would listen to their concerns and respond to these.

Risks to people’s safety and well-being had been assessed prior to their admission to the home and plans had been written to minimise these risks. Risk assessments in people’s care files included the risk of skin breakdown and the development of pressure ulcers, poor nutrition and the risk of falls due to reduced mobility. Risks associated with health conditions such as diabetes were also identified. Staff were provided with detailed information about what actions to take should there appear to be a change in a person’s care needs or a further risk to their health. For example, for someone who had diabetes, the signs and symptoms of blood glucose levels being too high or too low were described and staff were instructed on how to respond to this. We saw the assessments had been regularly reviewed to ensure they reflected people’s current care needs.

Where accidents and incidents had taken place, the deputy manager reviewed how these had come about to ensure the risk to people was minimised. For example, one person at risk of falling had agreed to have a sensor mat placed by their bed to alert staff to them getting up during the night. This allowed staff to check on them promptly to ensure they were safe.

People’s medicines were managed safely. At the time of the inspection, no one managed their own medicines, but they would be supported to do so if they wished and were assessed as safe to continue. People’s medicines were stored safely and securely. Staff who gave people their

medicines had completed training. Medicine administration records were clearly signed with no gaps in the recordings. The deputy manager carried out medicine audits every month to identify if people had received their medicines as prescribed and if documentation was fully completed. The community pharmacist responsible for providing medicines to the home had visited on 12 November 2015. They reviewed the home’s practices in relation to storage, administration and recording of medicines and found them to be safe.

There were robust recruitment practices in place to ensure, as far as possible, only suitable staff were employed at the home. We looked at three staff recruitment files, all of which held the required pre-employment documentation including Disclosure and Barring checks. People living at the home, their relatives and the staff told us they felt there were sufficient staff on duty to meet people’s care needs. Staff were visible throughout the inspection and call bells were answered quickly. People told us they did not have to wait long when calling for assistance. At the time of our inspection, in addition to the registered manager, a deputy manager was on duty with three care staff as well as housekeeping and catering staff. During the afternoons there were three care staff on duty and overnight two care staff.

People told us the home was always clean and fresh smelling. Several people said this was one of the things that attracted them to the home when they visited before moving in. Staff had access to hand washing facilities and used gloves and aprons appropriately. Cleaning schedules were maintained of daily, weekly, and monthly cleaning. Housekeeping staff had suitable cleaning materials and equipment. The registered manager undertook regular audits of the cleanliness of the home and the laundry facilities. For example, the laundry audit checked the laundry room was clean, the drier was lint free and a sample of clothes were clean, stain free and ironed.

The premises and equipment were maintained to ensure people were kept safe. Checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists. A member of staff responsible for maintenance was on site during the inspection and they confirmed they undertook repairs and redecoration as required. There were arrangements in place to deal with foreseeable emergencies. For example, there was a plan for moving people to a place of safety should there be a fire, as well as

## Is the service safe?

a business continuity plan should the home need to be evacuated. The home had received a food hygiene visit in January 2015. They had been awarded a rating of five. This was the highest rating and showed the service maintained very good hygiene.

# Is the service effective?

## Our findings

We received a mixed response when we asked people their views on the quality of the meals provided by the home. The majority of people said the food was “good”, “very nice” and “it’s lovely, too much sometimes.” Five of the thirteen people we spoke with said it was not to their liking. One person said, “the food doesn’t always suit” and another said, “the food is of poor quality. The meat is tough”. They felt pasta was offered too often and the choice of meals at tea time was poor with ham and cheese sandwiches being repeatedly offered. Although, people’s food preferences were recorded in their care plans, people said the cook had not spoken to them about what meals they would like to see on the menu. On both days of the inspection, we observed the lunchtime meal. The majority of people told us they were enjoying their meal, however, three people said they were not enjoying it. One person said they had been kept waiting too long. We saw they had asked for an alternative to the two planned meals and this was prepared after other people had been served.

We discussed these comments with the staff and the registered manager. Staff confirmed people could always ask for alternatives to the planned meals, and showed us records of the meals planned and those chosen by people. We saw people had requested meals other than those planned. We saw pasta was on the lunchtime menu three times in the four weeks following the inspection. We looked at the choice provided for the tea time meals. Although sandwiches were listed, a variety of fillings were available, as well as other choices such as soup and mushrooms or tomatoes on toast. Staff said they had on one occasion run out of cheese and this had caused upset to one person. They said they now always made sure they had cheese as this person liked cheese and crackers before going to bed.

We looked at the amount and quality of the food stored in the kitchen and freezers. This was plentiful and of good quality, with many food items being of popular well-known brands. The registered manager showed us records of their consultation with people during residents’ meetings, using surveys and spot checks at meal times to obtain people’s views of the food and the results of these were positive. The registered manager said they would speak to each person

individually to gain their views and plan the menus in line with their preferences. They would also remind staff to ensure people knew they could ask for alternatives and to make suggestions if people were unsure.

People and their relatives told us staff were skilled to meet people’s needs and spoke positively about the care and support provided. One person told us “the staff are wonderful, marvellous” and another said, “this is a good home, we’re well looked after.”

People told us they saw their GP promptly if they needed to do so. One person told us staff had responded “more quickly than I would have done and called my GP straight away” when they saw a mark on the person’s leg. This person had a long standing skin condition and staff had followed the guidance in this person’s care plan which stated they must be observant for any new marks on their skin and seek advice. People also had regular access to other healthcare professionals such as occupational therapists, chiropodists, community nurses, opticians, and dentists. For example, between the two days of our inspection, the registered manager had accompanied two people to the diabetic screening clinic at the local hospital. Two community nurses told us they had confidence in the staff’s ability to care for people well. They said staff contacted them promptly for advice. Comments received from the survey sent to health care professionals in July 2015, included, “always listen and take advice” and “staff always appear caring and professional and have a good rapport with the residents.”

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. We found the registered manager had trained and prepared their staff in understanding the requirements of



## Is the service effective?

the Mental Capacity Act in general, and the requirements of the DoLS. At the time of our inspection, no one was being deprived of their liberty. People told us they were free to come and go as they pleased and they knew to let staff know they were going out in case of an emergency. One person said, "I'm free to go out wherever I wish."

Staff told us they were very well supported in their role. They said the home was committed to providing them with the training they required to understand and meet people's needs. For example, one member of staff said they had requested training in caring for people at the end of their lives and the registered manager had organised training for the whole staff group. Records showed staff had received training in topics such as caring for people living with dementia, safe management of medicines, respecting equality and diversity, person-centred care, fire safety and

safe moving and transferring. On the second day of our inspection, staff were receiving training from the community nurse on responding to low blood glucose levels for people who have diabetes.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as competent to work alone. They were also enrolled to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff had received regular supervision and appraisal of their workplace performance to ensure they were caring for people in the manner they preferred and also to identify their own training and development needs.

# Is the service caring?

## Our findings

People spoke highly of the care they received. They told us the staff were always kind, caring and friendly: comments included “this is wonderful. The best place in England”, “I can’t find fault” and “the staff are lovely and (name) is perfect”. One person said they were looking forward to Christmas as the home “always makes it special”. Relatives also described the staff as kind, caring and attentive. One relative said the staff are “never disrespectful.”

The registered manager made available information and guidance about health conditions people may be concerned about, such as dementia and pressure ulcer prevention. They also had the details for support groups and an advocacy service to enable people to obtain support from outside of the home.

People told us staff treated them with respect and dignity when providing personal care. Staff asked people beforehand for their consent to provide the care, and doors were closed. We saw staff knocking on people’s doors and waiting for a response before entering.

Care plans held a document referring staff to consider the “essential principles of care” when assisting people. These included, “all residents should be treated as you would want to be treated”, “residents’ preferences and choices must be respected. They should be supported to live a fulfilling life without infringement of their rights and independence” and staff must “seek consent before assisting people with their personal care”.

People had been consulted over their wishes for their future care needs and how and where they would prefer to be cared for at the end of their lives. People would be

supported to remain at the home if that was their wish, and the staff and the community nursing service could continue to meet their needs. Staff had recently received training from the local hospice in ‘care of the dying person’ and they said they were well supported to care for people at this time.

We observed staff being kind and respectful to people. They told us they enjoyed working at the home. All the staff said, “I love working here” or “I love my job.” One member of staff said, “I’m passionate about what we do.” They told us their caring role was about “treating people as if they were my relative”, “getting to know people, letting them know they can trust you to care for them well” and “making people happy. Helping them enjoy life”.

We reviewed a selection of written comments recently received by the home. These showed a high level of satisfaction with the care and support provided by the staff. Comments included, “all the staff are cheerful, caring, patient and excellent. I would be happy to recommend you” and “thank you for looking after mum so brilliantly, she is so happy with everything you do. We have peace of mind she is being so well cared for.”

The home had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the home, spending time in the lounge and also coming and going from the home.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One relative told us they visit frequently, are always offered drinks and could have a meal if they wished.

# Is the service responsive?

## Our findings

In the information sent to us prior to the inspection, the registered manager said, “residents’ wishes are at the forefront of their care to allow them to live their lives as fully as possible.” People told us they were being well cared for in the way they wished and preferred.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People confirmed they had been consulted about their care needs, both prior to and since their admission and asked how they wished to be supported. Each month people met with their nominated key worker to discuss how well they have been over the previous month, whether they were happy or had concerns or wished to make any requests. These reviews contributed to the review of the care plan to ensure these remained up to date with people’s care needs. The registered manager was supportive of people to remain as independent as possible with their care. For example, one person had found the toilet flush hard to push and this had been replaced for one they found easier to use. Taps on sinks had been changed for two other people to allow them to use these more easily.

Staff were knowledgeable about the people they supported and we saw people’s needs and preferences were clearly recorded in an individual care plan. These care plans contained several documents which provided staff with information about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance. Each section of the plan covered a different area of the person’s care needs, for example personal care, nutrition and hydration, mobility, physical health and skin care. A summary of people’s care needs was available at the front of the care plans as a quick reference for staff. A further summary document listed risks to people’s well-being and guided staff with how to reduce these risks and keep people safe.

The home anticipated and planned for people’s future care needs. At the time of our inspection, the home received delivery of a new height adjustable bed for someone whose mobility was becoming more restricted.

People leisure and social interests were recorded in their care files. People told us the home provided group activities during the afternoons. Some people said they liked to join in with these while others said they preferred not to. One person felt some of the activities were “too childish” and preferred only those that were mentally stimulating such as quizzes. During our visit we saw several people participating in a game of “ball darts”, a game involving throwing three balls at a numbered target which they then had to add up. We saw people were laughing with each other and the staff during the game. Staff told us they spent time with people who preferred to stay in their rooms or who were being cared for in their rooms due to frail health. However, the records of staff involvement with people in individual activities had not been recorded. Arrangements had been made to meet people’s individual religious needs. For example, church services were held every two weeks.

The home provided a shop where people could buy toiletries and confectionary and had arranged for a mobile clothes shop to visit regularly for people to buy clothes. Staff told us they raise funds to be able to offer people the opportunity to visit local places of interest. People told us they had recently enjoyed a visit to a local shopping centre. The home is situated next to a park and people told us they frequently went there for walks. Those people who required staff support to go out of the home told us staff often took them to the park on nice days.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative said “I can talk to any of the staff or the owners.” The complaints procedure was available in the entrance way. Suggestion boxes were placed in the hall and the dining room for people to make comments, suggestions or raise concerns anonymously if wished. The home had received two complaints and these were fully recorded and the actions taken to resolve the issues identified.

# Is the service well-led?

## Our findings

People, their relatives and staff told us the home was well managed. One person told us “this is a well-run home”. Others said the registered manager was always available. People were also complimentary about the two deputy managers. One was described as “perfect” and in a written comment recently received by the home, a relative said of the other deputy manager, “I have such faith in her abilities. She has always been so dedicated, and is such a cheerful girl”.

Staff told us the registered manager was very approachable and was “hands on” often working alongside them. One member of staff said the registered manager was “wonderful, really supportive.” They said they could rely on them to help out if they were busy. One relative said the communication between them and the home was excellent.

Formal resident and relative meetings were held on a regular basis. These provided people with an opportunity to discuss any concerns, queries or make any suggestions. Minutes from the recent meeting confirmed people had spoken about the meals, activities and had requested the return of the “tuck shop.” Staff told us this had been reintroduced the week following the meeting.

Questionnaires were used to review the quality of the services and support provided by the home. These included an annual survey to people living in the home, their relatives, the staff and visiting healthcare professionals. Questionnaires for people who had spent a short time at the home receiving respite care were used to gain their views on how well they had been supported. The results of this year’s survey showed a very high level of satisfaction. The registered manager told us they now planned to send the surveys every three months to enable people to contribute with their views and suggestions more frequently.

Staff worked well as a team. There were friendly and jovial interactions between staff. Staff told us “we’re a great team” and “we all get on really well”. Staff knew their roles and responsibilities. The keyworker system promoted staff taking responsibility to ensure people had what they needed to live comfortably at the home, and ensured they were involved with planning their care and support.

Regular staff meetings which gave staff the opportunity to raise any concerns and share ideas as a team. One staff member told us, “If it can be made better, it is.” Staff said they had recently discussed the staffing requirements in the home due to people’s changing care needs and as a result the staffing levels had been increased.

The registered manager and the deputy managers regularly attended local meetings with other care home managers and the community nurses to share good practice. Monthly audits of the quality and safety of the home were carried out by either the registered manager or a deputy manager. Areas audited included care planning, medicines, laundry services, equipment maintenance and the cleanliness and safety of the environment. Action plans were developed where needed. For example, a recent audit showed one person had not been weighed and someone’s bin had not been emptied. The action plan showed the registered manager had spoken to the staff involved. This showed the registered manager took seriously not only issues that might affect someone’s health but also the things that made life comfortable for people.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and their duty of candour. The duty of candour places requirements on managers to act in an open and transparent way in relation to providing care and treatment to people. Notifications had been submitted to us, in a timely manner, about any events or incidents they were required by law to tell us about.