

Altogether Care LLP

# Yeovil - Sherborne House Care Home

## 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

This inspection was unannounced and took place on 7 May 2015.

Yeovil – Sherborne House provides accommodation and nursing care to up to 28 people. The home specialises in the care of older people living with dementia.

At our last inspection of the home in February 2014 we found the home needed to improve some areas of the premises to ensure they were safe. The provider sent an

action plan outlining the work that had been undertaken to make sure all areas of the building were safe for people who used the service. At this inspection we saw the required work had been carried out.

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

# Summary of findings

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.

Without exception the registered manager was described as open and approachable. Their office was located in the centre of the home which enabled people and staff to discuss issues with them at any time. The registered manager was very visible in the home and people looked very comfortable and relaxed with them.

People said they were supported by kind and caring staff. One person told us "There are very nice staff here and they are definitely kind." Another person said "Staff are nice and we all get on." Throughout the inspection visit staff interacted with people in a kind and friendly manner. Staff sat with people chatting and looking through books and photo albums. One person said "I think it's a lovely place."

There were sufficient numbers of staff to meet people's needs in a relaxed manner. Staff received on-going training to make sure they had up to date knowledge to safely and effectively support people.

One to one and group activities were arranged to make sure people received social stimulation and were assisted to occupy their time. There was a weekly activity programme displayed outside the dining room to let people know what was going on. For people who did not wish to join in with organised activities there were objects around the home for them to interact with.

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff

told us there were no strict routines in the home and they liked people to please themselves. One member of staff said "We don't make people get up or go to bed at a certain time It's really up to them. We want people to feel they are at home." People looked very comfortable with the staff who supported them and felt safe at the home. One person told us "The staff are lovely with you." A visiting relative said "I think they are very safe and happy here."

Staff respected people's privacy and made sure people's dignity was protected. Each person had a single room where they were able to spend time alone or see visitors in private.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were highlighted regarding people's food or fluid intake the staff involved appropriate professionals such as GPs and speech and language therapists. There was always a choice of food and staff assisted people to choose their meal. People were complimentary about the food served at the home. Where people required a specialist diet to meet their needs this was provided.

There were always registered nurses on duty to monitor people's well-being. People also had access to other healthcare professionals according to their individual needs.

There were annual satisfaction surveys for people who lived at the home and their representatives. The results of the last survey showed a high level of satisfaction with all aspects of the service.

# 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 service was safe.

The provider had a robust recruitment procedure which minimised risks to people.

There were sufficient numbers of staff to maintain people's safety and ensure they received care and support in line with their needs.

Risk assessments were in place which ensured risks to people were minimised.

Good



### Is the service effective?

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional needs were assessed and the staff involved appropriate professionals to ensure their needs were met.

People had on going access to registered nurses who monitored their healthcare needs to ensure they received effective care and treatment.

Good



### Is the service caring?

The service was caring.

People were supported by kind and caring staff.

Staff respected people's privacy and dignity.

There were ways for people, or their representatives, to be involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People received care which was responsive to their needs and took account of their preferences.

Activities were arranged to make sure people had access to social and mental stimulation.

People and visitors told us they would be comfortable to make a complaint if they were unhappy with any aspect of the service.

Good



### Is the service well-led?

The service was well led.

There was a registered manager in post who had a commitment to providing a high quality service.

Staff were well supported to meet the aims of the home.

There were systems in place to effectively monitor the quality of care and seek people's views.

Good



# Yeovil - Sherborne House Care Home

## 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 7 May 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At the time of the inspection there were 27 people living at Sherborne House. During our visit we spoke with seven people who lived at the home, four visitors and six members of staff. Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one communal area. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We looked at records which related to people's individual care and the running of the home. Records seen included four care and support plans, three staff recruitment files, quality assurance records and medication records.

# Is the service safe?

## Our findings

The provider had a robust recruitment process which minimised the risks of abuse to people who used the service. All new staff completed an application form giving details of their previous employment and the registered manager interviewed all prospective employees. The provider then carried out appropriate checks which included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff personnel files contained evidence that new staff had not commenced work in the home until all checks had been received by the registered manager.

People looked very comfortable with the staff who supported them and felt safe at the home. One person told us "The staff are lovely with you." A visiting relative said "I think they are very safe and happy here."

People were supported by staff who knew how to recognise and report abuse. There was information on the notice board which gave clear information about how to report any concerns. Staff were confident that any allegations reported to the registered manager would be shared with appropriate agencies and action would be taken to make sure people were protected. Where concerns had been identified the registered manager had informed the appropriate authorities and worked with other professionals to make sure risks to people at the home were minimised.

There were sufficient numbers of staff to support people in a relaxed and unhurried manner. In addition to providing physical care staff had time to chat and socialise with people. Many people were not able to verbally express their need for assistance but staff were able to recognise when people required support and provided it promptly. Staff told us they felt there were always enough staff to meet people's needs and spend time with individuals who required additional support or reassurance. One member of staff said "There's always enough staff. If other staff are off we always pick up additional shifts to make sure there are. We are busy but staffing is not an issue here."

Care plans contained risks assessments which outlined measures in place to enable people receive care safely. Where people's behaviour could possibly pose a threat to other people appropriate professionals were involved in these assessments. One risk assessment had been drawn up in conjunction with a community mental health nurse and psychologist. Other risk assessments completed included minimising the risk of falls and pressure damage to people's skin. Equipment, such as pressure relieving mattresses and cushions, had been put in place where needs had been identified.

To make sure people received their medicines safely all medicines were administered by registered nurses who had undertaken specific training and had their competency assessed. A small number of people received their medicines covertly (without their agreement.) Where medicines were given to people covertly there were clear care plans in place. The care plans showed the decision had been taken in partnership with other professionals in the person's best interests.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. Medication administration records showed that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We looked at records relating to medicines which required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Where people were unable to express their need for pain relief the home used the 'Abbey Pain Scale' to determine their need. This is a check designed to measure pain in people who have dementia but are unable to verbalise their needs. During the inspection one person showed signs of distress and 'as required' pain relief was given to them to alleviate their discomfort.

# Is the service effective?

## Our findings

People were supported by staff who had undergone a thorough induction programme. Staff personnel files showed staff had completed an induction programme which gave them the basic skills and knowledge to care for people effectively and safely. New staff were also able to shadow more experienced staff to learn how to care for each individual. One member of staff told us “The induction was really good and I had lots of chances to shadow other staff.”

Staff had opportunities to further their skills and knowledge by undertaking on-going training. Training included specialist training in caring for people living with dementia and working with people who displayed challenging behaviour. This made sure staff had an understanding of people’s needs and how to meet them. One member of staff told us “The training gives you a real understanding of why people do things and how to help them.” One visiting relative told us “The staff here really know what they’re doing.” Another relative said “They manage people’s needs really well.”

There was always a registered nurse on duty to make sure people’s clinical needs were monitored and met. The staff handover meeting between staff working in the morning and those working in the afternoon demonstrated staff monitored people’s physical and mental well-being. Where staff had concerns about a person’s health, these concerns were passed to the registered nurses to make sure people received effective monitoring and treatment. One member of staff told us “We always go to the nurses if we have any worries about people.”

In addition to registered nurses employed at the home people had access to other healthcare professionals according to their individual needs. Care records showed people were seen by other professionals including; doctors, community mental health nurses, psychologists and speech and language therapists. One person said “They call the doctor if you’re not well.”

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were highlighted regarding people’s food or fluid intake the staff involved appropriate professionals such as GPs and speech and language therapists. One care plan stated that, due to concerns about nutrition, the person

should be weighed each week and all food eaten should be recorded. There were records to show staff were following the care plan to enable them to effectively monitor this person’s well-being.

Where people required a specialist diet to meet their needs this was provided. For example one person had been seen by a healthcare professional who recommended a pureed diet and thickened fluids to reduce the risks of choking. At lunchtime we noted the person received a pureed diet and their drink had been thickened to the recommended consistency. This demonstrated staff followed advice to make sure people’s nutritional needs were effectively met.

People were complimentary about the food served at the home. One person said “Food is nice and you get a choice.” Another person told us “The dinners are tasty.” At lunch time people were able to choose where they ate their meal. The majority of people ate in the main dining room but some chose to eat in the lounges or their rooms. There was a choice of main meal and dessert. When people were unable to verbalise their choice staff showed the person the meals available to enable them to decide which meal they wanted. One person preferred to eat with their fingers and appropriate food was made available to them.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff told us they supported people to make choices but also consulted relatives when people were unable to make a decision.

Many people who lived at the home did not have the mental capacity to consent to all aspects of their care. Care plans contained information about how decisions had been made and who had been involved in the decision making process.

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

## Is the service effective?

there is no other way to look after the person safely. The registered manager was up to date with changes to this legislation and had made applications to the supervisory body to make sure people's legal rights were protected.

The registered manager informed us they had arranged for professionals from outside the home to carry out an audit

on how the home was meeting their legal obligations. The audit would involve talking to staff about their knowledge of the MCA and their understanding of the DoLS. This was to gauge if any further training or improvements were needed in this area of practice.

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. One person told us “There are very nice staff here and they are definitely kind.” Another person said “Staff are nice and we all get on.” A visiting relative told us staff cared for people with “Patience, love and understanding.”

The home had received numerous cards thanking staff for the care they had given to their friends and relatives. One card thanked all the staff for their “Wonderful care and kindness.” Another said their relative had received excellent care from kind staff.

Throughout the inspection visit staff interacted with people in a kind and friendly manner. Staff sat with people chatting and looking through books and photo albums. When one person showed signs of distress and discomfort staff spoke with them calmly to try to understand what was causing the person’s anxiety. People looked very comfortable with staff and we saw many staff used physical gestures, such as gently touching people, to convey warmth and reassurance. One person said “I think it’s a lovely place.”

We watched staff assisting a person to stand using a mechanical hoist. Staff explained everything to the person and offered constant reassurance to make sure they felt safe. When staff assisted people to walk they walked at the person’s pace and chatted and joked with the person. This resulted in people smiling and laughing with staff.

Many of the people who lived at the home were not always able to promote their own dignity. Several staff had been appointed as dignity champions to make sure other staff were constantly reminded to maintain people’s dignity. The home also kept a ‘dignity diary’ which gave examples of how staff had assisted people in this area. For example when a person who was disinhibited due to their dementia had begun to undress in one of the communal areas staff had promptly intervened to protect their dignity.

People’s privacy was respected and all personal care was provided in private. Each person had a single room with

en-suite facilities to enable staff to assist them in private. There were also shared bathrooms with assisted bathing facilities and a newly created level access shower. This allowed people to choose where they wanted to be supported with personal care. One person said “I like the bath best.” This person’s care plan showed staff assisted them to have a bath in line with their preference. To promote people’s privacy and dignity staff ensured doors were closed when they assisted people with personal care.

Visitors were always made welcome which enabled people to maintain contact with friends and family. Relatives told us they were able to visit at any time without an appointment. We noted visitors joined their relatives to watch a singer who performed at the home on the afternoon of the inspection. One visitor said “They are always welcoming and make sure I get invited to things.” One person commented “My family come all the time.”

Staff assisted people to celebrate special occasions and events. One visiting relative told us the staff had laid on a candlelit dinner in a quiet area to celebrate a wedding anniversary. Another person said the staff had made a cake to celebrate their birthday.

There were ways for people, or their representatives, to express their views about their care. Care plans were reviewed regularly which enabled people to express their views and comment on the care they received. One visitor said they had been fully involved in creating a care plan for their relative and had been asked for their opinion at reviews. Another visitor told us “They keep me involved in everything. Not just reviews but all the time.” One care plan contained a risk assessment which placed some restrictions on the person for the safety of others living at the home. This had been fully discussed with the person and they had agreed to the assessment.

Staff respected people’s right to confidentiality and did not discuss personal matters in front of other people. All personal information was kept securely. When staff discussed people who lived at the home they demonstrated warmth and compassion.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Staff told us there were no strict routines in the home and they liked people to please themselves. One member of staff said “We don’t make people get up or go to bed at a certain time It’s really up to them. We want people to feel they are at home.” On the day of the inspection we noticed some people choose to stay in bed late. We heard one member of staff say to another that they had been to see a person in their room but they wanted to stay in bed. The member of staff said they would go back later and see if they wanted to get up and dressed.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans clearly set out people’s needs and also how the person preferred their needs to be met. This made all care plans very personal to the individual and gave staff clear information. All care plans also contained a document called ‘This is me.’ This is a form designed by the Alzheimer’s society to give information about the person’s needs and what is important to them. If the person was admitted to hospital or another service the document could be used to make sure the person received appropriate care and support.

Staff knew people well and were able to tell us about individuals, their preferences and behaviours. Staff were aware of what might trigger anxiety in different people and told us how they took action to alleviate people’s anxiety before they became distressed. Throughout the day there was a calm and relaxed atmosphere which showed staff were responding to people appropriately to avoid them becoming frustrated or uncomfortable. One visitor told us “The care always feels very person centred. They don’t treat everyone the same and they know people so well which seems to make for a peaceful environment.”

To assist people to maintain independence all bedroom doors had memory boxes outside them. These were boxes which securely held personal items, such as pictures and ornaments. This helped people to identify their own room. Each bedroom door also had a short pen picture of the occupant to assist visitors and staff to instigate conversations about people’s interests and likes. One

memory box had gardening gloves and a small trowel in. Their pen picture said they had worked as a gardener. When we visited this person they happily chatted to us about the new vegetable bed in the garden.

One to one and group activities were arranged to make sure people received social stimulation and were assisted to occupy their time. In addition to activities organised by the activity worker care staff spent time chatting and socialising with people. There was a weekly activity programme displayed outside the dining room to let people know what was going on. On the afternoon of the inspection a singer performed in one of the lounges which appeared to be enjoyed. We saw some people singing along and others dancing with staff.

Some people chose not to join in with activities but occupied themselves by walking round the home. There were numerous items for people to interact with such as cuddly toys, books, hats and scarves. There were different textures on walls for people to touch and feel. One person who was touching a display on the wall said “Soft makes me happy.”

People and visitors told us they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person said “If you’re not happy you just have to say.” Another person told us “They always listen to you.” Staff told us, that although many people would not be able to vocalise a complaint, they would notice any changes to a person which may indicate they were unhappy. One member of staff said “We know people really well. I can tell when something is wrong. It may be something in their looks or their voice. I would do everything possible to find out what was bothering them.”

Visitors told us they had never needed to make a complaint because the registered manager and staff were always available to discuss any issues as they arose. One visitor said “I know I could approach any one of them.” Another visitor said “We discuss things all the time. I would complain if I needed to but I can’t imagine ever needing to.” Where complaints had been made records showed these had been fully investigated and action had been taken to make improvements where needed. Issues highlighted by one complaint had been discussed at a staff meeting to make sure improvements were made.

# Is the service well-led?

## Our findings

The home was well led because the registered manager was clear about how the service should be provided to people and supported staff to achieve the aims of the home. The home aimed to tailor the service to meet individual needs and maximise people's independence. All staff said they aimed to provide a service which treated each person as an individual. Throughout the inspection we saw and heard staff responding to people in ways that respected them as a person and demonstrated warmth and kindness.

There were regular meetings for staff to share ideas and make sure all staff were aware of any changes to practice. Each member of staff also received appraisals and formal supervision. Supervisions were an opportunity for staff to discuss their work and highlight any training or development needs. This made sure people benefitted from up to date guidance and training. Supervision was also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager's office was in the centre of the home which enabled people to approach them at any time and also allowed them to constantly monitor practice. We saw the registered manager was very visible in the home and had an excellent knowledge of everyone. People were very comfortable and relaxed with them. In the morning we observed them giving advice to care staff and in the afternoon they were dancing with people during the entertainment. This showed they were involved in all aspects of the service.

Without exception the registered manager was described as open and approachable. One member of staff said "She's a brilliant boss. I feel really well supported in my job." A visitor said "She's really approachable and a very lovely person." A person who lived at the home told us "She's a nice lady. I like talking to her."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy and a team of registered nurses. There were also senior carers who co-ordinated other care staff to make sure people's needs were met. The staffing structure made sure senior staff were always available to people and their visitors.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. The provider had recently organised an independent audit of the home which had highlighted a high quality service. Where shortfalls had been identified the registered manager had put in place an action plan to address the issues.

There were annual satisfaction surveys for people who lived at the home and their representatives. The registered manager analysed all returned surveys to make sure any changes made were in line with people's views and wishes. The results of the last survey showed a high level of satisfaction with all aspects of the service.

All accidents and incidents which happened in the home were recorded and analysed. Where a number of incidents, such as slips or falls, occurred advice was sought from appropriate professionals such as GPs. Changes to care plans were made to minimise the risks of re-occurrence.

The registered manager was a registered nurse, they kept their skills and knowledge up to date by on-going training and reading. They had a clear commitment to providing a quality service for people living with dementia and had made connections with organisations such as the Alzheimer's society. The registered manager and a number of staff had also become 'Dementia friends' which is a nationwide programme to change people's perceptions of dementia. The home held social events at the home and at local venues to make sure people living with dementia had opportunities to take part in fun activities and to enable them to raise money for charities.

The home was part of the local Registered Care Providers Association (RCPA) which offers guidance and information to registered care providers. The registered manager attended conferences held by the RCPA. The registered manager was a member of the Somerset Learning Exchange Network which provides a discussion forum for care service managers to share good practice and information.

The provider has signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services.

## Is the service well-led?

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.