

Somerforde Limited

Somerforde Limited

Inspection report

2-3 Forde Park
Newton Abbot
Devon
TQ12 1DE

Tel: 01626361786

Date of inspection visit:
11 February 2020

Date of publication:
27 March 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Somerforde Limited is a residential care home that provides personal and nursing care to 30 people aged 65 and over. There were 28 people living there at the time of the inspection. The service is in a large house, set in its own grounds, over three floors.

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

The provider and registered manager were working to improve the management and culture at the service. A comprehensive quality assurance programme had been introduced, and a review of job roles and responsibilities had improved monitoring and accountability. There was an open, transparent and positive culture at the service. Staff told us they felt valued and part of a dedicated team.

People told us staff were kind and they felt safe. This was confirmed in feedback from relatives.

Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

People were supported by sufficient numbers of suitably trained and competent staff. There had been a lot of changes in the staff team, however this was now stabilising and recruitment and retention were improving.

People were supported to engage in activities of their choice, which maximised their quality of life.

Staff promoted people's privacy and dignity, enabling them to make choices and have as much control and independence as possible. Staff ensured people were supported with their communication, which meant they had a voice.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

Staff worked effectively with external health and social care professionals to meet people's healthcare and nutritional needs.

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

Rating at last inspection

The last rating for this service was Good (published 16 May 2019).

Why we inspected

We undertook this targeted inspection to check on specific concerns that had been raised about the safety and management of the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Somerforde Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Inspected but not rated

Somerforde Limited

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns raised about the safety and management of the service.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Somerforde is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at 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

Before the inspection, we reviewed information we held on our systems about the service. This included reviewing notifications we had received from the service. A notification is information about significant events which the provider is required to send us by law. We spoke with care professionals who had worked with the service and referred to the last inspection report.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager and care workers. We spoke with one visiting health professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance documentation, staff meeting minutes, training records and staff rotas were reviewed.

Is the service safe?

Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had received about keeping people safe; staffing and recruitment; medicines administration; risk management and infection prevention.

We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. One person said, "The girls here are an absolute dream. They are marvellous, gorgeous and kind. I'm very lucky to be here."
- All staff undertook training in how to recognise and report abuse. They told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- Safeguarding concerns had been escalated and managed appropriately. Staff had worked constructively with external agencies to ensure any concerns were investigated fully and action taken to keep people safe.

Staffing and recruitment

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. They were not allowed to work unsupervised until this had been done.
- The checks included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Any concerns raised were thoroughly explored and a risk assessment completed before employment was offered.
- Improvements to the management and culture of the service had led to significant changes in the long standing staff team. This, combined with recruitment and retention difficulties, meant there had been a high staff turnover and high levels of sickness. The provider and registered manager told us they were rebuilding the staff team and making good progress. Staff had been recruited and agency staff were no longer needed.
- There were enough staff available to support people and meet their care needs. People told us staff responded quickly when they pressed their call bell. Call bell response times were checked by the management team to ensure responses were within five minutes for non urgent calls and 30 seconds for emergencies.
- The provider told us they had increased staffing numbers above the level recommended by their dependency tool. They said, " The wage bill is 30 percent higher than it was, but the care is better and we are safe. It's made an enormous change to the well being of the staff. The home functions perfectly well if one person doesn't come in as it's over staffed. We've put this in place so it's robust."
- The provider and management team had been proactive in ensuring staff had the knowledge and skills they needed to provide safe care. A comprehensive induction and training programme was in place and initiatives introduced, such as a care plan competition where staff knowledge of people's life stories and

needs was tested. A career development passport supported staff progression within the service. A member of staff told us, "I've learnt more in the last nine months than the whole time I've been here. [Managers name] took me under their wing, and trained me. If it wasn't for them I would never have progressed. It's great going on the career path with the things I'm learning."

Assessing risk, safety monitoring and management

- Effective measures were in place to protect people from a range of risks, including those related to poor nutrition and hydration, a lack of social stimulation and emergencies.
- Risks had been assessed. The information informed the development of care plans, with clear guidance for staff about how to minimise them.
- The registered manager had recognised that some people's complex needs and level of risk were too great to be met in a residential setting. They had therefore worked closely with the local authority to review people's needs and support them to move to a more appropriate setting if required.
- People's nutritional needs were met. Food and fluid intake, and people's weights were closely monitored, and action taken to ensure this was maintained. A 'meal time guide' provided detailed information about people's individual dietary needs and the support required. This information was well known by the staff team.
- The service had participated in an initiative to reduce the number of UTI's (urinary tract infections) and falls through adequate hydration. As a consequence the number of falls experienced by people living at Somerforde had halved and nobody had had a UTI for two months.
- Referrals had been made to external health professionals such as the GP and speech and language team (SALT) if there were concerns about weight loss or choking. Their guidance was followed.
- A visiting mental health professional spoke positively of the skills and knowledge of staff in managing risks related to people's mental health. They told us staff referred people appropriately, and worked constructively alongside them to provide person centred dementia care,
- Activity and mental stimulation helped to reduce anxiety and depression and maintain cognitive functioning. Staff completed a detailed assessment of people's interests and preferences, and reviewed it with them every two months to ensure it remained relevant. Communal activities included pets as therapy, visiting entertainers, scrap book making, trips to the park and a monthly exercise class.
- Additional support was provided if people needed it to participate in activities. For example one person with sensory loss received a daily talking newspaper. Another person, who was cared for in their room, had regular chats with staff and a daily planned activity, such as finger painting.
- Regular health and safety checks were completed to ensure the premises were always safe and there were no hazards to people's health and wellbeing. Emergency plans were in place to ensure people were protected in the event of a fire.

Using medicines safely

- An electronic medication management system had been introduced to improve the safety of medicines administration by reducing the possibility of human error, and increasing oversight.
- There were suitable systems for the storage, ordering, administering, monitoring and disposal of medicines. This ensured people received their medicines safely, and in the way prescribed for them.
- The service had worked with community health professionals to improve communication related to medicines administration.
- Staff received medicines training and competency checks were completed to make sure they gave medicines safely.
- There was a robust system of audit and review in place and best practice guidance was followed.

Preventing and controlling infection

- Staff were trained in infection control and were provided with personal protective equipment to prevent the spread of infection. There were up to date policies and procedures in place for staff to follow.
- There was a comprehensive programme in place to maintain the cleanliness and hygiene of equipment and the environment. This was closely monitored through the provider's quality assurance processes.

We concluded there was no evidence to substantiate the concerns which had been raised to us.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had received about the management and culture of the service.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- The manager had been registered to manage the service for five months at the time of this inspection. A SIP (service improvement plan) showed the progress that had been made in the management of the service and actions still required. This incorporated feedback from the last inspection, the local authority QAIT team (quality assurance and improvement) and the findings from the providers quality assurance processes. The SIP had been reviewed and updated every three months.
- The management team had been proactive in improving monitoring and accountability at the service. For example, there had been a focus on creating a more open culture where staff would raise concerns about poor practice. Spot checks had been introduced across all shifts to ensure safe care was being provided. Staff evidenced they had completed a night check by using their phones to scan a QR (Quick Response) code on the wall in people's rooms.
- Measures to address concerns about staff practice were in place. For example staff completed a four week 'improvement programme' with regular supervision if required. Disciplinary processes had been used effectively to keep people safe.
- There were effective systems in place to monitor the quality and safety of the service. The management team had been restructured to support this. Regular audits were completed by the provider and management team, and action taken in response to the findings.
- There was a clear staffing structure in place with clarity around roles and responsibilities. This included 'lead roles' with responsibility for areas such as medicines management. The registered manager told us, "When I first came to Somerforde I interviewed all the staff and did shifts with them." This had enabled them to identify staff strengths and where they could be best utilised in the staff team. They added, "I've got some incredible staff. They are loyal, caring and kind. I'm very, very lucky."
- The service met its regulatory requirements to provide us with statutory notifications as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on their duty of candour responsibility

- People, relatives, staff and health professionals spoke highly of the management team and the improvements made since the registered manager had been in post. A relative commented, "I'm really

happy with the home at the moment. I had concerns when it first changed over but it's settled now. They were short staffed, but now they've got the staff worked out. [Managers name] is lovely. They are always approachable. They listen to concerns and sort them out."

- People were treated as active partners in their care. They told us staff treated them with respect and kindness. Staff knocked on doors and asked for permission before giving support. Care records showed signed consent had been sought in relation to care provision, or decisions made in people's best interests, in line with the Mental Capacity Act 2005.

- Staff told us there was a positive culture at the service and they felt valued. Comments included, "I feel massively valued. They make it known you are appreciated. They give verbal congratulations. They emailed me because I came in on my day off . When you are giving them good work you get it back" and, "Staff who weren't very good have done a 360 and are the best carers now. Its because they are feeling valued and supported."

- There was a transparent culture at the service. The provider and management team were open about the challenges they faced and the progress made. Staff meeting minutes showed these issues had been discussed with the staff team. The registered manager told us if a safeguarding concern was raised they sought to learn from it. Records showed they had been open and honest with relatives about any mistakes and the action taken.

We concluded there was no evidence to substantiate the concerns which had been raised to us.