Graysar Associates Limited

Somerville House

Inspection report

Somerville Road
Willand
Cullompton
Devon
EX15 2PP

Tel: 01884820811
Website: www.somervillehouserch.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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Somerville House is a residential care home that was providing personal and nursing care for up to 30 people aged 65 and over. 27 people lived there at the time of the inspection.

People's experience of using this service:
People were supported by staff that were caring, compassionate and treated them with dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. The environment was safe and people had any equipment they needed. Improvements in staffing meant there was enough staff on duty to enable people to receive care in a timely way.

People were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role. People's health had improved because staff worked with a range of healthcare professionals and followed their advice.
People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice. People were encouraged to socialise and pursue their interests and hobbies. Care plans were detailed and up to date about people's individual needs and preferences.
People's concerns were listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service.

The service was well led. People, relatives and professionals gave us positive feedback about the quality of people's care. They said the registered manager was approachable, organised, and acted on feedback. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with continuous improvements in response to findings.

Rating at last inspection: Good. (Published 04 October 2016)

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the service remained Good.

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

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

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 caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Somerville House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses care services for older people.

Service and service type: Somerville House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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. We visited the service on 27 March 2019.

What we did: Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people and four relatives to ask them about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people. 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.

We spoke with the provider, registered manager, deputy manager and with eight members of staff which included care, housekeeping, catering and administrative staff. We looked at four staff members file around

staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home and received a response from two of them.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

● At the previous inspection, people did not always receive timely care and support as staffing levels varied during the afternoon, with less staff in communal areas. At this inspection, there were enough staff on duty to keep people safe and meet their needs. More housekeeping, dedicated laundry staff and an administrative assistant had been employed. This meant care staff spent more time with people.

● People received the support they needed. Staff were visible around the home throughout the day, chatting to people, and offering assistance to ensure people were comfortable and cared for. One person said, "If I feel upset the carers spend time with me and let me talk about it."

● The registered manager used a dependency tool to monitor staffing levels met people's changing needs. For example, they put extra staff on duty over lunchtime when more people needed assistance with their meals. The service was fully staffed and staff did extra shifts to cover any sickness or leave, so people were supported by staff they knew.

● Staff had been recruited safely. All pre-employment checks had been carried out including criminal record checks, and getting references from previous employers.

Systems and processes to safeguard people from the risk of abuse.

● People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.

● The provider had effective safeguarding systems in place. Staff had a good understanding of how to protect people from harm or abuse. They felt confident any concerns reported would be listened and responded to. No safeguarding concerns had been identified in the past 12 months.

Assessing risk, safety monitoring and management

● People felt safe living at the home, and 80% of residents strongly agreed they felt safe in a recent survey. People's comments included; "I'm a bit unsteady on my feet but the carers give me support if I need it." A person with a visual impairment said, "I can feel afraid to walk around unless I know exactly where I'm going. Living here gives me confidence because I know the layout and everyone looks after me and would help if I stumble."

● Personalised risk assessments included measures to reduce risks as much as possible. For example, relating to falls, bedrails, and skin damage. Staff understood the support people required to reduce the risk of avoidable harm. For example, when a person at high risk of falling wanted to move, a staff member encouraged the person to remain seated until they got them their walking frame.

● The environment and equipment was well maintained. There was a lot of equipment stored in some corridor areas which gave them a cluttered appearance. The provider was aware of this and was incorporating more equipment storage into planned building works. On the day we visited, a passenger lift was undergoing repair work, but a stairlift was available to assist people to go upstairs. Individual

emergency plans were in place to ensure people were supported to evacuate building in the event of a fire.

Using medicines safely

● People received their medicines safely and on time. People said they were happy with the support they received to take their medicines.

● Staff were trained in medicines management and regular checks were carried to ensure safe practice.

● People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement. For example, in relation to any missing signatures or removing creams no longer in use.

Preventing and controlling infection

● People were protected from cross infection. The service was clean and odour free. A relative said, "It's always spotlessly clean here." People praised the laundry service. Comments included; "They do everything. Clothing for washing gets taken and brought back over-night and bed linen gets changed daily. I've never had anything go astray," "I never get the wrong items back because they put labels in all our clothes."

● Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

● We recommend foot operated pedal bins are used for disposal of waste to further improve infection control measures.

● A recent Food Standards Agency inspection awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

● Staff reported accidents and incidents, and the registered manager monitored reports to identify any trends. For example, people who were at higher risk of falls or riskier times of the day.

● Staff took steps to minimise people's risk of falling. For example, making sure people had their call bell nearby, and wore pendant alarms around the home and garden so they could call for help. Electronic sensors had been fitted to rooms where people were at high risk of falling and were unable to use a call bell. These alerted staff when the person moved about their room, so they could go immediately to offer the person help to minimise their risk of falls.

Good

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started using the service to ensure they could be met. Assessments were comprehensive, and people's care and support needs were regularly reviewed and updated.
● Care records showed staff followed evidence based practice in relation to moving and handling, nutrition, pressure area care and in providing care for people with diabetes.

Staff support: induction, training, skills and experience
● People were well cared for by staff that had the knowledge and skills to meet their needs. Most staff had qualifications in care, training methods included online, face to face training and competency assessments. There was evidence of good opportunities for ongoing training, development and further qualifications. New staff completed an induction and the care certificate, a nationally agreed set of standards.
● Staff felt well supported in their work and had opportunities to receive feedback, and discuss any further training and development needs through regular supervision and annual appraisals. For example, in response to staff feedback, update training on catheter care and diabetes was being organised.

Supporting people to eat and drink enough to maintain a balanced diet
● People praised the quality and choice of food, and people were involved in creating a monthly menu. People's comments included; "I enjoy my food and it's central to my day. The cook here is excellent and prepares exactly the style of food I like," "Eating in the middle of the day is healthier for me, it brings us together and provides a daily highlight." A relative said; "[Person] is a very fussy eater, the cook works around her. They always have something she likes and they don't make any fuss."
● Where people were at risk of poor nutrition and dehydration, there were detailed care plans to inform staff about their needs. Their daily food and fluid intake and monthly weight was closely monitored. A relative said, "I was worried they were not eating properly at home but since living here they've regained their appetite and gained weight."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had their healthcare needs met, and staff worked closely with local health professionals. People's comments included; "The staff write in the book for the GP to come to visit me if I need it," and "The district nurses come to give me an injection in my knee."
● Staff organised routine medical, dental, and other important appointments for people or they could arrange their own appointments. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice. For example, in relation to skin

care.
● People were encouraged to improve their health and wellbeing, for example, through being encouraged to mobilise. People's comments included; "Someone will get a group together and we pass a large ball around to give us a bit of exercise," and "If there is something going on it that gives me a reason to get involved," and "My mood is better and I don't get depressed or lonely."

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance
● People were asked for their consent before they received any care and treatment and staff acted in accordance with their wishes. People's comments included; "They always ask if I'm ready to be undressed," "The manager respects my privacy and allows me to make my own decisions. But they can tell my family the important things and share what's going on, so that they can all give me support where it's needed."
● Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use of bed rails. A relative said, "The manager calls me but sometimes if a decision is made and I'm told later, but that's because we can't be there all the time like the staff are."
●The registered manager had submitted DoLS applications to the local authority for several people who lacked capacity and were subject to some restrictions for their safety. One application was authorised, which staff complied with. For example, the person said, "I only go outside with someone else."

Adapting service, design, decoration to meet people's needs
● Work to improve facilities for people with disabilities was planned through better lift access to upstairs bedrooms and by improved disabled access bathing facilities.
● Work was underway to make the service more dementia friendly. For example, a secure inner courtyard was being redeveloped into a secure space people could access safely and independently. Soft flooring and a winding pathway had been created with plans to add raised planting, wall art and seating areas to add interest. Other ideas were also being considered such as painting a street scene, plans to get a post box and personalising people's bedroom doors to make them easier to identify.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People's comments included; "They [the staff] are very good people and I get along with them all. They'll do anything for you," "We have a good caring team at Somerville. It's very good, you can bring your own things here." Staff commented; "People are happy here, and are treated well," "It's a warm friendly place," and "It's like one big family."
- At lunchtime, there was a pleasant, sociable atmosphere, the tables were laid with fresh linen, flowers and condiments. Care staff remained throughout and were available to help people who needed assistance, for example, with eating or cutting up food.
- Care plans took account of people's cultural background, gender and religious preferences. Two people said they enjoyed visits from local church representatives. One said, "Father Paul visits most weeks and brings the sacraments, which is perfect." Staff supported a retired religious leader to attend a local cathedral service at Christmas, which they really enjoyed.

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

- People said they felt involved in decision-making and their views and preferences were listened and responded to by staff. People were consulted in care plan reviews. Where people needed more support with decision making, family members, or other representatives were involved.
- Staff were aware of people who could not easily communicate their needs or wishes. For example, over a period of time in the lounge, we observed different members of staff regularly attended to a person who could not verbally communicate. They checked if the person was happy, needed anything and offered them assistance to have a drink.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. People's comments included; "The carers respect my dignity. They make sure I'm dressed nicely and they adjust my clothes if I haven't got it right, which I wouldn't notice myself," and "They are all so kind to me, I never have to feel embarrassed." At lunchtime, some people were offered clothing protectors, to protect their clothing from spills.
- Several people told us they had their bath or shower on a set day each week. Most, but not all were happy with these arrangements. One person said, "My bath day is on Mondays. I wish I could have a proper bath more regularly." When we followed this up with the registered manager, they said these were a guide only and people could choose a different day or have a bath or shower more often if they wished. People needed to be made more aware of this.
- People were supported to remain as independent where possible. Care records showed what aspects of daily living people could manage independently and what they needed help with. For example, that one

person needed help to wash their back and another needed encouragement with personal hygiene due to their short-term memory loss.

● Staff encouraged people who wished to help with day to day tasks around the home. One person said, "I do little jobs like raising or lowering the blinds, laying the table for meals, and generally helping out the staff where I can." They said this helped give them a sense of purpose.

● People were encouraged to keep in contact with family and friends. Their feedback included; "Having my own telephone in my bedroom is excellent because I can talk with friends and relatives and I have privacy," "My visitors can come whenever they want, which is reassuring."

Good

Is the service responsive?

Our findings

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

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

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

● People received personalised care responsive to their needs. People's comments included; "I can choose when I get up, or if I feel I'd like to stay in bed instead that's fine," "I can't do without my glasses, so the carer makes sure I put them on in the morning," and "If I use the call bell the staff answer as quickly as they can and they never mind being called."

● People were encouraged to socialise, and pursue their interests and hobbies. People's comments included; "They are all very friendly and I'm never bored," and "I love to get out in the garden in the summer, just to sit and take it all in, or visit a local National Trust garden with a group in the minibus."

● The service employed an activities co-ordinator and were advertising for a second. A monthly activities schedule was distributed to each person and included armchair activities, musical entertainment, pet therapy and outings on community transport. When we visited, a staff member engaged people in a rhyming activity, and led a singing session. Another staff member came in on their day off to have a knitting lesson from a person. A staff member practised counting in French, helped by a person who used to be a teacher. These activities valued people's skills.

● Improvements had been made to engage people living with dementia in more meaningful activities. An external person visited weekly and undertook reminiscence sessions. A new large screen monitor had recently been installed in the lounge, and was playing music all morning, which some people enjoyed, but others found intrusive. We discussed this with registered manager who said they would discuss its use with staff.

● People were part of their local community. They visited the local library, went for walks and attended local amateur dramatic events. The home had close links with schools and youth organisations such as Brownies and Guides. Local singing groups visited regularly.

● Since we last visited, the service had introduced electronic care records. People's care plans were detailed and up to date about people's individual needs and preferences. Daily records captured details of the care people received, their wellbeing and how they spent their day.

● We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Written information was available in bigger print for people who needed it.

● Each person's care plans included their individual communication needs. For example, one person's verbal communication was difficult to understand, although they could understand what others were saying well. Staff tried different methods to help the person communicate, such as use of flash cards, so the person could indicate what they wanted. The person's care plan guided staff use closed questions so the person could use yes or no answers to indicate their preferences.

Improving care quality in response to complaints or concerns

● People's concerns and complaints were listened and responded to. People said if they were unhappy

about anything, they would tell the registered manager or deputy manager who resolved them. For example, a person told us about a concern they raised with the registered manager and said, "They sorted it straightaway, and I felt happier."

● The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided to each person, and displayed on notice boards. At regular residents' meetings people were asked if they were happy with their care and encouraged to raise any issues. No formal complaints were raised in the past 12 months.

End of life care and support

● People were supported to have a comfortable, dignified and pain-free death. Staff worked closely with community and hospice nurses to support people to receive end of life care at the home.

● Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People, relatives and staff expressed confidence in the leadership at the home and said it was well run. People's comments included; "I think everything is fine as far a management is going," "The carers tell me they love working here." Staff and professionals said the registered manager was approachable and listened. Staff spoke with pride about the service. Their comments included; "We support each other," "The manager is encouraging," and "People's needs are met, we try to make life as comfortable as possible."

●The culture of the home was open. A visual message in the staff room about person centred care said, "They don't live in the home we work in, we work in their home." Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.

● Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

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

● The registered manager set high expectations about standards of care. They worked alongside staff and led by example. Staff understood their roles and responsibilities and were accountable for their practice. At a recent staff meeting the registered manager said, "At Somerville we are a team, we should be working together, and making everyone feel valued and part of that team."

● The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular surveys were undertaken with continuous improvements made in response to findings.

● The registered manager, deputy manager and provider worked closely together as a management team. The service had a written improvement plan to continuously improve care and ensure facilities were of the highest standard.

● The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home and on the provider's website.

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

● People were consulted and involved in day to day decisions about the running of the home through regular meetings. Areas discussed included introducing new staff, menu choices, and suggested activities.

For example, a proposal to display pictures of local places around the building, setting up a knitting club, and suggestions for a pub lunch as well as art and craft activities.

● A recent survey of people and relatives showed they were happy with their care and quality of life.

● Staff were consulted and involved in decision making and regular staff meetings were held.

Staff were encouraged to contribute ideas, raise issues, and records showed action was taken in response. For example, magnetic name badges were suggested as they were more secure and safer than other types. Staff offered ideas for the courtyard area being developed such as raised beds and garden tools so people could garden, and a canopy for shade.

Continuous learning and improving care; Working in partnership with others

● The registered manager kept up to date with developments in practice through the national skills for care, social care institute for excellence (SCIE) and National Institute for Health and Care Excellence (NICE) websites. They had opportunities to share good practice ideas through attendance at the local provider and learning exchange networks. They kept up to date with regulatory changes through monthly newsletters from Care Quality Commission.

● Several staff within the home were members of the National Care Association and members of the Alzheimer's society Dementia Friends to help those living with dementia to live well. Good practice ideas were disseminated through staff meetings, supervision sessions and staff training.

● People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists. A health professional said, "Staff are accommodating, they take on board advice and suggestions."