Somerset Care Limited

Sydenham House

Inspection report

Frederick Road
Bridgwater
Somerset
TA6 4NG

Tel: 01278422763
Website: www.somersetcare.co.uk

Date of inspection visit:
10 February 2016

Date of publication:
21 March 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 10th February 2016.

Sydenham House provides care and accommodation for up to 50 people. The home specialises in the care of older people. One part of the home, Daisy Way, had been developed as a dementia friendly unit where people could enjoy a quieter environment. At the time of this inspection there were 45 people living at the home.

The last inspection was carried out on 18 February 2014. No concerns were identified with the care being provided to people at that inspection.

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 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.

Most people were satisfied with the choice and quality of food provided. Some aspects of the service of food required improvement as people waited too long and this affected their enjoyment of their meal.

The home had a quality assurance system in place designed to gather information from people who lived in the home and the staff who supported them. Some aspects of this process needed to be improved.

People felt safe at the home and praised the staff who supported them One person said "If I had any worries I would talk to the manager. I have a key worker who is very helpful. And the staff are very nice. I am definitely safe. No worries at all."

There were sufficient numbers of staff available at all times to keep people safe and to meet their needs. People said "They come pretty quickly when you ring the bell. I have always got one by my bed."

Risks of abuse to people were minimised because the service's recruitment procedures included checks to ensure new staff were suitable. Staff received training to enable them to recognise and report any possible abuse. Staff felt confident that any concerns reported would be dealt with to make sure people were protected. People received medicines safely and at the prescribed times.

People told us they were well cared for. They felt staff showed kindness towards them and were always polite. "Staff are nice people. Very gentle." "It is lovely. They can't do too much for you. The first thing they say when a visitor arrives is do you want a cup of tea. We couldn't be better looked after. Really lovely."

People received care and support that met their needs and took account of their individual wishes. People

had access to the healthcare professionals they needed. Staff were prompt in seeking advice from appropriate professionals if they had concerns about a person's health. A small number of people's health needs were not followed up appropriately.

People were involved in decisions about any care and treatment and were able to make choices about their day to day routines. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others.

People knew how to make a complaint if they were unhappy with any aspect of their care. People were confident that any complaints made would be taken seriously and action would be taken to address any issues.

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.

There were enough staff to keep people safe and meet their needs.

People received their medicines safely from staff who were competent to carry out the task.

There was a recruitment and training programme that helped to minimise the risks of abuse to people.

Is the service effective?

Requires Improvement

The service was not fully effective.

People were offered a choice of meals that met their needs and preferences. Further attention was required to the service of meals at lunch time to ensure people received their meals in a timely manner.

Staff monitored people's health and took prompt action when they were unwell. However records were not always clear or reflective of action taken.

Staff had the skills and knowledge to meet people's needs.

Is the service caring?

Good

The service was caring.

People told us staff were always kind and polite.

People were involved in decisions about their care and treatment.

Staff liaised with other professionals to make sure people were appropriately cared for at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and individual support were available for people who wished to access them. There were plans to further develop activities available for people. People's daily living choices were respected.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Requires Improvement

The service was not totally well led.

There was a registered manager in post who was approachable and positive about the service they provided for people. However the systems in place to monitor the quality of the service and seek people's views were not always fully effective.

People's well-being was monitored and action was taken when concerns were identified.

Sydenham House

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 8 February 2016 and was unannounced. It was carried out by two 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with people who lived at the home, two visitors and eight members of staff. We also spoke with three visiting healthcare professionals. The registered manager was available on the day of the inspection.

We observed care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included eight care and support plans, three staff personnel files, minutes of meetings and the medication administration system.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "If I had any worries I would talk to the manager. I have a key worker who is very helpful. And the staff are very nice. I am definitely safe. No worries at all." Another person said they were "safe and secure." Staff were confident action would be taken by the manager if there were any concerns about people's safety.

There were sufficient numbers of staff available at all times to keep people safe and to meet their needs. The registered manager told us they were fully staffed except for one part-time vacancy. Staff confirmed this during the inspection. They said there were enough staff unless someone was sick at short notice. Senior staff always made an effort to cover the shifts but it could be more difficult at weekends. Staff duty rotas confirmed there were sufficient numbers of regular staff on duty. People said staff were available to assist them when they needed help. One person said "They come pretty quickly if you ring the bell." Another person said "The care is very good. They do all you can to help. They come pretty quickly if you ring the bell. I always have mine by my bed."
There was always a senior member of staff on duty which ensured people always had their care and support monitored by senior staff. It also meant less experienced staff were able to seek advice and assistance at any time.

People had access to call bells to enable them to summon help when they required it. Throughout the day we did not hear call bells ringing for extended periods of time. This showed people's requests for assistance were responded to promptly.

Printed care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. The risk assessments covered diet and nutrition, continence, mobility, moving and handling and personal evacuation plans. This indicated people's needs were regularly assessed. Risk assessments were updated when people's needs or abilities changed. One person had been identified as being at high risk of falls including falling out of bed. Their night care plan stated they were encouraged to ring their bell for assistance. They were checked each hour and had a "crash mat" by their bed. Staff confirmed they had a mattress by their bed. Not all risks had been appropriately up-dated. Their mobility risk assessment stated they could walk independently but were no longer able to do so.

People received their medicines safely from senior staff who had received training and supervision to carry out the task. There was a comprehensive medicines and treatment policy which included procedures to follow if there had been a medicine administration error.

The home had an electronic medication system. The system involved a handset that detailed each person's medication requirement. The system covered ordering, administration, storage, dispensing and disposal of all prescribed medicines. People said their tablets were on time. One person told us about the health problems they were having and the plans that were in place for them to have hospital treatment. They told us they had been prescribed medicines for their pain. They said they received the medicines they needed on

time and when they needed them. They said "They are very good. I get regular pain killers. When I had a chest infection I had the antibiotics."

People could choose to self- medicate. Risk assessments were completed and regularly reviewed to ensure the safety of people who wished to continue to look after their own medicines.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. These were stored and records kept in line with relevant legislation. Two senior staff checked and signed the numbers of controlled drugs were correct at each change of shift.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment records showed the provider followed the recruitment procedures.

Staff knew how to recognise possible signs of abuse and report their concerns. Staff received training in what to do if they had any concerns. They told us they would not hesitate to report these. All were confident that action would be taken to protect people.

There were whistleblowing and safeguarding notices displayed in the home to emphasise the importance of reporting any concerns about people. The notices contained information about who to contact both inside and outside the home.

The home had plans in place in the event of an emergency situation occurring.

Requires Improvement

Is the service effective?

Our findings

. People received effective care and support from staff who had the skills and knowledge to meet their needs. One person receiving more complex support said "They definitely know what they are doing."

Some aspects of care and support related to the serving of meals and the monitoring of people's nutritional status needed to be improved. In the main dining room people were sitting down waiting for their lunch at 12:30. At 1pm some people were still waiting for their food. Some people appeared dissatisfied. The food served looked very appetising and vegetables were served in a separate serving dish. The sweet trolley contained a choice of hot and cold sweets. One person asked for a cup of tea with their pudding but this was not served. At the end of the meal cutlery was collected while people were still eating. People had raised the time taken to serve lunch through the quality assurance system and in meetings. One person had said "Food should be served faster. It is not always hot." Another person said "Improve the meal time. We wait too long. Food is cold." Some action had been taken by the manager to re-organise the service of meals but this had not yet been fully effective.

We looked at records relating to people who had been identified as losing weight. It was not always clear what action had been taken and how people were being monitored. One person appeared to have lost a large amount of weight according to their records. When they were re-weighed the loss was not as significant. This meant weight recordings were not always accurate. The significant weight loss had not triggered an appropriate action plan or a request for further professional guidance. Other people however were having their food monitored and received prescribed supplements.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. . For example some people required soft or low sugar
diets and these were supplied. People told us how their individual preferences were met. "I have lost my appetite. I try to eat as much as I can. They always ask if me if want something else." Another person said "I only eat a little. I like a small plate. They keep an eye on me. They worry about me not eating."

Most people were satisfied with the food. They told us "The food varies. There is always enough. Plenty. We do have two choices. And then you can always have a jacket potato or soup if you don't fancy the main offerings." Another person said "The food is wonderful, it is so varied. We can have up to four puddings to choose from." Some people however were not as complimentary. One person said "Lately the food seems to have deteriorated." Another person said "The food isn't very good sometimes."

People were able to choose where they ate their meals. One person said "I like to stay here (in their room) for lunch. They encourage me to go down but I don't want to". There were two dining areas in the home. People chose to either eat in the dining rooms or stay in their rooms. In both dining rooms tables were set with tablecloths, cruets and napkins. Small tables encouraged conversation and staff sat down to assist people who needed support with eating. Menu choices were available and each table had the week's menu displayed. When people had difficulties making a choice from the menu they were shown the choices

available and made a visual choice. A cooked breakfast was available three times a week. People told us they were able to take their guests into the dining room for lunch.

In the Daisy Way dining area people were helped and encouraged by staff who sat at the table with them. People chatted and were in good humour. The service used a computerised care planning and recording system. One person sould only eat chips and this was prepared for them every day.

People had access to medical professionals to monitor their health and respond to their concerns. People told us about the treatment arranged for them following a visit by their doctor. One person said of their health problem "I went to hospital and had an operation. The manager made sure I was well looked after when I got home." Another person said "If you get anything that needs a doctor they call a doctor." We heard how pleased one person was following their cataract operation. They said the service had arranged for them to see the consultant and supported them after the operation.

Records showed regular visits from the chiropodist. The optician was visiting the home on the day of the inspection. Some people visited their own dentist with their family or staff if needed. However one person's care plan contained a letter from a physiotherapist addressed to the staff at the home. The letter gave details of care and support required by one person. There was no mention of the actions required in the person's care plan and no records indicating the advice had been followed.

People felt well cared for and praised the staff who worked at the home. One person said "The best thing here is the staff." "They all know their job. They know what they are doing alright." Another person told us "The care is very good. They do all they can to help."

People benefitted from a staff group who had received a thorough induction programme to make sure they had the skills to safely care for them. One member of staff said "It is really good here. I did a week of shadowing to get to know individuals."

There was a comprehensive training programme for staff. A new style dementia training course had been delivered in the home and was well received by staff. Comments included "The dementia training gave us ideas about how to help." "The dementia training has changed the way I work. It has really made me think about the person."

Staff received formal appraisal from their line manager every year. Staff also received regular supervision in the form of staff meetings, daily "hand overs" and individual meetings with senior staff. This all helped to monitor the standards of care provided to people

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "They make sure you do consent. They let you do what you want. The manager told us "We don't make you do anything. you don't want. We are here to arrange anything you want or need. We are treated very well."

Staff had received training about how to support people who lacked the capacity to make decisions for themselves. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the proper procedures had been followed and clear records were in place when restrictions had been placed on people. Records showed the decisions taken had been in their best interests for example when they were no longer able to live safely at home. The registered manager was knowledgeable about the procedures to be followed.

Good

Is the service caring?

Our findings

People were complimentary about staff who supported them. They felt staff showed kindness towards them and were always polite. "Staff are nice people. Very gentle." "It is lovely. They can't do too much for you. The first thing they say when a visitor arrives is do you want a cup of tea. We couldn't be better looked after. Really lovely." "They are very good. They are kind and I feel safe. Nothing is too much trouble They always cheerful."

One person said "I have been here since the summer. It is marvellous. Everyone is so kind. The girls are lovely. There are some youngsters but they are really lovely." "This is a marvellous place. Staff are so kind." Another person said "I never thought it would be like this. I am very happy and comfortable. My doctor got me in here." They said they felt "very lucky". They had few relatives but had found new friends and people to care for them. Two people told us about how much they enjoyed the friendship of each other. They had met when they had moved into the home and had become good friends.

A staff member told us "Yes, I would put a relative of mine here. The staffing levels are o.k. I hope they think of it as their home."
Throughout the day we observed staff interacted with people in a warm and friendly way. We observed caring and kind interactions. We saw residents being treated with respect and dignity. Staff clearly knew residents well and were familiar with their personal preferences. As staff helped people into the dining room they were polite and cheerful. People shared a joke and appeared very relaxed with staff. In Daisy Way care staff sat with people living with dementia. People looked happy and were comfortable touching and smiling at staff.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People had been able to personalise their bedrooms which gave them an individual homely feel. People said their visitors were always made welcome. People spoke to us about the importance of family being able to visit freely. One person said "my son can visit when he wants to. He sorts out any business for me. The whole family visit. They come when they like and they bring the little dog. It can't really be improved."

People all appeared very well dressed and clean, showing staff took time to assist them with their personal care.

There were ways for people to express their views about their care including the care they would like at the end of their life. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person said " We can talk to anyone. We talk to the staff all the time. You can see the manager whenever you want to."

Care plans gave information about people's wishes about how and where they wished to be cared for if they became very unwell and at the end of their life.

Staff told us that if someone was nearing the end of their life they liaised with relevant professionals to make sure they were well cared for and pain free.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Staff provided care and support which was tailored to each person and respected their wishes. People were assessed before they came to the home to ensure their needs could be met. Sometimes people had been to the home for respite care. One person who had been for respite care said "That's why I came back. I definitely did the right thing coming here. We have a laugh about things."
Sometimes if people's needs changed they received a professional assessment from appropriate health care professionals. Some people required nursing care and moved to a service where these needs could be fully met. Care was personalised to each individual and staff provided care in a manner that took account of their wishes and abilities. All care plans contained information about people's interests and hobbies, the people that were important to them and their previous lifestyle choices as well as their physical and emotional needs. One person said "It can't really be improved. I come in here at six and watch my TV. I like doing that. It is my little room. They respect my privacy. They always knock. They are very helpful."

People were able to make choices about all aspects of their day to day lives. One person said "I don't like spending time in my room. I like to see people. There are a few activities. I like colouring, books and word searches. I have my own television." We do go out in the summer. I have been to the zoo and the garden centre." Another person was pleased to still be fully mobile. They said
"We are lucky we have our freedom. We can walk where we like. We can go outside. If the weather is nice we sit outside. We can go for a little walk." Another person said "We can stay in bed if we want to."

Where possible people had made choices about which room they wanted. One person had chosen a large room because they were used to a large bedroom. Another person had bought themselves a new double bed. Another person said they liked their small "cosy room."

Most care plans were up to date and reflected the current needs and wishes of people. They took account of people's specific needs. Daily records gave evidence that staff were providing regular personalised care although records did not always reflect some specific aspects of the planned care. .

Care and support to meet people's physical needs were documented. Where someone had been assessed as being at high risk of pressure damage to their skin the care plan stated the equipment needed to minimise risk. We saw the equipment identified in the care plan was in place for the person. One person was identified as being vulnerable to pressure damage. They were seen sitting on a pressure relieving cushion. Their plan stated they needed to rest in the afternoon and this happened during the inspection.

One person had a long term health condition and their care plan contained information to ensure staff were able to effectively monitor their well-being. Staff took action when they observed changes in people's individual needs and sought advice from other professionals.

People were able to take part in a range of activities if they wanted to. Activities were offered to people in Daisy Way on a daily basis. There were small group activities and opportunities for some people to have one to one individual support in their rooms. People liked their nails manicured or their hands massaged. Some

people liked to play dominoes. The manager told us there were plans to develop activities in the home further. One person told us a small group would like to be able to watch sport and racing on TV. Another person told us "The activities are alright. But some of us are still quite bright. I am not sure they always remember that."

In people's rooms we saw their personal newspapers, books, music and knitting were available according to their interests. One person liked to go to the local shops and told us about the member of staff who took her in a wheelchair. They said "It is too far for me to walk. I like to get a few things, soap, and talc. It is nice to make your own choices. "
Forthcoming events were displayed on the main notice board but most people were told about trips and events by the activities staff. Hairdressers also visited the home on a weekly basis and people were able to make appointments for this. There was a regular church service where all denominations were welcome.

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We Did' system to show how people's suggestions had been dealt with. As a result of requests from people living in the home more trips out had been organised and a garden area had been created. People told us that in addition to meetings there were lots of opportunities to share their views with staff as they received care and with senior staff who were often "out and about" in the home and would stop and talk to them.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. All complaints were recorded and there was information to state what action had been taken to resolve any issues raised.

People told us they would be comfortable to make a complaint and were confident any concerns would be taken seriously. One person said "I think you should complain if you are upset." "I would complain if not happy. I am absolutely sure they sort things out".

Requires Improvement

Is the service well-led?

Our findings

People lived in a home that was led by a registered manager who was appropriately qualified and experienced to manage the home. The registered manager knew staff and people living in the home well. The registered manager ran a home where people were safe and cared for. People told us they were satisfied with the care they received and their needs were met in a personalised manner. Their health needs were met by health care professionals who spoke well of the home. However aspects of the quality assurance of the service needed to be improved.

The systems used to plan and record care did not support the overall quality of service. There was a system of auditing care plans which did not consider the care actually being delivered to the person. Care staff made daily records which reflected the care they had delivered without reference to the planned care. The care planning system was complicated and the manager had made cards to inform staff of the care and support each person needed. The care planning system was changing to a simpler system and the service had been given a "dead-line" by the provider by which this must be completed. Staff were in the process of up-dating and reviewing plans for all people in the home.

There was a staffing structure in place providing lines of accountability and responsibility. However two senior staff had different titles and job descriptions but shared some common responsibilities for administration of medications and review of care needs.

Some staff expressed some concerns about working in the home and did not always feel supported. In a recent staff survey some staff were "undecided" about whether or not the service was supportive to them. Staff said they received regular supervision, had access to good training and all had an annual appraisal.

There were quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. However where shortfalls in the service had been identified it was not clear what action had been taken to improve practice. For example people had raised concerns about the time taken to serve lunch but this continued to be a lengthy process. Staff had raised issues about some aspects of the culture of the home but these had not been fully addressed.

The registered manager kept their skills and knowledge up to date by on-going training and was knowledgeable about legislation and care issues. They also attended meetings with other managers within the provider group which enabled them to keep up to date and share good practice and ideas. Information about new initiatives or changes in policy were passed on to staff at team meetings and by the home's electronic messaging service.

The registered manager and deputy had an office which was located in a central position making them easily accessible to people and their visitors. During the inspection people and visitors visited the office to chat or ask questions. Most staff felt supported by the registered manager. They said the home was well organised and if there were any queries the manager would try and sort them out. Staff said "The manager is o.k. Very approachable. They are an "out and about" manager. Very much for the residents."

The operations manager carried out monthly checks to ensure the home was functioning in line with the standards and ethos expected by them. As well as observing practice and auditing paperwork, the quality assurance system included themed conversations with people who used the service, their representatives and staff. This enabled the provider to gauge people's satisfaction and views on specific areas of the service. As part of the quality assurance system a night time observation visit was undertaken. It was recorded all areas were secure and the building was quiet and calm.

All accidents and incidents which occurred in the home were recorded and analysed. The falls analysis records indicated the possible contributing factors such as infections and any action taken to reduce the future risk of falling again.

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