

Somerset Care Limited

Fletcher House

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 20 December 2016

Fletcher House is registered to provide personal care and accommodation to up to 57 people. The home specialises in the care of older people, including people living with dementia. The building has recently been divided into two separate units. The part known as the Avalon suite provides care for up to 15 people living with dementia and the main part called Pen Hill provides care to 42 older people with personal care needs. At the time of the inspection there were 53 people living at the home.

The last inspection of the home was carried out in January 2014. No concerns were identified 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.

The registered manager had been in post for under a year and had an action plan in place to ensure on-going improvements were made.

During this inspection we found that staff did not have a good knowledge of how to support people who lacked the mental capacity to make decisions for themselves. The registered manager informed us that training for all staff in the Mental Capacity Act 2005 was planned for early in the new year which they hoped this would address this shortcoming.

Comments about the food at the home were mixed and there were limited choices about vegetables and condiments to accompany meal choices for some people. Although people received the support they required to eat their meals this was not always clearly recorded in their care plans.

People felt safe at the home and with the staff who supported them. The provider had a robust recruitment procedure which helped to minimise the risks of abuse to people.

People told us staff were kind and considerate to them. They said they were treated with respect and dignity. Each person had a single room where they could spend time alone or see visitors. Visitors were always made welcome.

People spoke highly of the staff who supported them. One person said "I cannot speak too highly of the staff. I have never heard an unkind word and they seem to have endless patience." Another person said "There are some exceptionally caring staff here."

People had opportunities to take part in a variety of social activities and to pursue their hobbies and interests. The home had good links with the local community which increased people's opportunities for social activities.

People's care needs were assessed and kept under review to make sure they received care and support which was responsive to their needs and wishes. Staff monitored people's health to make sure they had appropriate care and treatment when required. People received their medicines safely from staff who had received specific training to carry out the task.

People told us they would be comfortable to make a complaint. They said the registered manager was very open and approachable and they could speak with them about any concerns.

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.

People were supported by sufficient numbers of staff to meet their needs and keep them safe.

People received their medicines safely from staff who had received specific training.

Policies and procedures in place minimised the risks of abuse to people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were needed to make sure people's rights were protected when they did not have the mental capacity to make decisions for themselves.

Although people received the support they required to eat their meals care plans were not always reflective of the support given.

Staff monitored people's health and well-being to make sure they received appropriate treatment when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

There were ways for people express their reviews about the care and support they received.

People felt comfortable and relaxed at the home.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices and follow their chosen

routines.

People had opportunities to take part in a variety of social activities and to pursue their hobbies and interests.

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

Is the service well-led?

The service was well led.

People benefitted from a registered manager and provider who audited the service and had a commitment to on-going improvements.

People and staff felt the registered manager was open and approachable which enabled them to share ideas or worries with them.

There were always senior staff available to monitor people's health and well-being and to support less experienced staff.

Good ●

Fletcher 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 20 December 2016 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

During the inspection we spoke with 23 people who lived at the home, four visitors and eight members of staff. We received feedback from one healthcare professional before the inspection and one during the inspection visit. The registered manager was available throughout the inspection.

We spent time observing care practices and activities in communal areas. We saw lunch being served in both areas of the home and attended a handover meeting between staff working in the morning and those working in the afternoon.

We looked at a selection of records which related to individual care and the running of the home. These included two care and support plans, three staff personal files, minutes of meetings and records relating to quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I definitely feel safe here. All the worries I had before I moved in have been taken away." Another person said, "You hear of all these things staff do to people. Some people can be extremely awkward. But it doesn't happen here."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We saw staff responded promptly to people's requests for help or support. Each person had a call bell in their room which they could ring to request staff support. People told us that generally call bells were answered quickly. One person said "Sometimes first thing in the morning it can take a little time but on the whole they are pretty good." Another person commented "All you have to do is ring the bell. If anyone falls they are here like a flash of lightning."

Risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff files showed the provider followed their policy of safe recruitment.

People were further protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Minutes of the last staff meeting showed that staff had been reminded to report any concerns and information was given about how they could do this both in the home and with external agencies. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. Staff were confident that any concerns raised would be dealt with quickly to make sure people were protected. One person said "I cannot speak too highly of the staff. I have never heard an unkind word and they seem to have endless patience."

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The provider told us in their PIR that risk assessments were carried out with people with a 'can do' attitude which balanced risk with people's lifestyle choices. They acknowledged that people had the right to take risks and looked at ways for people to do things as safely as possible. This included taking part in activities and trips away from the home.

People's medicines were safely administered by staff who had received specific training and supervision to undertake the task. All staff who administered medicines had their competency assessed on an annual basis to make sure their practice remained safe. Where people wished to administer their own medicines, risk assessments were carried out to make sure they could do so safely. One risk assessment showed that the person had the mental capacity to administer their own medicines and staff checked with them weekly that

they were taking the right medicines at the right time. One person told us "They seem very efficient with our tablets. Always get them on time."

The home used an electronic system for administering medicines which staff told us they found easy to use and reduced the risks of errors occurring. For example the handset used recorded the time each medicine was given and only allowed further administration if the appropriate amount of time had elapsed since it was last administered.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we heard staff offering people pain relief and they respected people's wishes. One person said "They always ask me if I need anything for all my aches and pains." Another person told us "They're very good if you need anti-biotics or anything. They get them really quickly for you."

Is the service effective?

Our findings

Improvements were needed to make sure staff knew how to correctly support people who did not have the mental capacity to make decisions for themselves. The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Staff had received some training about the Mental Capacity Act 2005 but those spoken with were unsure about how this could be applied in their day to day work. There was some information about best interests decisions in people's care files and some consent forms for equipment such as pressure mats and lap straps in wheelchairs. However there were no recorded assessments of people's mental capacity to make these specific decisions and staff were unclear about the process which had been followed. This could result in people not having their rights fully protected. The registered manager informed us that further training about the mental capacity act and its' application was planned for the new year.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place regarding this and some people at the home were being cared for under this legislation.

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 day to day tasks.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with a person's food or fluid intake the home sought and advice and support to make sure their needs were met. For example some people were prescribed food supplements by their GP.

Each part of the home had a dining room and the majority of people chose to eat in these. Some people preferred to eat in their rooms and their meal was taken to them on a tray. There were two choices of main meal at lunch time and we were told by staff that people chose what they wanted to eat after breakfast each day. The registered manager told us they were looking at ways for people to be offered a choice of food nearer the meal time.

In the dining room in the main part of the home main meals were served to people and dishes of vegetables were placed on tables to enable people to help themselves. Where people were unable to help themselves staff assisted them. This enabled people to make choices about what vegetables they wanted and about portion size. There were also jugs of drinks on tables so that people again could help themselves. There was a pleasant and sociable atmosphere throughout lunch time in this part of the home.

In the part of the home known as the Avalon suite the lunch time experience was not so relaxed or sociable. The television in the adjoining room was left on although no one was able to see it from the dining area. People were served fully plated meals, including vegetables, from a hot trolley. This meant people could not make choices about what they wanted at the time or sizes of portions. Staff offered people a choice of cold drinks but there were no jugs on the tables. Staff physically supported two people to eat their meals. However the care plans for these people stated they were able to eat independently.

Comments about food varied greatly. They ranged from "The food is very good that's the main thing," to "Sometimes it better than others, sometimes very good, sometimes quite poor." One person said food served was always "Bland and predictable, rather like boarding school food." Another person said "You don't get a lot of onions or herbs but I suppose you have to cook something that suits everyone."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The induction programme followed the Care Certificate which is a nationally recognised training programme. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. One person told us they thought staff were very good at their jobs and another person said "Staff are very good. They do everything with care and dignity."

Staff had received training to enable them to provide a specialist service to people living with dementia. This helped to make sure staff had a clear understanding of the needs of people with dementia. The Avalon suite in the home was newly developed and staff working there spoke highly of the training they had received in dementia care. One member of staff said "I think it gave us all confidence and helped us with different ways to talk with people and distract them when they become anxious." During the inspection we saw staff reassuring people and offering them cups of tea to help them to relax.

The provider told us in their Provider Information Return (PIR) that the deputy manager was also a dementia friends' trainer. Dementia friends' is an initiative set up by the Alzheimer's Society to help people to support people who are living with dementia. They were planning to provide this training for friends and relatives to help them to better understand the support needs of their loved ones. This was discussed at the last residents and relatives meeting and some people showed an interest in attending.

Staff monitored people's healthcare needs and made sure they were seen by relevant healthcare professionals to treat long term health conditions and periods of acute illness. During the handover meeting we heard how staff ensured any concerns about a person's health were passed on to other staff and healthcare professionals were contacted where necessary. One person told us "I've not been feeling too good recently. They have got the doctor out to me a couple of times."

The home arranged for people to see health care professionals according to their individual needs. One person told us "They make all the arrangements to see people like opticians and chiropodists." Another person told us that a district nurse came in to see them on a regular basis.

Is the service caring?

Our findings

There was a warm and welcoming atmosphere in the home. People were supported by kind and caring staff. One person said "The staff are very kind." Another person told us "The staff here are lovely. I've made friends here."

One person told us they had nominated two members of the care staff team in the 'Believe in Somerset' awards for Carer of the Year. They said they had been able to go to the awards ceremony with the staff they had nominated. They said "There are some exceptionally caring staff here."

The staff had received a number of thank you cards from people who had stayed at the home or their relatives. Comments in cards echoed the comments people made to us at the inspection. One card thanked staff for their "Loving care and kindness," another said "All the staff I came in contact with were kind, helpful and professional."

Staff spoke kindly to people and offered reassurance to people who became disorientated. One person in the Avalon suite repeatedly asked the same question but staff continually responded to the question and showed great patience and understanding. This alleviated the person's distress. One person took us to their room and we saw staff had placed their pyjamas on the warm radiator. They noticed these and said "That's kind. They are kind."

Staff had a good knowledge of people and were able to talk with them about family members and other people that were important to them. Care plans contained very brief biographies of each person to make sure staff had information about people's previous lifestyles and occupations. Staff in the Avalon suite told us they were hoping to create life story books with people. This would give staff more information about what was important to people, their interests and hobbies.

The registered manager was working to break down barriers between people who lived at the home and staff. They had introduced a no uniform policy in the Avalon suite and were hoping to roll this out across the whole home. The registered manager told us one of their plans for the future was to also create life story books about each member of staff so that people had more information about the staff who supported them.

People felt comfortable and relaxed at the home and told us staff were always available to support and help them. One person said "[Staff name] helped me with all my Christmas cards. They will do anything for you." Another person said "I was worried about moving here but I actually feel very much at home." People told us they were always treated with respect and dignity. One person said "When they help you with washing and things they are gentle and sensitive."

People had made friends with other people who lived in the home and there were small seating areas where we saw small groups chatting together. One person told us how much they enjoyed the company at the home. Another person said "I've always been a bit of a loner but have learned to have more self-worth here

because I do mix with other people." At lunchtime we saw this person chatting happily to people they were sitting with.

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. People had been able to personalise their rooms to reflect their personalities and tastes. One person told us "I love my room. It's like my little sanctuary."

People were encouraged to maintain their relationships with friends and family outside the home. Visitors told us they always felt welcome in the home. One person we met was going out to lunch with friends and another's relatives had lunch with them on the day of the inspection. We saw staff taking a cordless telephone to one person to enable them to speak to a relative. To support people to keep in touch with people who were unable to visit, wifi was available throughout the home and staff helped people to use Skype facilities.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. People who were able to, had signed hard copies of their care plans to show it had been discussed with them.

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.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they could choose what time they got up, when they went to bed and how they spent their time. One person told us "I like to get up early. I have my own little routines. It's no different here to when I was at home." Another person said "I always have a breakfast tray in my room because I don't do mornings."

The provider had responded to the changing needs of people using the service by creating the Avalon suite to care for people with dementia. This area of the home had only been open for two weeks at the time of the inspection and they were still in the process of making the environment dementia friendly. Signage was being put up to assist people to move around independently and pictures were being put on bedroom doors to help people to recognise their own bedroom. The suite aimed to provide a safe and secure environment where people could maintain their independence and skills. There was a small kitchen area and we saw one person helping a member of staff to wash and dry up cups. Staff said they thought people were benefitting from the smaller environment and told us about one person whose falls had reduced significantly since living in the Avalon suite.

A number of people were highly complimentary about the staff who arranged activities. One person said "The activity girls are just marvellous. There is so much going on." Another person said "The activities and parties here are wonderful. Those girls work so hard."

In addition to organised group activities there were clubs which had been requested by people who lived at the home. A group of people had formed a scrabble club and played regularly together. One person told us about a cookery club they went to. They said "Sometimes there's only a few of us but we always have a good time and we produce something at the end." Another person told us they belonged to the Fletcher House lunch club which regularly went out for lunch together.

People were supported to pursue their own hobbies and interests. A recent newsletter showed a number of people had entered handicrafts and baking into a local show and won prizes. People's handicrafts, such as crocheted soft toys, were also for sale in the entrance hall of the home.

The provider told us in their Provider Information Return (PIR) that people living at the home led some activities. One person ran a knit and natter club and another person did flower arranging. The flower arrangements were used to decorate the home. This enabled them to share their skills and knowledge to promote a sense of self-worth and well-being.

The home had good links with the local community and the registered manager said they wanted to encourage people into the home. Children from local schools visited the home frequently to spend time with people who lived there. They had also recently given a carol concert. One person said "The children's carols were superb."

There was a tea room which opened every week for people living at the home and their friends and family. One person said "On a Friday they open up the tea room and you can just pop in and out." The home also hosted meetings for the Wells dementia action alliance which aimed to promote dementia friendly towns to make sure people living with dementia had easy access to local facilities. The registered manager had recently run a feature in the local paper informing people about the tea room and offering support to people wishing to know more about caring for people with dementia. They also offered dementia friends training to anyone who would be interested.

Everyone received a copy of the monthly activity programme which enabled them to plan their time around the activities and clubs which interested them. People said there was no pressure to join in with activities but they were able to pick and choose what they wanted to attend. One person said "I go to a lot of the activities but they're not all for me." Another person said "There's always something on if you want it."

People were able to continue to practice their faith because members of local churches visited the home regularly. One person said "The services are very informal but very nice."

On the day of the inspection we saw a group of people playing scrabble, some people took part in a reminiscence session, some people went for a walk in the garden and some people watched a film in the lounge in the Avalon suite. In the evening there was a skittle session with festive music and an open bar.

Each person had a care plan which was personal to them. The home used an electronic care plan system and hard copies were printed out and signed by people. Care plans contained information about people's needs and how they wished their needs to be met, Assessments had been carried out to make sure staff were fully aware of action which needed to be taken in respect of people's skin care, mobility and nutrition. Where people had specific health needs, care plans gave staff the information they required to monitor these, for example the action staff needed to take if someone had a catheter fitted or had a long term condition such as diabetes.

The staff responded to changes in people's needs and made sure assessments were carried out with people if they felt they were unable to meet a person's specific needs. Staff said care plans kept them up to date with changes and handover meetings were also used to share information about changes. However we found that care plans were not always up dated when people's needs changed. For example we saw two people who were being physically assisted to eat but their care plans stated they both ate independently. The registered manager said they would ensure changes were made to care plans where needed.

The registered manager was very visible in the home and sought people's feedback on a daily basis. There were also meetings for people who lived at the home and their relatives. Minutes of these meetings showed people had opportunities to make suggestions and share their views. They were also used to keep people up to date with any changes taking place.

Minutes of the last meeting showed people were reminded about how to make a complaint or share any concerns. People told us they would be comfortable to complain if they were unhappy with any aspect of their care or support. One person said "There's nothing [registered manager's name] can't sort out." Where complaints had been made they had been fully investigated and responded to. Where investigations had highlighted that errors had occurred the registered manager had apologised to the complainant.

Is the service well-led?

Our findings

People we asked said they felt well cared for and would recommend the home. One person said "I wouldn't hesitate to recommend this home." Another person said "It's a very different way of living but that's not always a bad thing. I would definitely recommend this place."

People benefitted from a registered manager who was enthusiastic about their job and aimed to provide person centred care. They said they wanted to provide the best care possible and make people's lives better. The registered manager was supported in the day to day management by two deputies who were competent and knowledgeable about the home. This ensured the smooth running of the home when the registered manager was not available. The management team were supported by the provider's operations manager who visited the home frequently to monitor the quality of the service offered. This assured people that any shortcomings in the service would be identified and addressed to make sure improvements were made.

The registered manager had been in post for under a year and was well supported by the provider. The registered manager told us in their Provider Information Return (PIR) they operated an open door policy. They said the management team spent time working 'on the floor' which made sure they were available to listen to people's views or concerns. It also enabled them to constantly monitor practice to make sure it was in accordance with the person centred culture they wished to promote. One member of staff said "The manager will muck in and they are always about if you want anything." One person said "When they were short staffed the manager did the tea."

People were very comfortable and relaxed with the registered manager and they had a good knowledge of each individual who lived at the home. One person said "We see a lot of the manager. You can have a laugh with him but he would listen if you had any suggestions."

Since starting work at the home the registered manager had worked with the providers' operations manager to put in place an action plan to ensure on-going improvements. Some of these actions had already been implemented such as enhanced lighting in upstairs corridors. It was hoped this would improve people's well-being and reduce the risk of falls in these areas. Other initiatives, such as the introduction of a 'safe' working party with representatives from the home and family members, and monthly surveys for people were due to be put into action in the new year.

Since taking up post the registered manager had overseen the opening of the new Avalon suite and increased staffing levels across the home. One person told us "Things have improved a lot with the new manager. He's done a lot in a short space of time."

As part of the quality assurance systems in the home they carried out themed conversations with people and telephone interviews with relatives. There were also satisfaction surveys. We saw action had been taken in response to feedback. For example one person had said although they were generally happy with the care they felt that food trays were not collected promptly from their room. Staff had therefore been reminded to

do this. Another person had made comments about staffing levels and this was then discussed at a resident's and relative's meeting.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. All complaints were fully investigated and treated as opportunities to improve practice. For example one person had complained about the timing of medicine administration and this had been fed back to senior staff to make sure improvements were made. We noted that if complaints highlighted shortfalls in the service response letters to complainants contained apologies.

People's health and well-being was effectively monitored because there was a staffing structure which made sure there was a senior member of staff on duty. The presence of a senior member of staff also meant that less experienced staff were able to seek advice and support at all times. Staff said they felt well supported and were happy in their jobs. One member of staff said "It's the best home I've worked in."

All accidents and incidents which occurred in the home were recorded and analysed. Where people had a number of falls changes to practice were made to reduce these. For example one person had had a number of falls and a new support plan was put in place to make sure staff were pro-active in supporting them to use the bathroom.

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