

## HC-One Oval Limited

## Il som House Care Home

**Inspection report**

Il som  
Tetbury  
Gloucestershire  
GL8 8RX

Tel: 01666504131

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28 May 2019  
29 May 2019

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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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Il som House is a nursing home in Gloucestershire that provides personal care for up to 38 older people, some of whom are living with dementia. At the time of our inspection 13 people were using the service.

### People's experience of using this service

There were systems in place to continually monitor and audit the quality and risks in the service. The provider had addressed the concerns we found at our previous inspection. Prior to this inspection the provider and home manager had identified that some improvement to staff support is needed and that the environment could be enriched for people living with dementia. Though there were plans in place to address these shortfalls progress had been slow and the provider needed to complete their planned actions to avoid breaching a legal requirement in future and to improve the service.

The environment was clean and well maintained.

People told us they felt safe and were protected from avoidable harm by staff who understood how to keep them safe. People were supported to take their medicines safely and staff understood how to prevent the spread of infection.

People were supported to maintain relationships with people important to them, including others living in the home. People's needs were assessed to ensure they could be met by the service. Staff had a good knowledge of how to support people.

Staff were recruited safely, and there were enough staff to meet people's assessed needs.

People, relatives and health professionals told us the care provided was effective and people experienced positive outcomes. Staff respected people's rights to privacy and dignity and promoted their independence.

Systems were in place to manage and respond to any complaints or concerns raised.

### Rating at last inspection

At our last comprehensive inspection of this service in July 2018, we rated the service as 'Requires Improvement'.

### Why we inspected

This was a planned inspection based on the date and the rating of the previous inspection.

### Follow up

We will ask the provider to keep us updated on the progress made to improve the rating of the key question 'Is the service Well-led?' to at least Good. We will also continue to monitor intelligence we receive about the

service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.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?**

The service was safe.

Details in our Safe findings below.

**Good** 

### **Is the service effective?**

The service was effective.

Details in our Effective findings below.

**Good** 

### **Is the service caring?**

The service was caring.

Details in our Caring findings below.

**Good** 

### **Is the service responsive?**

The service was responsive.

Details in our Responsive findings below.

**Good** 

### **Is the service well-led?**

The service was not always well-led.

Details in our Well-led findings below.

**Requires Improvement** 

# Ilsom House Care Home

## 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

Our inspection was completed by one inspector and one assistant inspector.

#### Service and service type

Ilsom House is a 'care home' that provides care for a maximum of 38 older people. At the time of the inspection 13 people were using the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that once they are registered 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

The inspection was unannounced.

#### What we did before the site visit

We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

## During the site visit

We visited Ilsom House on 28 and 29 May 2019. We spoke with the home manager, two care staff, the activities coordinator, a nurse, and three visitors to the home. We spoke with six people who used the service. We observed staff interacting with people throughout the day, including preparing and supporting people with their meals and with various organised activities. We reviewed a range of records. This included five people's care records, six staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

## Following the site visit

We sought feedback from one healthcare professional and one commissioner about Ilsom House.

# 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.

### Using medicines safely

- At our last inspection we asked the provider to review the way in which peoples health conditions were monitored. At this inspection we found the health monitoring of people had improved. For example, monitoring in relation to peoples diabetes was consistently well recorded.
- Medicines were administered by qualified nursing staff. Good medicine practice was followed and records confirmed people had received their medicines as prescribed.
- There was clear guidance in giving 'when required' medicines, in response to people's varying needs.
- Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.
- Nurses checked people's prescribed medicine stocks daily. This enabled them to identify any medicine errors quickly, to maintain people's wellbeing. A nurse told us there were rarely any errors.

### Staffing and recruitment

- At our last inspection we recommended the provider consider how staff were deployed around the home and how information was shared with staff. At this inspection we found that the provider had made improvements to ensure staff were kept informed through handovers and daily meetings. The manager told us work on the deployment of staff was continuing.
- People and their relatives were generally positive about staffing levels, although they said staff were very busy at times. Some visitors felt that staff presence could be more visible, particularly in the afternoons.
- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed and the provider accounted for any known risks identified through their recruitment process before staff started work at the service.
- All new staff worked a probationary period and their performance was monitored to ensure the provider's expected standards were met.

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

- People told us they felt safe. One person said, "I feel very safe. I'm happy and safe."
- Staff received training in the safeguarding of adults. Staff knew how to escalate any potential risks and how to keep people safe from avoidable harm. One staff member told us "I would report concerns to the manager or nurse. There is a whistle blowing process."
- The management team understood their responsibilities for keeping people safe from harm and abuse including reporting concerns to the local safeguarding team and the CQC. There were safeguarding policies and procedures in place and staff were aware of these.

### Assessing risk, safety monitoring and management

- Care records included people's risk assessments and guidance for staff on how to reduce and manage

people's risks. Staff were aware of people's assessed risks and how to manage these when supporting them. People were supported to safely manage their risks in relation to falls, eating, choking, diabetes, skin integrity and general physical health.

- Where people were at risk, appropriate action had been taken to reduce risks and keep people safe. For example, the manager ensured people's risk assessments were reviewed to minimise risk of further falls. When people's health deteriorated, there were clear systems to monitor and communicate the agreed emergency response or medical treatment when required.
- Staff had received training and followed safe moving and handling practices. People were assessed for the safe use of equipment. The service had completed a full review of all equipment within the home to ensure it was safe for people to use. Equipment within the home had been serviced regularly.
- Environmental checks had been completed and people were protected from the risk of fire and waterborne bacteria such as Legionella.

#### Preventing and controlling infection

- The home had effective systems in place to ensure it was clean and infection free. Throughout our inspection visit the home appeared clean and tidy and was free from unpleasant odours.
- Staff received training in infection prevention and control. They understood how to prevent potential infections and followed the provider's policies to prevent cross contamination when handling soiled laundry. We saw staff used protective gloves and aprons when required and followed good hand hygiene practices.
- The manager was clear about their role in preventing flu outbreaks and the processes to follow should an outbreak of flu occur. There had been no recent infection outbreaks at the service.
- Staff completed food hygiene training and the food standards agency inspected the home in April 2018 and rated it 5 stars 'Very Good'.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and the reasons behind these investigated in order to keep people safe and prevent similar recurrences.
- Following our previous inspection, the manager had fitted an electronic lock to the front door. This helped ensure people were kept safe as all visitors to the home needed to ring the doorbell to gain entry and could have their identity checked by staff.

# 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 feedback confirmed this.

Staff support: induction, training, skills and experience

- The service had identified, prior to our inspection, that staff had not always received regular supervision meetings to discuss concerns, identify their development needs and reinforce their knowledge. Staff also told us they felt they would benefit from more support on a 1 to 1 basis. We asked the manager about this and they told us there were plans to address the shortfalls in this area. In the interim the manager had an 'open door' policy allowing staff opportunities daily to raise any concerns or support requirements directly with them.
- Staff told us the providers training was detailed and ensured they had the skills to support people effectively. Staff were observed to be competent, knowledgeable and skilled in their role.
- New staff received a comprehensive induction to ensure they understood the provider's policies. All staff completed mandatory training and refresher courses such as infection control, fire safety, safeguarding and moving and handling.

Adapting service, design, decoration to meet people's needs

- People's bedrooms reflected their needs, preferences and interests. Several people had items which were important to them, such as pictures of their family and friends which they could look at and enjoy.
- There were plenty of communal areas for people to enjoy including a quiet lounge, a main lounge and a dining area however, signage within the home could be improved to ensure those with dementia could effectively orientate themselves. When we asked the manager about this they told us there were plans to address this issue.
- The home was fully accessible to those who used a wheelchair and had supportive rails for those who needed support to walk safely.
- The home had recently set up a 'secret garden' project. The manager told us "The secret garden has been specifically designed to be as user friendly as possible and provides residents and their families as well as children from a local playgroup an opportunity to nurture the plants, fruit and vegetables growing there. The benefits of bringing young and old together is immeasurable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of their close relatives (where appropriate) and reviewed by a range of health and social care professionals. One relative told us, "Staff ask me about what [name of person] likes to eat and I feel involved in his care. This is important to me as I looked after him at home before he came here."
- People had access to information to help them understand their care and treatment and promote a good quality of life.
- The provider had ensured that policies included up to date national guidelines and legislation for staff to

reference. Policies in relation to medicines had been recently reviewed and updated.

- Information in relation to people's individual characteristics, under the Equality Act, was gathered when people moved into the service and consideration was given to their age, religion and sexual orientation when planning their care.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood people's dietary needs and preferences and these were recorded in people's care plans.
- People's risks in relation to eating and drinking had been assessed and reviewed. At lunchtime we observed one person who could be at risk of choking being provided with a soft option dessert. The member of staff supporting this person clearly understood their needs.
- People had access to a weekly menu which they helped choose. They were encouraged to eat a balanced diet which included a variety of fresh fruit and vegetables. People could choose who they sat with to enjoy their meal. A visitor to the home told us "Food always looks appetising."
- The home provided a "night bite" menu which allowed people to choose to eat at alternative times of the day. This menu offered a range of options for people to access between 11pm and 7am.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with a variety of health and social care professionals to manage people's health needs. The nursing team completed a weekly review of people's health needs with a visiting NHS Primary Health Advanced Practitioner to discuss people's health. One nurse explained how this joined up working had had a positive effect on people within the home.
- Each person had a health record where details of appointments attended, advice given by health care professionals and people's individual health needs and diagnoses were recorded. This included appointments with doctors, dentists and diabetes professionals. One health professional working with the service told us "Staff are ready to help and take on board my ideas to support the residents."
- There were daily 'flash meetings' held, which meant staff across all departments were kept up to date with people's healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

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.

- 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.
- Staff had received training in the MCA. The principles of the MCA were understood and the MCA Code of Practice followed.
- Staff obtained consent from people before providing care and support. Support plans were sufficiently detailed to assist staff to support people in the least restrictive way.
- At the time of our inspection the home manager was in the process of reviewing each person's capacity in relation to making the decision to live in the home. At the time of our inspection one person had an authorised Deprivation of Liberty Safeguard (DoLS) which the manager was keeping under regular review. 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 DoLS.

# 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; respecting equality and diversity

- People told us they were well cared for. One person told us, "Staff are very good and friendly." Another person said, "It's a lovely place. If you need to be in a care home, this is the place to be."
- People and their families told us staff were kind and caring in their approach. We observed many friendly and caring interactions between staff and people. Staff greeted people with warmth and compassion when entering their bedrooms. A visitor to the home told us, "Staff are excellent. I come in every day and am made to feel welcome."
- Staff had a good understanding of people's needs and spoke about people with kindness and compassion. Staff we spoke with knew people's preferences and used this knowledge to care for them in a person-centred manner. People were addressed by their preferred title for example some people were addressed as Mr. or Mrs. whilst others were addressed by their first name or nickname.

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

- Care records demonstrated that people had been given opportunities to express their views, be involved in making decisions about their care and decide which activities to be involved in.
- One person had used the online forum to say "I decided that Ilsom House would be the best home to provide care for me. My choice has been the correct one. Since I have arrived, the care, treatment and kindness from nurses, carers and staff has been of a high professional standard, you should be proud of Ilsom."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine respect for people. They were keen to ensure people's rights were upheld and to provide care in a non-discriminatory manner.
- Staff understood the importance of respecting people's privacy and dignity. Staff knocked on people's doors and waited to be invited in. They explained to the person why they needed to enter their bedroom, for example, to support them with their medicines, or bring them a meal. One member of staff told us, "You try to put yourself into their position - dignity is a human right and need. You must be aware of it at all times."
- Staff received training on how to provide a dignified service. We observed one person being supported with their lunchtime meal which was carried out in a professional and calm manner. We overheard the member of staff gently encouraging the person to eat.

# 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

- Since our last inspection the home had employed a new activities lead. There was evidence that this person had asked people about what activities they would like during resident's meetings and it was recorded that people were happy with activities currently offered. However, we saw scheduled activities did not always have many people in attendance. We discussed this with the manager who told us they were working with the activity lead to improve people's attendance to organised activities within the home.
- Care was consistently delivered with consideration of people's individual needs whilst encouraging their independence. People's care plans reflected their current needs and preferences.
- People were supported to safely access the community when they wanted; risks to people whilst out in the community had been assessed and reviewed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. Information relating to the complaints procedure was displayed in the entrance hall of the home.
- The service had received six complaints in the last 12months. The manager explained how they handled complaints in accordance with the provider's policy, within the required timescales and how complaints and concerns were used to improve the quality of care. For example, the manager told us that complaints were responded to in writing to ensure those who had made a complaint could be assured their complaint would be investigated.

End of life care and support

- Where the service was supporting people with end of life care there was evidence of routine involvement of people and their families. Advanced care planning was promoted; there were conversations held around decision making and people's resuscitation wishes.
- The wishes and needs of people and family were included in care plans; this involved discussion about people's preferred place of care at the end of their life.
- The home had good links with relevant health professionals to ensure support would be available to manage people's symptoms and ensure people's advanced wishes would be respected.
- The service had ensured that nurses had received training in end of life care that included recognising and responding to symptoms that may indicate death is imminent and promoting dignity after death.
- The home had received a range of cards and notes following end of life care at Ilsom. One card read "Our deepest gratitude to you all for caring for our Nan through her final years. May all the love and kindness you shared be returned to you always."

# 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.

Some aspects of service management and leadership were inconsistent. Some regulations may or may not have been met.

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

- There was a governance structure and quality assurance systems in place. The management team completed a wide range of audits to assess, monitor and improve the quality of the service. These audits included the safety of the environment , reviews of peoples care records and a review of any accidents and incidents within the service.
- The provider and home manager had prioritised the shortfalls identified at our previous inspection and had taken action to address these. However, some of the shortfalls identified by the provider prior to this inspection still needed to be addressed before we could judge whether the quality assurance systems were always effective in driving improvements. For example, audits dating back to 2018 identified that staff support meetings and supervision needed improvement and that the environment could be developed to better meet the needs of people with dementia. Though there were plans in place to address these shortfalls, progress had been slow and the provider needed to complete their planned actions to avoid breaching a legal requirement in future and to improve the service.
- Care staff were clear about their roles and responsibilities within the service. They gave us detailed descriptions about what their role involved and the main purpose of their job. They felt they could benefit from regular team and one to one meetings.
- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.
- The provider had taken steps to ensure that people received their care uninterrupted if the legal work status of their staff were to change.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was led by a manager who had been in post since December 2018 and was in the process of registering with the Care Quality Commission. They were clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events that occurred within the service and the rating from the last CQC inspection was displayed as required.
- The provider had a set of core values which were displayed throughout the service. Staff we spoke with were aware of these values and said that they shared them.
- Health care professionals told us standards of care had improved under the new manager. One health care

professional told us, "It's the only home in the area I would recommend."

- People told us they were ways in which they could be involved in the running of the home. For example, people said they could choose what activities to take part in or what they had to eat and drink.
- Relatives described the leadership as being open and felt managers shared information with them as required. One person's relative had written the following feedback online, "there is improved communication between Ilsom and ourselves. We are very happy with the quality of care."
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The home manager could explain duty of candour and understood their responsibility to be open and honest with people and their family when something had gone wrong.

Continuous learning and improving care; Working in partnership with others

- There were systems and processes for learning and continuous improvement and innovation. For example, the secret garden project had received enthusiastic support from the local community and promoted partnership working.
- The home manager demonstrated their awareness of continuous learning by responding to and auditing all complaints in a timely fashion.