

Country Court Care Homes 2 Limited

Somerset House Nursing Home

Inspection report

1 Church Lane
Wheldrake
York
North Yorkshire
YO19 6AW

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07 March 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Somerset House Nursing Home is a residential care home registered to provide accommodation and personal care for up to 44 older people, including those who are living with dementia. At the time of the inspection there were 32 people using the service.

People's experience of using this service: Work was still required to improve the staff and provider's knowledge and practice in key areas such as risk management, care planning and records. All staff needed to understand people's needs and be skilled to meet them. Systems to check that people were receiving safe and good quality care required further development.

The provider had worked hard since the last inspection to make changes that impacted positively on people's experience of using the service. Most people and their relatives were happy with the care provided and said that things had improved. A relative told us, "The change has been unbelievable, I feel happy going home now, knowing that people are being well cared for."

Activities were available for people and further improvements were planned to increase these and provide further access to the local community. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their life, their wishes and beliefs had been sought. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training and assessment of their competency to ensure they had the appropriate skills to meet people's individual needs. A programme of ongoing recruitment was in place to reduce the reliance on agency staff.

The manager and management team were well respected. Most people, their relatives and staff felt confident raising concerns and ideas. All feedback was being used to continuously improve the service.

The manager and provider had developed their ongoing action plan to address the concerns we identified as part of the inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rating at last inspection: Inadequate (report published January 2019).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: The provider was in breach of one regulation at this inspection relating to governance of the service. You can see the action we have told the provider to take at the end of the full report.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. The provider will continue providing regular updates to their action plan. 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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Somerset House Nursing 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: The inspection team consisted of four inspectors, one inspection manager 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.

Service and service type: This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of being registered with the CQC. This means, once registered, that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on the first day. We told the provider we would be returning on the second day of inspection.

What we did: Before the inspection we reviewed information available to us about this home. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. The provider had sent regular action plans based on our findings at the last inspection. We took this into account when we inspected the service and for the judgements made in this report.

During the inspection we spoke with the nominated individual, manager, deputy manager, three senior care

workers, three care workers, a front of house worker, the chef and the maintenance worker. We spoke with seven people who used the service, relatives of two people, a regular visitor and a GP.

We looked at seven people's care records in full and three peoples care plans in part. We reviewed medication administration records and a selection of documentation about the management and running of the service. This included recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection this domain was rated Inadequate and we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in:

- Regulation 12 (Safe care and Treatment)
- Regulation 18 (Staffing)
- Regulation 15 (Premises and equipment)
- Regulation 19 (Fit and proper persons)
- Regulation 13 (Safeguarding service users from abuse and improper treatment)

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of these regulations.

Assessing risk, safety monitoring and management.

- The provider had carried out significant work since the last inspection to ensure the safe care and treatment of people. However, further work still needed to be undertaken to ensure that all risks were assessed and managed safely.
- The systems and processes to identify and mitigate risks to people were not used effectively. Some measures in place to reduce risk were not reflected within care planning. For example, people who displayed behaviours which may challenge were not identified in their care plans as doing so. People's specific health conditions were not always clearly identified to give guidance and information to staff.

Using medicines safely.

- Improvements had been made in the safe administration of medicines.
- The newly appointed deputy manager had good knowledge regarding medicines processes.
- Further work was still required for the recording of medicines. For example, some care plans lacked information regarding medicines and the effectiveness of newly prescribed medicines. One person's pain was not always effectively managed.

Staffing and recruitment.

- The provider had increased staffing levels since the last inspection. A significant recruitment campaign had taken place which had a positive impact on the day staff team. However, at night we observed people waiting a long time before being supported to go to bed.
- New permanent staff were going through the recruitment processes to start work.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Learning lessons when things go wrong.

- The provider had learnt from our findings at the last inspection and had taken action to address our concerns.
- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.

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

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The manager liaised with the local authority if necessary; any incidents had been managed well.

Preventing and controlling infection.

- Staff were observed using good infection prevention and control practices.
- Staff had access to disposable gloves to help prevent the spread of infection.
- The service was working towards an action plan to address ongoing infection control concerns highlighted at the time of the last inspection.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcome or was inconsistent. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in;

- Regulation 18 (Staffing)
- Regulation 15 (Premises and equipment)
- Regulation 14 (Nutrition and Hydration)

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of these regulations.

Staff support: induction, training, skills and experience.

- Staff completed an induction and training programme.
- Staff had the opportunity for supervision and appraisal and told us they felt supported by the new manager. "The new manager is really approachable, I feel that they are available to support us in our roles."
- Most staff were competent, knowledgeable and skilled in their role. They carried out their roles effectively. More work was needed to ensure that all agency staff were knowledgeable about people and how to meet their needs.

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

- Improvements had been made to support people to meet their nutritional needs.
- Specialist equipment was in place to support people to eat independently.
- People were involved in meal choices and they enjoyed the food. One person told us, "The food is absolutely lovely. I enjoy the food."
- Further work was needed to ensure records were up to date and effective. For example, records to check if people were eating and drinking enough were correctly completed but didn't highlight when someone hadn't drunk enough that day and what action they should take.
- One person was not offered food in line with their preference. The provider reassured us that this would be addressed.

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

- The provider had taken some steps to improve the environment for people living with dementia since the last inspection.
- Signs to help guide people had been ordered and arrived on the second day of the inspection. A small number of items had been placed in one lounge to meet the needs of people with dementia. This work needed to continue.

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

- Assessments of some areas of people's needs were comprehensive, however, some areas lacked detail.
- Care and support had significantly improved, however, was not always planned, delivered and monitored in line with current best practise and evidence based guidance. The provider had plans in place to address this.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- A healthcare professional told us, "I have had concerns in the past but I am happy now that people are safe. I can see that things are improving."

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. In care homes, and some hospitals, this is usually through the MCA application procedures called the Deprivation of Liberty Safeguards.

We discussed 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.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People made choices and decisions about their daily lives.

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.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified a breach of Regulation 10 (Privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of this regulation.

Ensuring people are well treated and supported; equality and diversity.

- People were treated well and with kindness.
- Interactions were natural and showed positive relationships had been developed. One person told us, "They treat me with dignity and respect. Management always ensure staff who know me carry out my personal care."
- Some staff had taken time to get to know people's preferences and used this knowledge to care for them in the way they liked. Some staff knew people well and supported them with a calm and friendly approach. Further work was needed to ensure all staff, including agency staff, knew people well and how best to approach them.
- People were cared for by staff that enjoyed their job.

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

- People and their relatives were involved in planning areas of care delivery.
- Staff welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- Observations overall showed staff had compassion and respect for people.
- People appeared comfortable and their personal care needs were met. This was a significant improvement since the last inspection. A relative told us, "My relative loves having a daily bath and visiting the hairdresser. They didn't always manage a daily bath under the previous management but they do now."
- Relatives told us they felt welcomed when they visited the service. A relative told us, "Staff always make visitors welcome, you can always have a cup of tea and I love the cakes they make; really lovely."
- Further work was needed to ensure that pain and behaviour management was consistently met with respect and compassion.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in;

- Regulation 16 (Receiving and acting on complaints)
- Regulation 9 (Person-centred care)

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of this regulation.

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

- Significant work had been undertaken to review and update care plans. However, further work was still required to ensure that this was imbedded in practice. For example, some care records lacked detail to ensure they were person-centred. We discussed this with the manager and provider who assured us action would be taken to address this.
- The provision of activities had increased. An activities coordinator had recently been recruited and was developing a range of activities and entertainment for people. People told us there were some activities and it was their choice whether to join in or not.
- The service had met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns.

- Complaints were responded to in line with provider's policy.
- The complaints procedure was available in an accessible format and displayed for people and visitors to refer to.
- People and their relatives told us they would approach the manager with any complaint. One person told us, "The manager hasn't been here long but they seem a good sort; I would speak to them if I had a complaint."
- One relative had raised a complaint which we had shared with the provider following the inspection.

End of life care and support.

- Care plans provided some information about people's choices at the end of life. This provided staff with information to ensure their wishes would be respected at this time in their lives.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection this domain was rated Inadequate and we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches were identified in;

- Regulation 17 (Good governance)
- Regulation 20 (Duty of candour)

Despite improvements since the last inspection, further work was still needed to ensure a full range of effective systems were in place and fully imbedded to demonstrate safety and quality was effectively managed. We identified a continued breach in Regulation 17 (Good governance).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The provider had implemented quality assurance systems since the last inspection. However, these were not fully effective in identifying all areas of the service which needed improvement. For example, records relating to medicines, nutritional needs and risks and person-centred care.
- Confidential information was not stored securely during the first day of the inspection.
- Records were not always clear or archived in a way to ensure people's current circumstances were easily accessible and known. We discussed this with the new manager who intended to make changes regarding the location and layout of records.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The new manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare.

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

- The manager demonstrated a positive attitude and had ideas to improve the person-centred culture within the service.
- The manager and provider had a visible presence in the home. They knew people, their needs and their relatives.
- People and their relatives spoke positively about the management of the service. One person told us, "The manager and director are very good. They are very honest." A relative told us, "It was a very messy changeover of management, the home was failing. The new management team seem to be doing their best and it's getting better."

- Staff said they felt supported by the manager and they had boosted the team's morale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The provider sought feedback to maintain and improve standards at the home.
- There were records of people, relatives and staff meetings where people's opinions were encouraged to be shared. Information was used to improve the care provided and the experience for people living at the home.
- Records reflected regular contact with local professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to monitor the quality of the service had not been effective in identifying areas for improvement.