

Somerset Care Limited

Fletcher House

Inspection report

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Date of inspection visit:

12 August 2019

13 August 2019

Date of publication:

13 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fletcher House is a care home and provides personal or nursing care for older people and those living with dementia. The home can accommodate a maximum of 57 people. The building is divided into two separate units. 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.

People's experience of using this service and what we found

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people's relatives and healthcare professionals was positive.

Risks of abuse to people were minimised. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and received appropriate training that supported them in their roles.

Staff worked together with a range of healthcare professionals to achieve positive outcomes for people. Staff followed professional advice to achieve this which included administering people's medicines as prescribed.

People's care plans were consistent and had a person-centred approach to care planning. Staff supported people to maintain important relationships and continue personal hobbies and interests.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The standard was introduced to make sure people are given information in a way they can understand. The registered manager was aware of the AIS and ensured information was shared in an accessible way.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service. People and their relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the

quality of care provided.

Quality monitoring systems included regular audits to ensure people received good care. These were effective and evidenced that Fletcher House had an effective governance system in place.

The registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications, had been complied with. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

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

Rating at last inspection

The last rating for this service was Good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Fletcher House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out over two days. Day one of the inspection was carried out by two Inspectors, one medicines inspector and two Experts by Experience who had experience of working with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by two Inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people and four relatives about their experience of the care provided. We spoke with nine members of staff including the operational manager and the registered manager. We also spoke with two visiting healthcare professionals. We also looked at records relating to the running of the home. Records included, six care plans, six medicine records, training data, six staff files and quality assurance records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People living at Fletcher House told us they felt safe. One person said, "I feel safe and sound in this home, I just come and go as I please." Another person told us, "I feel safe in this place I am 96, so I need help to keep me safe, this home does it well." A relative told us, "My [relatives name] has Dementia, I think this home is a really safe place for them to live, the doors are locked and the garden is surrounded by a wall, but [relatives name] can walk around safely."
- There were systems in place to safeguard people from the risk of abuse.
- Staff knew how to recognise and report potential abuse. One staff member told us, "We did safeguarding training in the last six months, it's about making sure there's a safe environment, safe recruitment." Adding, "We learn about emotional, physical abuse, neglect, sexual, and financial abuse."
- Records confirmed staff had received training in how to recognise and report abuse.
- The registered manager understood their responsibilities to raise concerns, record safety incidents and report these internally and externally as necessary.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and managed to help keep them safe. Care plans contained risk assessments that documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling.
- Care plans included a Personal Emergency Evacuation Plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.
- The provider considered environmental risk. For example, fire maintenance and safe use of water outlets. We reviewed the providers business continuity plan that ensured the service would continue if an emergency happened.
- The provider employed a maintenance person for managing the day to day maintenance of the home, and contractors came in to service equipment such as the hoists and lifts to ensure it was safe to use.
- Staff sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. Staff told us, "One person likes to stand in front of certain people and poke them, I go in and distract them, I talk to them and get them involved." Adding "I try to alleviate the problem before it happens, if you're on the ball you can prevent it."

Staffing and recruitment

- There was always enough competent staff on duty. Staff had the right mix of skills to make sure that

practice was safe and they could respond to unforeseen events. The service regularly reviewed staffing levels and adapted to people's changing needs.

- The home had staff vacancies which had been advertised. Staff told us they worked additional hours to cover sickness and annual leave.
- Agency staff were consistent and knew the home, this meant people using the service did not have their care and support compromised. The rota confirmed shifts were covered as required.
- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. Staff performance relating to unsafe care was recognised and responded to appropriately and quickly.

Using medicines safely

- The provider had a medicines policy which was accessible to staff.
- The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The provider had safe arrangements for the storing, ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- All six MARs we reviewed had been filled out correctly with no gaps in administration.
- Support plans clearly stated what prescribed medicines the person had and the level of support people would need to take them.
- The registered manager carried out regular medicines audits.

Preventing and controlling infection

- Staff managed the control and prevention of infection well.
- The provider employed a house keeping team who understood their role and responsibilities for maintaining standards of cleanliness and hygiene in the home.
- Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance.
- There were hand washing facilities throughout the home.
- Staff had access to personal protective equipment such as disposable gloves and aprons.
- We did find a toilet situated in the kitchen and only one door separated it from the cooking area. Any commercial property should have two doors separating it from a kitchen. (Health, Safety and Welfare) Regulations. 1992
- We raised this with the provider who immediately put an out of action sign on the door and arranged for the toilet to be removed to avoid compromising infection control when cooking food.

Learning lessons when things go wrong

- There were systems in place to review accidents and incidents.
- Incidents were analysed by the registered manager and action was taken where required to prevent further incidents. For example, a tea towel was left on top of a toaster and a resident turned the toaster on causing the tea towel to catch alight. This was discussed in a staff meeting and agreed staff should monitor people using equipment to prevent further occurrences.
- Where complaints had been received, records showed these had been reviewed and actions had been completed.
- The registered manager communicated outcomes to staff through team meetings which reduced the

possibility of recurrence.

Is the service effective?

Our findings

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed. Assessments were comprehensive and assisted staff to develop care plans for the person.
- Expected outcomes were identified and care and support was regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- Staff had appropriate skills, knowledge, and experience to deliver effective care and support. A relative said, "All of the staff seem to be good at their jobs, they are trained well."
- Staff completed a two-week induction when they commenced employment, spending time getting to know the organisation and shadowing experienced staff until they were deemed competent to work unsupported.
- There was a system in place to remind staff when their mandatory training was due. Staff completed training in line with this system.
- Staff received training which was relevant to the individual needs of the people they supported. ● One staff member told us, "We get normal training, we all do but I did a really good leadership training". Another staff member told us, "We have done dementia training and have a dementia champion in the home." A third staff member told us, "I have just completed dysphagia training so that I can make people's meals look nice when they have a soft diet."
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. One staff member told us, "The registered manager has not long done my appraisal and we chat every day."
- If staff performance issues were identified the registered manager carried out observations and additional training.

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

- People told us they enjoyed the food at Fletcher House. Comments from people included, "The food here is more than acceptable, very good, I get hungry at night, and I like a snack, the carers always bring me a sandwich when I ask for one."
- Menus reflected a good choice of healthy home cooked meals. Pureed foods were presented in line with

current best practice and looked appetising.

- People had access to drinks throughout the day, people in their rooms had fresh jugs of water and juice that was accessible to them.
- Staff understood people's dietary needs and ensured that these were met.

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

- Staff made appropriate and timely referrals to other relevant professionals and services and acted promptly on their recommendations. One professional told us, "Staff are very professional and deliver kind care to people". They added, "Generally staff do implement what we ask but I think communication could be a bit better."
- Care records showed people had access to professionals including; GP's, dentists and chiropodists.
- Health professional visits were recorded in people's care records.

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

- Fletcher House provided appropriate accommodation for the people who lived there.
- The home was nicely decorated and people's rooms had lots of personal belongings that made the room special to them.
- 45 bedrooms had their own en suite bathrooms and 13 rooms had access to communal bathrooms with toilets.
- People had access to outside space, that had been assessed for risks, a quiet area to see their visitors, and an area suitable for activities.
- The home was laid out in a way that made it accessible and helped to promote independence.

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.

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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people at Fletcher House were living with dementia, which affected some people's ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as personal care, medicines and finance.
- We discussed with the registered manager how some assessments would benefit from being more person centred. The registered manager immediately arranged for additional training so that senior staff could complete MCA and best interest documents in a way that was decision specific and person centred.

- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions.
- During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- At the time of the inspection 31 people had a DoLS in place. Where people had conditions on their DoLS authorisations, the provider had met these conditions as legally required.

Is the service caring?

Our findings

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 staff were kind and caring. Comments from people included, "Everyone here is nice, friendly and seems very caring." One relative told us, "The staff are all very kind, polite, caring people." Another relative said, "The staff, every one of them, is very nice, good and caring and very relaxed."
- Staff spoke positively about their work and the people they supported. One staff member said, "I am incredibly lucky here, I just love being with the residents." Adding, "I feel as though it's coming to see friends, not really work."
- People's cultural and religious beliefs were considered. Staff told us, "We have a church service at the home." Adding, "One person is Catholic we support their religion too."
- Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. Training records showed that all staff had received training in equality and diversity.

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

- People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.
- We observed during the inspection how staff members checked in with people, asking if they needed anything.
- Most people we spoke with said they, or their relatives were involved in their care. One person told us, "I have a care plan, I have been involved in completing it I think." A relative said, "I have Power of Attorney for [relatives name], I was involved in creating the original care plan and for the last two years I have been fully consulted during the annual review process."

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. One person told us, "Yes, I'm given privacy." Adding, "You're here asking me questions, but nobody is hanging around listening."
- Compliments from professionals, people and relatives had been received. One professional told us, "The staff really do treat everyone with great care and dignity."
- Peoples independence was respected and promoted. One person told us, "I do what I want, when I want to." People accessed the community on their own if they wanted to and some people were supported to manage their own medicines.

- People's confidentiality was respected, and people's care records were kept in a secure area.
- We did not observe staff discussing people in communal areas, although there was a computer that did not have a privacy screen in a communal area that anyone could read being used in a communal area. The registered manager immediately put a privacy screen on it when we mentioned it to them.
- People were supported to maintain and develop relationships with those close to them. One person told us, "My relative visits as they want at any time."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to them because staff knew people well and respected their wishes where appropriate. Care plans were person centred which meant any new staff had clear guidance on how to meet people's needs.
- People and family members felt involved in their care. One person told us, "I have a care plan, I have been involved in completing it I think." A relative said, "I have been involved in the care planning process for my relative, as they need someone to speak up for them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary and care records had communication profiles that showed how staff should support people to communicate.
- Some people living at Fletcher House could not communicate well with staff, but staff told us they would assess anyone who couldn't communicate and identify the best way for them.
- Examples of communication methods staff used included, known gestures for people whose first language was not English, or using assistive technology to help anyone that had communication difficulties make a choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activity co-ordinator who devised a varied activity schedule for people. They told us, "I've been allowed to do all sorts of things, art exhibitions, theatre groups that put on Alice in Wonderland and themed afternoon tea parties." Adding, "I'm lucky to have great colleagues."
- Daily activities were displayed in communal areas. People told us, "Things have changed, she [meaning staff member] has added much more to our activities, far more varied and interesting projects."
- One person said, "I have a copy of the plan telling me what's going on here, we have entertainers come in to entertain us, we have a regular sing along, people go out on trips, and I choose what I want to do and when I want to do it."
- Staff told us how they help one person skype their relatives who lived abroad. Staff said, "They share photos."

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place; this captured the nature of complaints, steps taken to resolve them and the outcome.
- People and relatives told us they knew how to raise concerns and make complaint. Complaints we reviewed were investigated appropriately and responded to in a timely manner.

End of life care and support

- At the time of the inspection there was no one living at Fletcher House who required end of life care.
- The registered manager told us they were working with the local authority to develop a specialist end of life program within the home. They also said they attend a local group where they can access best practice ideas around end of life care.
- Staff told us they had end of life training and would support people if they had to using the care plans as their guide. However, not everyone had future planning documents in place, which meant staff could not be sure what people would like to happen in the event they should need end of life care.
- We discussed this with the registered manager who assured us they would review their end of life policy to ensure they worked in line with current national guidance and best practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke extremely positively about the registered manager. Comments from staff included, "[Registered manager] is very supportive, they support me when I make a decision." Adding, "If [Registered manager] doesn't agree they talk it through with me, no hierarchy wars."
- Relatives and people spoke positively about their experiences. One relative said, "I talk to the manager every day, they are a very nice, open and approachable person."
- Comments from people included, "This is a really friendly place to live, I speak to the manager every day, they are very nice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of honesty, and records evidenced a willingness to learn from mistakes when things had gone wrong.
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour. For example, "One person had an unplanned hospital admission, the relative felt staff should have stayed with their relative." The registered manager sent a clear explanation with an apology."

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

- There was a clear staffing structure and staff were supported in their roles. Comments from staff included, "Morale is good, we all look out for each other." "I love my job, [Registered managers name] helped me when I got promoted, they taught me how to do things right."
- Staff received regular supervisions and appraisals. The registered manager told us over time pay was being reviewed to enable staff to draw money before the pay date if they had worked the hours, this was to give staff flexibility throughout the month."
- Provider checks, and audits were used effectively to identify errors and omissions. Accidents, incidents and falls were reviewed to identify themes and trends as a way of preventing a recurrence.

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

- People and their relatives were offered the opportunity to complete questionnaires about their experiences of living in the home. These included questions about the quality of food, if they had been

provided with sufficient information about care they received and if staff promoted people's independence.

- The registered manager carried out themed conversations each month to see what people were happy with and what needed to improve, and we observed a "You said we did" suggestion box in the main entrance of the home.

Continuous learning and improving care

- The provider had a development strategy to improve the service and attended relevant meetings and forums as a way of accessing up-to-date information relevant to care provision.
- Staff were motivated by, and proud of the care they gave. One staff member told us, "We have regular staff meetings, we all want what's best for people here."

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs and other health care professionals.
- One professional left a comment on the providers social media account saying, "I go to Fletcher House regularly in my work and have done for many years." Adding, "It's one of the few homes I would entrust my loved ones if I were unable to care for them myself, the staff really do treat everyone with great care and dignity my personal view it is a good care home with high standards."