

Somerset Care Limited

Pulsford Lodge

Inspection report

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17 April 2018

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Ratings

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

Overall summary

Pulsford Lodge is a residential care home for up to 49 people. 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.

Pulsford Lodge specialises in the care of older people. It is a purpose built home with accommodation for people arranged over two floors. At the time of the inspection there were 39 people living at the home

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

There was 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 and provider monitored the quality and safety of the service. They were committed to seeking people's views and making on-going improvements.

People felt safe at the home and with the staff who supported them. There was an open and transparent culture which encouraged people and staff to raise concerns. People and staff felt listened to, and were confident that any complaint or concern would be taken seriously.

People received effective care which met their needs because staff had the skills and knowledge required. One person said, "They [staff] know exactly what they are doing. You can just relax." People were consulted about their care and the running of the home.

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 knew people well which enabled them to provide care that was personalised to the individual. People were able to follow their own routines and staff respected people's choices. Staff encouraged people to continue to take part in activities and hobbies which interested them.

Staff were well motivated and felt supported by the registered manager and the provider. This helped to create a happy relaxed atmosphere for people to live in. One person told us, "The staff are all excellent and

always cheerful."

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Pulsford Lodge

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 was a comprehensive inspection and took place on 17 April 2018 and was unannounced. It was carried out by one inspector, an assistant 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.

During the inspection we spoke with 16 people who lived at the home, and seven members of staff. The registered manager and deputy manager were available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served, an activity session and attended a handover meeting. We looked at a selection of records, which related to individual care and the running of the home. These included three care and support plans, three staff files, records of compliments, minutes of staff and service user meetings, medication records and quality monitoring records.

Is the service safe?

Our findings

People continued to receive safe care and support.

People told us they felt safe and well looked after at the home. One person said, "Yes I feel very safe. The staff are always kind." Another person told us they felt safe because, "I have no worries because I am looked after properly."

There were sufficient numbers of staff to keep people safe and to meet their needs. During the inspection we saw staff responded to people's needs and requests for assistance quickly. People who spent time in their rooms had a call bell to enable them to ask for help whenever they wanted it. People said staff responded promptly when they requested help. One person said, "I haven't come across any case when there has been a delay. They are pretty prompt." Another person told us, "It's a comfort to know there is always someone here. You just have to ring the bell."

The provider had systems and policies which made sure people were cared for by suitable staff. The service operated robust recruitment processes. Pre-employment checks were obtained prior to staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We looked at three staff's personnel files and found the recruitment process continued to be followed. The files also confirmed staff had regular supervisions and annual appraisals.

The risks of abuse to people were minimised because staff had received training and were aware of how to recognise and report concerns. There was an open culture in the home which meant people and staff felt comfortable raising any concerns. There were posters giving contact details of how to contact agencies outside the home if people felt unable to raise their concerns at the home.

People received their medicines safely from senior staff who had received training and had their competency assessed to make sure their practice was safe. People were confident they received the right medicines at the right time. One person told us, "They sort out all the meds. It works well." Another person said, "They are good with tablets. I know I get the right ones at the right time."

Risk assessments were carried out when people wished to administer their own medicines. This helped people to maintain their independence in a safe way. For example, the staff had arranged for one person to have their medicines supplied to them in a monitored dosage pack to make it easier for them. This also made it simple for the person and staff to see they had taken the correct medicines.

Staff took action to support people to remain safe, Records showed that one person had a number of falls. Although the falls had not resulted in injury the staff had contacted other professionals to make sure they had the correct support and treatment to meet their needs. The risk assessment for this person was not comprehensive, however when we pointed this out to the registered manager it was reviewed and up dated.

The provider looked for ways to continually improve the service. If incidents occurred at the home 'critical incident reports' were completed. This enabled staff to explore what had happened and what lessons could be learned to improve future practice.

All areas of the home were kept clean and fresh and a number of people commented on the standards of cleanliness. One person said, "Hygiene standards are excellent." Staff had received training which helped them to work in a way that minimised the risks of infection to people.

Is the service effective?

Our findings

People continued to receive effective care.

People were cared for by a consistent staff team who knew them well and received the training they needed to effectively support people. One person said, "They [staff] know exactly what they are doing. You can just relax."

Staff had access to a range of training which helped them to meet people's needs and fulfil their job role. This included training in health and safety issues, leadership training and nationally recognised qualifications in care.

People's needs were assessed before they moved to the home to make sure it was the right place for them. Staff worked with other professionals, such as community nursing staff, where people had specific needs or wishes. Care plans, and discussions with people showed they received their support in accordance with their individual wishes.

People's healthcare needs were monitored and met because staff were observant and made sure people received the help and treatment they required. During the handover meeting we heard how staff referred people to other professionals such as GP's, community nurses and occupational therapists. One person told us they had been unwell and said, "They got the doctor straight away."

The staff worked in partnership with other professionals to make sure people received care that met all of their needs. The staff had built good links with healthcare professionals including physical and mental health specialists. Community mental health nurses visited people at the home and local GP's held a weekly clinic. This all helped to make sure people received the treatment and support they needed.

People's nutritional needs were assessed and met. Advice was sought from other professionals where there were concerns about people's nutrition or weight. One person had been prescribed nutritional supplements and staff were monitoring their weight. Weight records showed the person had maintained a stable weight since moving into the home. One person told us they had some food allergies which the staff were aware of. They commented that if they could not eat what was on the menu something else was always provided.

People were complimentary about the food they received and said there was always a choice of meals. Comments included; "Mostly the food is very nice," "Very nice food" and "Always a good choice of food." The cook told us they always tried to attend resident's meeting to get people's views. They said, "One size does not fit all, – so we need feedback."

The provider was working towards improving the meal time experience for people living in all their homes. They had put in place an initiative called 'Gold standard mealtime for people.' During the inspection we saw people's meals were well presented and appeared nutritious. However people waited a long time in the dining room before the meal with no staff interaction or entertainment. Some people were assisted into the

dining room 35 minutes before the meal was served.

The majority of people were able to make decisions about, and give consent to, the care and support they received. People's choices were respected. For example we heard one person had refused their prescribed medicines and this was respected. The registered manager told us, they used positive encouragement to ensure people received the support they needed but ultimately the person made the decision. Staff told us they always asked for people's consent before they helped them with their care. One person told us, "Staff explain what they are going to do and ask your permission."

Staff had received training about how to support people who lacked the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff liaised with people's personal and professional representatives where people lacked the capacity to make a decision for themselves. For example, one person had been assessed as being at risk of falls but lacked insight into the risks this may pose. A pressure mat to alert staff they may need assistance had been decided to be in their best interests and put into their bedroom.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications where they felt people required this level of protection to keep the safe.

Is the service caring?

Our findings

People continued to receive a caring service.

Staff who supported people were kind, caring and compassionate. One person told us, "The staff are all excellent and always cheerful." Another person said, "The girls [staff] are all very kind and will do anything you ask."

Throughout the inspection staff spoke to people in a friendly way and took an interest in them. They took time to listen to people and enter into conversation. When they supported a person to move around they were verbally encouraging and walked at the person's pace so they did not feel rushed.

People told us they felt very at home at Pulsford Lodge and staff respected their privacy. One person said us, "I feel very at home. The beauty is there are people here but there is peace and quiet when you want it. Staff know I like some quiet time and they are very considerate of that." Another person said, "I find it very, very good living here. Staff try to help you in any way they can. Staff are friendly."

People told us staff helped them to celebrate special occasions. One person said, "When it's a birthday there's always a cake and a drink to mark the occasion." Another person told us at Easter the registered manager had knitted everyone a chicken and placed a chocolate egg inside. The person said, "At breakfast there were all these little chickens on the table. It was so thoughtful."

People were involved in decisions about the care and support they received and were able to make choices about how their care was provided. Some care plans and risk assessments had been signed by people to show they had been seen and understood by the person. One person said, "They've spoken with me about what I want while I'm here." Another person told us they felt very much in charge of their care. They said, "I still make all my own decisions."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The registered manager had ensured that information provided to people was in accordance with their communication needs.

The day's menu was displayed in words and pictures on a large notice board to help people to make choices. The registered manager had also made a book of pictures to support people who liked to remain in their room, but may have communication difficulties, to make choices about the food they ate. One person said they spent their time reading and staff made sure they had large print books. They told us, "The library comes and staff are good at making sure there are large print books for me."

Is the service responsive?

Our findings

People continued to receive a responsive service.

People received personalised care and support because care plans gave information about people's likes and preferences as well as their needs. This meant staff had the information they needed to make sure people received an individualised service. One member of staff told us, "This is their home and they should live how they want to live."

People were able to make choices about their day to day lives and staff respected people's choices. One person we met was in their nightclothes in their room. They said, "I'm having a day off today. The staff pop in but they know me well and know that today is a day I just don't want to be fussed." Another person told us they felt comfortable to follow their own routines. They said, "I get up at six in the morning, always have. They bring me a cup of tea - starts the day off right."

The staff responded to changes in people's needs and adjusted their care accordingly. One person said they had been unwell and commented, "At the moment they are helping me with everything. They have been very good."

When people were nearing the end of their lives staff ensured they were cared for with compassion and dignity. Staff made sure medicines were available to control pain and ensure people's comfort. We saw compliments about the care people had received at the end of their lives. One relative had written "Words are not enough to say a very huge thank you for all your wonderful, kind care and love you gave. It did not matter what they asked for or needed it was provided in abundance. You treated them with dignity and respect right to their final days with you. No-one could have had better care anywhere. Your kindness to our family and your understanding I will never forget."

People were able to take part in organised activities which interested them or could follow their own interests. One person said, "I go to some of the activities but mostly I like to read in my room." One person told us they went out every day. They said, "I like to take a member of staff out to the coffee shop."

Activities were arranged to cater for a variety of interests. On the day of the inspection a number of people took part in a bingo session which appeared to be much enjoyed. At a recent residents and relative's meeting, people had said they had enjoyed vintage tea parties that had been held at the home so more were being planned.

Some people liked gardening and there were raised beds outside to make it easy for people to continue to follow their hobby. We saw a photograph of one person helping to erect a small greenhouse so they could continue to grow plants from seed. The activity worker told us, the person's interest had encouraged other people to get involved and they were now purchasing a larger greenhouse.

People were enabled to follow their faith because religious representatives visited the home to see people

individually and to hold multi-faith services. One person told us they were not able to attend the local church as often as they would like to. We passed this comment on to the registered manager who told us they would make arrangements to ensure they could attend the services they wanted to.

People knew how to make a complaint and said if they raised any issues they would be listened to. One person said, "I have spoken with [registered manager's name] about a couple of matters. She is very accommodating." Another person said, "If I needed to complain I would. I'm known for speaking my mind."

The registered manager kept records of all complaints and grumbles. These records showed people did not hesitate to raise concerns regarding any aspect of their care. They also demonstrated that all complaints were responded to within set timescales and details of investigation and action taken were included in correspondence with the complainant. This demonstrated people were listened to and concerns taken seriously.

Is the service well-led?

Our findings

The service continued to be well led.

Since the last inspection a new registered manager had been appointed. 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 was very experienced in providing care and management. They kept their skills up to date by training, research and networking with other managers within the provider group. This ensured people received care that was responsive to changes in best practice guidance and legislation.

The registered manager was very visible in the home. People and staff said they were very approachable and led by example to create a happy warm atmosphere for people. The registered manager had a good knowledge of people and staff. They spent time chatting to people and monitoring practice. People appeared very relaxed and comfortable with the registered manager. One person said, "I think this is the best of it's sort. It's the atmosphere that makes it special and that comes from the top."

The registered manager adjusted their hours to make sure they were able to see all staff and observe care delivered during the day and at night. This enabled them to assure themselves that appropriate care was always provided to people.

Staff told us they felt well supported by the registered manager. Two staff said, "We have a really strong senior team. I think the manager has empowered us. We really feel listened to." Some senior staff took lead responsibilities in the home such as, staff induction and medication, and there were plans for other staff to take on more responsibility to demonstrate how much they were valued.

Staff were happy in their jobs which helped to create a happy atmosphere for people to live in. One member of staff told us, "I love it here." One person said, "The staff are always friendly and cheerful."

The provider had systems to monitor the quality of care and ensure on-going improvements. When audits identified shortfalls action was taken to make sure they were fully addressed. For example, one audit had highlighted that activities needed to be improved. In response to this they were recruiting an additional activity worker so an enhanced activity programme could be put in place. Another audit showed that a fire drill needed to be carried out and this had been done.

There were systems and checks in place to make sure people lived in a safe home. Records gave evidence that periodic health and safety checks were carried out to maintain people's safety. These included safety testing of mobility aids, electrical equipment, water systems and the lift.

Fire safety equipment was regularly tested and a weekly check of the fire alarm was carried out. Regular

practice drills had been undertaken. One person told us the staff tested the fire alarms every week.

Pulsford Lodge continued to play an active part in the local community. They had strong links with other professionals in the area and local schools. They held social occasions, such as coffee mornings and quizzes which were open to local people. This enabled people to retain their links with the community and for people to be involved in the home.