

JM Beyer

# Somerville House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused inspection took place on 10 July 2017 and was unannounced. At the last full comprehensive inspection in November 2016, we rated the service as overall 'good' but we rated the well-led domain as 'requires improvement' and issued a requirement notice to ensure quality monitoring was improved. At this inspection, we found there had been some improvements in how quality was monitored but further improvements in recording how this was achieved was required.

Somerville house is registered to provide personal care for 18 older people, some of whom may be living with dementia or have mental health needs. The service is situated close to the city centre and the shopping area of Hessle Road; it has good access to all local facilities. Bedrooms, bathrooms and toilets are located on each of the three floors. The upper floors are accessed by a passenger lift and stairs. There is a sitting room with a dining area at one end, a second sitting room and a small quiet room with a table and chairs. There is an outside patio and garden area at the rear of the property.

The service had a registered manager. 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.

There had been some improvements in quality monitoring and there was a system in place, however this had only been partially completed since the last inspection. There was a list of audits and checks to be carried out each month; we saw these had concentrated on medicines and the environment. A process of updating care plans was also underway. The registered manager told us they would ensure the planned monthly checks in all areas would take place and people informed of what action they had taken to address any shortfalls.

There were discussions with people who used the service and staff on a daily basis but these had not been formally recorded. People who used the service and staff confirmed the discussions took place.

Staff confirmed communication was good within the service and they received information in the form of memos, the communication book and daily discussions. They reported a style of shift handover that was a mixture of verbal exchange and checking the communication book. The registered manager told us that following the inspection, written handovers would recommence.

We saw there was an open and inclusive culture within the service. People who used the service and staff felt able to raise issues with the registered manager and provider.

The registered manager had developed links with other agencies, for example the local medicines management team had visited to audit medication practices. Staff from commissioning and safeguarding teams told us they had no concerns about the service and the registered manager contacted them when

required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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

The service was not consistently well-led.

There had been some improvements in quality monitoring, but the plan developed by the registered manager had only partially been completed since the last inspection. However, those environmental issues raised at the last inspection had been addressed.

We found there was an open and inclusive culture within the service. People felt able to express their views and raise issues of concern with the registered manager and provider. Any concerns were addressed straight away.

Staff told us the registered manager and provider were approachable and available when required.

**Requires Improvement** ●

# Somerville House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 10 July 2017. It was completed by two adult social care inspectors.

Before the inspection, we looked at information we received about the service. The provider had completed a Provider Information Return (PIR) prior to the last inspection in November 2016. 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 contacted the local authority safeguarding and quality teams as part of the inspection, to ask for their views on the service. We also looked at the information we hold about the provider. We used this information to plan our inspection.

We spoke with five people who used the service. We observed how staff interacted with people who used the service.

We spoke with the registered manager and two care staff. We also had a telephone conversation with the provider.

We looked at six care files which belonged to people who used the service and incident and accident records.

We looked at a selection of quality monitoring documentation such as audits for medicines, the environment and catering checks. We saw the on-going refurbishment plan which recorded when repairs or replacements were identified and when action had been taken to address them. We looked at recording systems and checked communication methods within the service.

# Is the service well-led?

## Our findings

At the last inspection in November 2016, we rated the service as overall 'Good' but we saw that the quality monitoring system needed development. We returned to complete this focus inspection to look at improvements in since that date. There had been some improvement with quality monitoring but there was still some way to go before we rate the key question, 'Is the service well-led', as 'Good'.

The registered manager had developed an annual quality audit file in which to collate information on a monthly basis about checks on care plans, medicines, the environment, cleanliness, documentation and the kitchen. There were also sections for the views of people who used the service from surveys and discussions. The quality audit system had only been partially completed. The registered manager sent us additional information following the inspection which showed us action had been taken to ensure the quality monitoring was restarted fully.

We saw a check of medicines had been completed by an external audit team as well as internal audits by the deputy manager. The internal audit had identified an issue with the range of temperature readings of the medicines fridge. This had been discussed with the supplying pharmacy, addressed but the same problem had occurred. The temperature readings had not affected the medicines stored inside, as the actual reading was within recommended limits for refrigerated medicines. During the inspection, the registered manager contacted the pharmacy again and they delivered a new fridge.

There was a process underway of redeveloping care plans. When fully completed these would provide detailed guidance for staff in how to support people. So far there had been eight out of 17 completed. Since the last inspection, there was evidence the daily notes had been audited by the deputy manager and areas for improvement identified. We saw some information had been missed from some care plans, for example when the optician visited; staff confirmed the person had received a visit from the optician but there was no record of it. The registered manager told us the care plans would be evaluated monthly when they were fully completed so that changes could be updated in a more timely way.

Staff recorded when accidents and incidents took place and had responded appropriately to them. However, we found these could contain a fuller description of the accident and action taken as a result. This was mentioned to the registered manager to address.

The provider, registered manager and maintenance personnel completed weekly checks of the environment and identified areas to repair or items to replace. Issues mentioned at the last inspection had been attended to. The kitchen flooring, identified during the last environmental health check, had been addressed and new flooring had been fitted. Both care staff spoken with, and the registered manager, told us the provider was responsive to issues and any repairs were completed in a timely way.

People told us they knew the registered manager's name and we overheard discussions between them which were friendly, patient and professional. Formal meetings with people who used the service were not recorded but people told us the registered manager and other staff checked with them on a daily basis that

they had everything they needed. People who used the service described the registered manager as, "Smashing" and "[Registered manager's name] is great." Other comments were, "When I was poorly, they looked after me", "I've been in several places and this is the best" and "I haven't a bad word for any of them [staff]."

People who used the service also confirmed the provider visited the service every week, checked the environment and spoke to them. One person described the provider as, "Lovely." However, we could not see any evidence that they signed the visitor's book on entry and exit; the provider told us they would make sure they signed the book during future visits.

The registered manager ensured people who used the service were involved in staff training sessions. For example, three people had completed oral hygiene training and one person joined a staff training session on alcohol misuse.

Staff told us there were systems in place to ensure good communication. As it was a small service and staff team, they saw the registered manager on a daily basis and the provider each week. They felt able to raise issues with them both if required. Staff had a communication book which was used to pass on issues from shift to shift and to leave messages for the registered manager or provider. We saw minutes of a recent staff meeting dated 20 April 2017 which showed us the registered manager had raised specific issues with staff. Staff also received information by memos. There was evidence these had been sent when required and offered the opportunity for staff to respond. We saw the registered manager had an open door policy and staff stated that they were approachable.

Questionnaires were due to be sent to people who used the service, their relatives, staff and visiting professionals later in the month. The registered manager told us replies would be collated and an action plan completed to address any shortfalls.

The registered manager had developed good working relationships with commissioners of the service, the local authority safeguarding team and medicines management team. Staff from both commissioning and safeguarding teams told us they had no concerns with the service and the registered manager contacted them when required.