

Somerset Care Limited

Pulsford Lodge

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 4 February 2016.

Pulsford Lodge provides care and accommodation to up to 50 people. The home specialises in the care of older people. At the time of this inspection there were 37 people living at the home.

The last inspection of Pulsford Lodge was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

There is 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 home was well led because there were effective systems in place and a strong management team. People knew who the registered manager was and said there were lots of opportunities to discuss their care or make suggestions about the running of the home.

Pulsford Lodge was situated in a small rural town and was very much part of the local community. They home had links with various local groups which made sure people continued to feel part of the community. There were opportunities for people to take part in a wide range of group and one to one activities according to their interests and hobbies.

People felt safe at the home and praised the staff who supported them. One person said "I think we all feel safe because the staff are so kind." There were sufficient numbers of staff available at all times to keep people safe and to meet their needs. People we asked said there was always staff available to assist them when they needed help. One person said "They respond quickly to you, day and night."

Risks of abuse to people were minimised because there was a good recruitment procedure and staff received training to enable them to recognise and report any suspicions of abuse. Staff felt confident that any concerns reported would be dealt with to make sure people were protected.

People told us they felt well cared for. One person said "If you have to be in a care home you couldn't do better." Another person said "I had no idea what to expect but it wasn't this. The care, the facilities and staff are excellent. The carers genuinely care. The quality is unbeatable I couldn't be better looked after."

People received care and support that met their needs and took account of their preferences. People were involved in decisions about their care and treatment and were able to make choices about their day to day routines. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments were updated when

people's needs or abilities changed.

There was good access to healthcare professionals and staff were proactive in seeking advice from appropriate professionals if they had concerns about a person's health. People received a diet in line with their assessed needs and dietary preferences. People were complimentary about the food served at the home. One person said "Food here is very good. Always a choice." Another person said "Food is pretty good. Excellent roast dinners."

People knew how to make a complaint if they were unhappy with any aspect of their care. People were confident that any complaints made would be taken seriously and action would be taken to rectify any shortcomings.

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 was safe.

There were enough staff to keep people safe and meet their needs.

People received their medicines safely from staff who were competent to carry out the task.

The provider's recruitment and training programme helped to minimise the risks of abuse to people.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People had access to a range of meals according to their needs and preferences.

Staff monitored people's well-being and were proactive in seeking treatment to meet people's health care needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were extremely caring and compassionate. They said staff went beyond their role to make sure they were content and comfortable.

People were involved in decisions about their care and treatment.

Staff liaised with other professionals to make sure people were appropriately cared for at the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their individual needs and wishes.

Activities and support were regularly reviewed to make sure they met people's up to date needs and preferences.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

The service was well led.

People received care in accordance with up to date guidance and legislation because the registered manager and senior staff team kept their skills and knowledge up to date.

There were systems in place to monitor the quality of the service and seek people's views.

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 inspection took place on 4 February 2016 and was unannounced. It was carried out by two adult social care inspectors.

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 26 people who lived at the home, three visitors and nine members of staff. We also spoke with one visiting healthcare professional. The registered manager was not available on the day of the inspection but the deputy manager was available throughout the day.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included four care and support plans, three staff personnel files, minutes of meetings and records medication administration.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "I think we all feel safe because the staff are so kind." Another person told us "Safety is uppermost here. They do everything to make sure you're safe. They have good systems to look after you and the building."

There were sufficient numbers of staff available at all times to keep people safe and to meet their needs. The registered manager told us in their Provider Information Return (PIR) they kept dependency levels under review and were able to adjust staffing levels according to people's needs. For example extra staff could be provided if someone was being supported at the end of their life. Staff confirmed this during the inspection. People we asked said there was always staff available to assist them when they needed help. One person said "They respond quickly to you, day and night."

People had access to call bells to enable them to summon help when they required it. Throughout the day we did not hear call bells ringing for extended periods of time. This showed people's requests for assistance were responded to promptly. One person said "If you ring the bell they are here in a jiffy."

The home was staffed throughout the day and night but some people had requested not to be checked on through the night and risk assessments had been completed with these people. One risk assessment we looked at showed, after discussion with the person, they had agreed to reduce checks through the night. This person told us "We reached a compromise because I sometimes have falls."

Care plans contained risk assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments were updated when people's needs or abilities changed. Accident records showed people's mobility risk assessments were always reviewed if someone had a fall.

People received their medicines safely from senior staff who had received training and supervision to carry out the task. The home used an electronic system for administering people's medicines. If people wished to administer their own medicines risk assessments were completed to make sure they were safe to do so. These risk assessments were regularly reviewed to make sure they continued to be appropriate.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. We checked three people's stock levels during our inspection and found these to be correct. One person told us they received controlled drugs. They said "There are always two staff. One gives you the tablet and the other witnesses it. They are very thorough."

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. People said staff regularly offered them pain relief to make sure they remained comfortable. One person commented "They're pretty good with tablets. They always offer me pain killers."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment records we read showed the provider followed the recruitment procedures.

Risks of abuse to people were further minimised because staff knew how to recognise signs of abuse and report their concerns. Staff received training in what to do if they had any concerns and all told us they would not hesitate to report these. All were confident that action would be taken to protect people. There were posters in the home informing people who to contact if they felt unable to report suspicions of abuse within the home. The posters ensured everyone had access to contact details of who to report concerns to. One member of staff said "If for any reason I couldn't speak to the manager I could always contact the area manager."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Without exception people felt well cared for and praised the staff who worked at the home. One person said "Staff are very good. I can't credit them enough. You can't fault them." Another person told us "Staff are very good at what they do. In fact I would say they are excellent."

People benefitted from a staff group who had all undertaken a thorough induction programme to make sure they had the skills to safely care for them. New staff also had opportunities to shadow more experienced staff which enabled them to get to know individuals and how they liked their care to be provided. One member of staff said "I had a good induction and all the staff are friendly and helpful."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home and to their role. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their jobs. Catering staff told us they had received training relevant to the needs of older people to make sure meals met their nutritional needs. They also received training in providing nutritious meals for people with allergies. Activity staff had undertaken training specific to their role which had included creative activities training and how to support people with dementia. One member of staff said "We have lots of training. It makes you conscious of everything you do. When we have refresher training in things it really makes you think."

People had easy access to medical professionals to monitor their health and respond to concerns. The registered manager told us in their Provider Information Return (PIR) they had secured the services of a local GP to hold a weekly clinic at the home. Many staff told us how beneficial this had been. We were told the GP was able to see people who were acutely unwell during their clinic but also undertake general monitoring of people's well-being including reviewing people's medication. One member of staff said "The clinic has been a huge success and has reduced the number of call outs we make because things are dealt with early."

People told us they had good access to healthcare professionals to meet their needs. One person said "If you are unwell they always get the doctor or nurse to you." Another person said "Everything is laid on, a chiropodist, someone to look at your eyes even the hairdresser." A visiting healthcare professional told us they thought staff were very good at spotting when people may be becoming unwell and were proactive in seeking support for the person. One person said "They are very observant. When I was unwell they picked it up which meant I got treated quickly."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Specialist diets or personal preferences were catered for. One visitor told us "They have a difficult diet which they cater for wonderfully. They always make special meals." One person told us "I have the same thing for tea every night – my choice, they always do it for me."

People were complimentary about the food at the home and said there was always a choice of meals. One

person said "Food here is very good. Always a choice." Another person said "Food is pretty good. Excellent roast dinners."

People were able to choose where they ate their meals. Some people liked to eat in their rooms whilst others liked to socialise in the main dining room. Two people told us "We have our lunch with everyone but have our tea together in our room." Another person said "I like the company at meal times and to catch up with any gossip."

We observed the main meal of the day and noted it was a very relaxed and sociable occasion. People were offered choices of main meals and were able to help themselves to condiments and vegetables. Where people required support to serve themselves or encouragement to eat, this was provided in a discreet and friendly way. After the main meal people were offered a wide range of desserts from a sweet trolley. The cook told us they had introduced a second trolley to make sure everyone was able to see the desserts available which helped them to make a choice.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. We saw a member of staff asking a person if they would like to be helped with a personal care task. The person refused and the member of staff respected their decision. A while later another member of staff asked the same question and the person happily went with them. Where any restrictive practices were in place, such as the use of lap straps in wheelchairs, people had signed consent forms.

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.

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. The application procedures for this in care homes and hospitals are 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 were being met. Staff told us no one who lived at the home required this level of protection. Throughout the day we saw people had unrestricted access to their rooms and all communal areas including the gardens. Some people went for short walks in the town.

Is the service caring?

Our findings

People spoke extremely highly of the staff who supported them. They felt staff showed great kindness and compassion towards them. One person said "Staff are so patient. They have no hesitation in helping with anything." Another person said "Their kindness is beyond comparison." A visitor said "The staff are lovely. They could not be better cared for."

Many people told us the care they received was far better than they anticipated when they moved to the home. One person said "If you have to be in a care home you couldn't do better." Another person said "I had no idea what to expect but it wasn't this. The care, the facilities and staff are excellent. The carers genuinely care. The quality is unbeatable I couldn't be better looked after."

People told us they had built positive relationships with staff and said all staff went above and beyond their role to make sure they were comfortable and content. One person said "I don't sleep well. If I'm unsettled they come and chat to me and bring me warm milk." Another person said "I always get a cup of tea at night. It all comes down to staff. You just can't fault them." One person told us about how staff helped them to celebrate special occasions. They said "The parties here are wonderful. Everyone gets a birthday cake and they make you feel special."

Throughout the day we observed staff interacted with people in a warm and friendly way. Staff never towered above people when they spoke to them. They made sure they were at the person's level and listened to people's questions and made time to chat. Some people liked to spend time in their rooms and staff regularly visited to them to make sure they were comfortable and to offer hot and cold drinks. We noted that the member of staff who took round mid-morning drinks took time to chat to each person they visited. One person said "There's comfort and security in knowing someone will always pop in."

When a person became anxious staff reassured them by sitting with them and holding their hand until they became more settled. One person said "They really do care for us." Some people had difficulties with mobility and used walking aids to assist them. When staff walked with people they walked at the person's pace and offered gentle encouragement when needed.

Staff had a good knowledge of each person who lived at the home including their particular likes and dislikes. A visiting healthcare professional said they were able to ask any member of staff about any person because they all had an excellent knowledge of the people they cared for. One person told us "They are very thoughtful. They anticipate things before they happen because they know me so well. It takes away any fear."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People had been able to personalise their bedrooms which gave them an individual homely feel. People said their visitors were always made welcome with a tray of tea. One visitor said they thought of Pulsford Lodge as 'home from home.' They said "There's free access at any time."

People's privacy and dignity was respected and staff took time to assist people with personal care. Each person had a keyworker who took a special interest in them and supported them with bathing or showering. One person said "We all have our own carer. If you need anything they do it. If there's anything special they will help." Another person told us their keyworker was a male member of staff. They said "He is wonderful, he helps me shower. There's no embarrassment. I'm very happy. They ask me if I mind having a man help me but I don't."

People all appeared very well dressed and clean, showing staff took time to assist them with their personal care. One person said "Staff help you to make the best of yourself. Not easy at my age, but we have a good laugh about things." A visitor said "The girls do [person's name] hair beautifully. They take time over things."

There were ways for people to express their views about their care including the care they would like at the end of their life. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person said "They review your needs regularly. Every month they go through everything and you sign to say you understand it all." Another person told us "Care plans are about what you want and we agree them."

The home was accredited to the Gold Standards Framework. The Gold Standards Framework is a comprehensive quality assurance system which aims to ensure people receive high quality palliative care. Care plans gave information about people's wishes about how and where they wished to be cared for if they became very unwell and at the end of their life.

Staff told us that if someone was nearing the end of their life they liaised with relevant professionals to make sure they were well cared for and pain free. We were told by staff that people's friends and relatives were able to stay at the home to support the person if they wished to.

There were numerous thank you cards which praised the care people or their relatives had received at the home. In the past two years the home had received 60 written compliments. One person had written "Thank you for your outstanding care over the past three years." Another said "Thanks for all you do to make [person's name] life happy and comfortable."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

Staff provided care and support which was tailored to each person and respected their wishes and values. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that took account of their preferences and abilities. All care plans contained information about people's interests and hobbies, the people that were important to them and their previous lifestyle choices as well as their physical and emotional needs.

People were able to make choices about all aspects of their day to day lives. People told us there were no strict rules at the home and they were able to follow their own routines. One person said "There are no restrictions. No one tells me what to do." Another person told us "You can more or less do what you like."

Care and support was planned and delivered to meet people's individual needs. Care plans were up to date and reflected the current needs and wishes of people. They took account of people's specific needs, such as sensory impairment, and gave clear instructions for staff to follow. For example one care plan for someone who was visually impaired stated how the person needed to be supported whilst ensuring they remained as independent as possible.

Care and support to meet people's physical needs was clearly documented. Where someone had been assessed as being at high risk of pressure damage to their skin the care plan stated the equipment needed to minimise risk. We saw the equipment identified in the care plan was in place for the person.

One person had a long term health condition and their care plan contained information to ensure staff were able to effectively monitor their well-being. There was information to assist staff to recognise when the person may be becoming unwell and the action required in the event of this. Daily records gave evidence that staff were following care plans

The provider responded to changes in people's individual needs and sought advice from other professionals if they felt the staff were unable to meet people's changing needs. For example if people became mentally unwell they ensured referrals were made to mental health nurses to make sure the person received appropriate care and treatment.

People were able to take part in a range of activities according to their interests and abilities. The registered manager had reviewed their activity programme to make sure it continued to meet people's needs. In response the review they had concentrated activities away from large group sessions to smaller groups and one to one social stimulation. They had also identified there was a gap in social activities at weekends especially for people who did not receive visitors. They had therefore ensured there were some activities at weekends and were in the process of recruiting an additional activity worker to make sure there was adequate staff cover to provide this.

At the time of the inspection there were two dedicated activity workers. They were both very passionate about their jobs and how they could help to improve people's well-being through social stimulation. They

had an excellent understanding of people's interests and adapted their programme of events to meet people's interests. For example we were told that many people who currently lived at the home had an interest in countryside pursuits and conservation. The weekend before the inspection the workers had facilitated a group to take part in the RSPB's Big Garden Birdwatch. One person told us "It was a lovely time. We only had to watch for an hour really but we had a good chat as well so it took a lot longer." Last summer people had been involved in raising butterflies which had then been released into the garden. We were told this had been extremely successful and provided a lot of interest for people so they were planning to repeat this.

Pulsford Lodge was situated in a small rural town and was very much part of the local community. They had links with various local groups which made sure people continued to feel part of the community. The home was taking part in 'The Archie Project' which is an intergenerational community project designed to make towns and villages dementia friendly. As part of the project the home had made links with a local primary school. We were told people from the home and school children had been involved in planting seeds in the garden together. One member of staff said "We have several keen gardeners here so whilst the children planted our residents were on hand to offer lots of advice."

There was a weekly activity programme displayed throughout the home and people told us they were reminded each day what was going on. People said they were free to choose to join in with activities if they interested them but there was no pressure to do so. One person told "They cater for everyone. I don't join in with much but I do like it when it's bingo." Another person said they joined in with some organised activities but particularly enjoyed one to one time. They said "Someone gave me a lovely hand massage. I did enjoy that."

There were some regular activities such as a weekly religious service for people who wished to continue to practice their faith but were no longer able to attend church. Hairdressers also visited the home on a weekly basis and people were able to make appointments for this.

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We Did' system to show how people's suggestions had been dealt with. Some people had said they would like one part of the garden to be redeveloped and there were plans in place for this to be done. People had also requested raised flower beds in the garden and these had been provided. Another suggestion had been for some chairs in the communal lounges to be replaced and this had also been done.

There were meetings for people who lived at the home and their relatives. Minutes of meetings showed a wide variety of issues were discussed and people were kept up to date with any changes such as new staff and staff training. At the last meeting people were reminded how to make a complaint and the home's safeguarding procedure was explained.

People told us that in addition to meetings there were lots of opportunities to share their views. One person said "We see the manager regularly they always ask you how things are and if there are any improvements we would like to see." Another person told us "We have meetings but there is lots of informal discussion as well."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. All complaints were recorded and there was information to state what action had been taken to resolve any issues raised. For example one person had complained about noise levels because of the location of their room. This person had been offered, and accepted, a room in a quieter part of the building.

People told us they would be comfortable to make a complaint and were confident any concerns would be taken seriously. One person said "If you aren't happy you can complain. They would listen to you." Another person told us "I wouldn't hesitate to complain. I would talk to [registered manager's name] and it would be sorted. She would definitely want to know if anyone wasn't happy."

Is the service well-led?

Our findings

People lived in a home that was well led by a registered manager who was appropriately qualified and experienced to manage the home. They had managed Pulsford Lodge for a number of years and were well respected by people and staff. At the time of the inspection the registered manager was on leave and the home was being effectively managed by the deputy manager and senior staff.

Several people commented on how well led the home was. One person said "It is very efficiently run and they always try to accommodate anything you want." Another person said there were excellent systems in place to make sure people were well looked after and safe. They said "I would have no hesitation in recommending this home to anyone. You wouldn't find better." Staff and visitors told us the home continued to be well led in the absence of the registered manager because there were robust systems in place and a strong senior staff team.

The registered manager kept their skills and knowledge up to date by on-going training and reading. They also attended meetings with other managers within the provider group which enabled them to keep up to date and share good practice and ideas. Information about new initiatives or changes in policy were passed on to staff at team meetings and by the home's electronic messaging service. The home was a member of the local Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager attended conferences held by the RCPA which enabled them to make sure people were receiving care in accordance with local good practice guidance.

The registered manager and deputy shared an office which was located in a central position making them easily accessible to people and their visitors. During the inspection we saw and heard people and visitors visiting the office to chat or ask questions. The registered manager told us in their Provider Information Return (PIR) they regularly 'walked the floor' to make sure people who were unable to go to their office had opportunities to chat with them. It also enabled them to monitor standards of care and observe staff practices. People knew who the registered manager was and said they had lots of opportunities to talk with them.

The mission statement for the home was displayed in the entrance hall. It stated the aim of the home was "To provide high quality, personalised care and support services by people who really care." Comments from people, visitors and staff showed this philosophy was put into practice. One person said "I don't think you could find better care or better carers." A visitor told us "They couldn't be better cared for and the staff are lovely." A member of staff told us "Everything is personalised to people. It's their home but it's also a lovely place to work."

The staffing structure provided clear lines of accountability and responsibility. There was always a senior member of staff on duty which ensured people always had their care and support monitored by senior staff. It also meant less experienced staff were able to seek advice and assistance at any time.

Staff felt well supported by the management in the home. Staff said they received regular supervision, had

access to good training and all had an annual appraisal. This led to a well-motivated and happy staff team. One person said "Staff are cheerful, willing and reliable." A member of staff said "There is incredible support. It is made very clear that we are here for the residents but they value the staff too."

There were effective quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. A medication audit had highlighted that not all staff had had their competency to administer medicines checked in the past 12 months. Following the audit action was taken to rectify this.

A representative of the provider also carried out monthly checks to ensure the home was functioning in line with the standards and ethos expected by them. As well as observing practice and auditing paperwork, the quality assurance system included themed conversations with people who used the service, their representatives and staff. This enabled the provider to gauge people's satisfaction and views on specific areas of the service.

All accidents and incidents which occurred in the home were recorded and analysed. When an accident occurred risk assessments were reviewed to make sure any risks were minimised. For example when a person had a fall their mobility and falls risk assessment was up dated.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.