Kingfisher Healthcare Limited

Somerset House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Somerset House is a 'care home'. 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.

Somerset House provides accommodation and personal care for up to 24 people. At the time of the inspection there were 19 people living at the home. We undertook this unannounced inspection of Somerset House on the 14 and 15 January 2019.

At the last inspection the service was rated as Good. At this inspection we found the service Requires Improvement due to people being at risk of cross infection due to ineffective hand washing and hot surfaces that placed people at risk of burns. Audits were also required for infection control and environmental risks.

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.

People could be at risk of cross infection, due to lack of liquid hand soap and paper towels at the point of care.

Environmental risks to people posed by hot surfaces were not managed in line with the Health and Safety Executive's guidelines.

People received their medicines when required although medicines were not always stored safely whilst the member of staff was in the process of administering medicines to people. People could also be at risk of cross infection due to the same medicines pot being used for administering medicines.

People's care plans were personalised and included their likes and dislikes. Care plan's also contained people's individual needs and risk assessments although one required more information relating to their end of life care. People were involved in their care plan reviews and care plans recorded review dates.

People were support by staff who had suitable checks prior to working within the service.

Staff were kind and caring and able to demonstrate their understanding of different types of abuse and who to go to should they have concerns over people's safety and welfare. Staff had a good understanding of how to promote independence, equality and diversity and privacy and respect.

Staff received supervision and an annual appraisal and training to ensure they were competent in their role. There were daily handover meetings and staff felt able to approach the manager and provider for advice

should the need arise.

All people were happy with their care and no complaints had been received since the last inspection. Various 'Thank-you' cards and compliments had been received by the service.

People had access to various social activities and the service was actively engaging with the local community.

People told us they enjoyed the food provided at the service. The menu gave people various options each day and people could choose an alternative should they wish.

The provider had no quality assurance system in place for infection control and some environmental concerns such as hot surfaces were not covered within the health and safety audit.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People and staff could be at risk of cross contamination due to poor hand washing practice within the service.

People could be at risk of harm due hot surfaces being uncovered.

Medicines were not always stored safely whilst staff were administering them.

Other risks to people's safety were managed as people's care plans contained guidelines for staff to following including risk assessments.

People were support by staff who had suitable checks prior to working within the service.

Is the service effective?

Good

At this inspection the service remained caring.

Is the service caring?

Good

At this inspection the service remained caring.

Is the service responsive?

Good

At this inspection the service remained responsive.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not always have systems in place that identified risks relating to health and safety and incomplete records.

People, relatives and staff spoke positively about the management and culture of the home.

People views were sought with questionnaires and resident meetings.

Staff had regular meetings and handovers to ensure any changes to people's care needs were shared.	

Somerset 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.

This inspection took place on 14 and 15 January 2019 and was unannounced on the first day. It was carried out by one adult social care inspector and an expert by experience on the first day and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with eight people. We gained views from two relatives. We also spoke with the provider, the registered manager, the two deputy managers and two care staff. We also gained views from one health care professional.

We looked at two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, audits and complaints.

During the inspection we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand how people are supported.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Requires Improvement

Is the service safe?

Our findings

The provider was not ensuring risks relating to health and safety, and infections were being mitigated.

The environment was not always safe due to people being at risk of a burn injury due to bedroom and communal radiators being uncovered and a lack of suitable measures in place to manage the risk. In people's rooms beds, chairs and commodes were situated close to radiators and posed a burning risk where the person might be unable to react quickly to a hot surface. There were no risk assessments that identified the risk to the person should they fall, roll or lean against the radiator when it was hot. The Health and Safety Executive guidelines confirm, "Serious injuries and fatalities have also been caused by contact with hot pipes or radiators. Where there is a risk of a vulnerable person sustaining a burn from a hot surface, then the surface should not exceed 43°C when the system is running at the maximum design output. Precautions may include insulation or providing suitable covers." We reported our concerns to this back to the registered manager and provider who confirmed they would take action.

We also found people were at risk of infections within the home due to poor infection control procedures. For example, we found staff had no liquid hand soap and paper towels within people's rooms. This is important as effective hand washing is essential to reduce the risk of cross contamination. The registered manager confirmed staff use antibacterial hand gel however within some rooms we found this was not available. Within communal bathrooms people used a fabric towel to dry their hands on. Staff also confirmed they used the same towel to dry their hands. This meant there was a risk of cross infection. At the time of the inspection two people had been admitted to hospital with 'flu. Others were unwell with chest infections and one member of staff was working whilst being clearly unwell. This meant people and staff were at risk of cross contamination of infections within the home.

People were supported by staff to receive their medicines when required. However, we found medicines were not always locked away whilst the member of staff was undertaking the medicines round. This meant people could have access to medicines whilst they were left unattended. We also found people could be at risk of cross contamination of medicines and infections as the same pot was used to administer several people's medicines. We fed this practice back to the registered manager and provider, who confirmed they would purchase disposable medicines pots.

This is a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they wore personal protective equipment (PPE) such as gloves and aprons. During the inspection we observed staff wearing PPE whilst providing care and support. Throughout the home visitors and staff had access to liquid hand gel in communal areas which could reduce the risk of cross infections when used.

Medicines were recorded accurately although one person had no record of having their creams administered on three occasions on the first and second day of the inspection. We raised this with the

registered manager. All other records including body maps were up to date and accurate. Staff had received training in administering medicines safely. Staff were assessed as competent at administering medicines.

People were supported by staff who had checks completed on their suitability to work within the service. Checks completed including Disclosure and Barring Service (DBS), identification checks and reference checks. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

People were supported by staff who felt the home was safe. Staff were able to demonstrate a good understanding of abuse and who to go to should they have concerns over people's safety and well-being. One member of staff told us, "Abuse can be physical, mental, sexual, financial. If I have any concerns I would raise them with [The management]. Safeguarding is about protecting vulnerable adults from risk of harm."

People had risk assessments completed within their care plan. This identified any risk and what measures were in place to reduce the risk. Risk assessments included moving and handling, and skin care.

Incidents and accidents were recorded and there was a clear log of all incidents so that any trends could be monitored and actions taken. People had personal evacuation plans in place that confirmed what support and action would be required in the case of an emergency.

People were supported by adequate numbers of staff to respond to their care needs. During the inspection we observed staff supporting people with their individual needs. When people required additional support due to their changing care needs the registered manager confirmed they would review the staffing levels and make any necessary changes.

Good

Is the service effective?

Our findings

The service remained effective.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of the inspection everyone had capacity to make decisions relating to their day to day care. One person had confirmed authorisation in place for finances and welfare, however they were able to make daily decisions about their care.

People were supported by staff who had received training to ensure they had the skills and competence in their role. Staff told us they had received training in safeguarding, moving and handling, infection control, mental capacity and deprivation of liberty and medication. Staff had also received additional training in diabetes and caring for people living with dementia. One relative confirmed how well they felt staff were trained. They told us, "[Name] is excellent with my mum, she has received training in dementia and is very good."

Staff felt well supported and had access to supervision and an annual appraisal. staff files confirmed this. Supervisions were an opportunity for the manager and staff to meet and discuss any issues. All staff felt able to approach the manager and provider in-between supervision should they need to. One member of staff told us, "I can go to [manager] if I need to as well as [provider]. They are all very approachable."

People had a health care plan should they be admitted to hospital. This confirmed important information relating to people's likes and dislikes, their health, communication needs and any other important information.

Referrals were made to a range of specialist health care professionals such as dietitians, physio therapists, occupational therapists, GP's and district nurses to provide guidance and support for people's care.

People were supported to have a variety of fresh meals. During the inspection we observed people have three different options for lunch. The chef confirmed if people wanted an alternative they would be happy to make something different. People's care plans confirmed people's likes and dislikes. People were happy with the meals. One person told us, "I get a choice about my food." Another person said, "very nice pie". Another person said, "Very nice vegetable curry, whatever you choose here the food is always nice and tasty."

Dining tables were laid with a table cloth, cutlery, condiments and a floral arrangement. People who required specialist equipment to support their independence with eating had access to it. Each table had a jug of fruit juice and water for people to help themselves. People could choose where to have their meals, in the dining room or in their bedrooms. Lunch time was relaxed and people were asked by staff if they were happy with their meal and if they wanted anything else.

People were supported by staff who recognised people's individual communication needs. Care plans confirmed if people required hearing aids and glasses. Staff described various different ways they supported people to communicate their wishes. For example, staff confirmed they would use visual prompts to show people different clothes options and could write things down for people if this helped.

Good

Is the service caring?

Our findings

The service remained caring.

People, relatives and professionals felt staff were kind and caring. People told us, "The staff; every one of them is kind and caring towards everyone, I like every one of them." Another person told us, "Everyone in here is very nice to you, they are kind and caring and are very nice." One relative told us, "The staff are wonderful people, nothing is too much trouble for them, they are kind and caring with everyone." A health care professional told us, "I go into a lot of homes, this one is very caring and the team are very good at looking after the people here. Every one of them is so kind." During the inspection we observed staff speak to people in a respectful manner that was inclusive and enabling. For example, staff asked people how they were and talked to them about their activities and plans for the day.

During the inspection we observed staff address people by their preferred name. Staff altered their own body posture so that they could talk to people effectively and ensure that people could see and hear them.

People's privacy and dignity was respected. Staff gave examples of how they supported people with their dignity and privacy. This included shutting people's doors and curtains and knocking before entering the person's room.

People were supported by care staff who were able to demonstrate an understanding of equality and diversity. For example, one member of staff told us, "It means respecting their preference how they want to be cared for, their religion, race, disability, gender."

People were encouraged to maintain their independence. Staff were able to give positive examples of how they supported people daily with their independence. One member of staff told us, "We promote people's personal care, washing and dressing themselves, to get in and out of bed if they can." Another member of staff said, "Prompt to make their own choices and encourage them to do things themselves, washing and dressing what they would like to wear and their choice to make decisions when safe."

People were encouraged to maintain relationships that were important to them. People could have visitors whenever they wished. The provider confirmed it was important for the home to be seen as part of the community. One relative told us how welcoming the home and staff were. They said, "They have always made me feel very welcome, every time. Even when I went to visit the home they said I could come in anytime. I felt they were very transparent."

People spent time in the communal areas or in the privacy of their own room. During the inspection, we observed people sitting in the dining area, conservatory or garden room.

Good

Is the service responsive?

Our findings

The service remained responsive.

People had access to a range of social activities seven days a week. For example, activities included pantomimes, shows, garden parties, day trips and regular exercise classes. People were happy with the activities available within the home. They told us, "I go to the activities down stairs, always something going on here, we have parties in the garden in the summer, we go out on trips, we play games, we have people come into the house to entertain us, everyday we have exercises and we even have a church service." Another person told us, "We are kept very busy here, we do crafts, bingo, exercises and everyday play games. In the summer we go on trips, you never have to be bored here." A health professional told us, "I go to a lot of homes, they all say activities happen, but here I know that they really happen."

The home had close links with the local community. This included local schools, nurseries and the local church. Children from the local school and nursery had visited to do activities with people and sing Christmas carols. Trips into the local community were arranged these included visiting the local garden centre and places of interest. The provider felt this was important for the home to maintain being part of the local community.

People had access to a complaints policy within their welcome pack kept in their room. No complaints had been received since the last inspection. However, various compliments and 'thank-you' cards had been received. Compliments included, "Dear [Manager] and all staff at Somerset House who helped to look after [Person's Name] in this last 9 months. We are grateful to you all for the care you gave him. He was comfortable with you and you fulfilled his wish to stay there." Another compliment included, "I would like to say a very big thank-you to all the people who have been so kind, considerate, patient and caring to my mum, over the past few weeks. I am sure this care had been a huge help to her rehabilitation and the excellent progress she has made. I know she appreciates all you have done and continue to do for her. My words cannot express my appreciation to all of you involved with her care. Thank-you again."

Care plans were personalised and individual to each person. They contained people's likes and dislikes which helped inform staff about what the person liked to eat, their life histories, health histories, care and communication needs. People had their care plans evaluated monthly and reviewed every six months.

At the time of the inspection the home was providing end of life care. The person's care plan contained wishes relating to their care as well as funeral plans. However there was no information that related to how often district nurses were visiting or why. We fed this back to the registered manager who confirmed they would update the person's care plan with these details.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found concerns relating to the environment. For example, people were at risk of poor infection control practices due to lack of paper towels and liquid hand soap in people's rooms and the use of fabric towels in bathrooms. We also found radiators that were uncovered and hot. We reviewed the providers audits and found there was no effective system in place to identify these risks. This meant there was no effective way the provider could identify the shortfalls we found during the inspection. We also found although the provider had an audit in place to monitor and audit medicines, the audit had missed the practice of staff using the same medicines pot to administer medicines to people. The provider confirmed they would address their audits to reflect the shortfall areas found during the inspection.

We also found care monitoring charts were not always accurate and up to date. For example, we found one person's fluid charts had no confirmed target that the person should aim to achieve each day. Staff had recorded their fluid intake, however by having no confirmed target it was unclear if they had received a satisfactory level. We also found one person's turn charts confirmed they required support every two hours to prevent pressure ulcers. Their records confirmed the person at times was being turned every three or four hours. The manager confirmed the person could receive their support every three to four hours following advice from district nurses. The person's care plan and daily records did not confirm this.

This is a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider and manager were proactive at sending an action plan which confirmed what action they were taking to address these issues.

Quality assurance systems were in place for monitoring people's care plans, the financial running of the home, laundry and people's bedrooms. The provider was regularly overseeing these audits.

The management team consisted of a registered manager, two deputy managers, a team of care staff, kitchen staff, an activities co-ordinator, laundry and cleaning staff as well as maintenance staff.

The provider's Statement of Purpose (the document the provider uses to describe the home) confirmed, "We place the resident's rights at the top of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services provided and we encourage our residents to exercise their rights to the full." The Statement of Purpose also confirmed the privacy, dignity, independence, security, civil rights, choice, fulfilment and the quality of care people could expect from the service.

People, relatives and staff all spoke highly of the management and how approachable they were. Their comments reflected the statements made in the Statement of Purpose. Staff described the home as a nice place to work with good team work. They told us, "The culture is very good. Team work is brilliant so is the [manager] and [provider]." Another member of staff told us, "It's a nice place to work. Can't fault it there is a lot of support." One relative told us, "The [Manager] is great, very approachable."

People's views were sought through resident meetings and yearly questionnaires''. The manager confirmed regular topics discussed included menu's and activities. Records confirmed people had raised comments relating to the meals in the home, such as having to wait for toast and plates not being hot. The chef acknowledged the comments made at the meeting and confirmed they would seek to resolve people's experience. The provider sent customer satisfaction surveys to people. Where comments had been received, actions were taken to ensure people's feedback improved the service.

Staff attended regular team meetings. The manager confirmed staff were also provided with a daily handover. This informed staff of any changes to people's needs and anything else they needed to be aware of. All staff felt these hand overs and meetings were supportive to their work.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. The Provider Information Return (PIR) had been completed and returned within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon. A copy of the service's report was available at the time of the inspection at the front desk. A copy of the rating was displayed on the noticeboard following raising this with the manager and provider.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People, staff and visitors were at risk of cross infection due to lack of liquid hand soap and paper towels and the use fabric towels being used in bathrooms. Medicines were not always being locked safely whilst being administered. Medicines pots were not being changed in between administered medicines to people. People were at risk from burns as hot surfaces were covered as required by the health and safety guidelines. Reg 12 (a), (b), (d), (g), (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always have effective audits in place for infection control and risks relating to the environment. Reg 17 1), 2), (b), (c),