Somerset Care Limited

Inver House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Inver House is a residential care home providing personal care to up to 50 people across three separate wings, each of which has separate adapted facilities. The service provides support to older people and in two of the adapted wings, supports those living with more significant dementia. At the time of our inspection there were 37 people using the service.

People's experience of using this service and what we found
Risks to people were assessed and there was information within people's care plans so that staff could safely meet people's needs. Some improvements were needed to ensure information about risks and how these should be mitigated was clear and consistent.

There were enough staff to meet people's needs safely. However, over the three units, staff were not always able to spend quality time engaging with people. We discussed this with the provider who were reviewing this and supporting staff development.

The provider used an external company to carry out recruitment checks on new staff. While this was safe, some improvements were needed to ensure the management team were aware of any actions they needed to follow up on. There was ongoing recruitment to continue to build the staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments had been completed for people and were appropriate for the decisions being made. However, we identified some additional records were needed for some people. Staff understood how to support people to make choices about their life and people told us they were asked their views.

People told us they felt safe at Inver House. Information was shared with staff at handovers between shifts and other meetings, meaning staff understood how to keep people safe. The environment and equipment was clean, safe and well maintained and fire risks were managed well.

People were protected from abuse and staff understood their responsibilities to report any concerns. Staff respected people's human rights and diversity, and this helped prevent discrimination.

Medicines were administered by suitably trained staff who had been assessed as competent to do so safely. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Accidents and incidents were monitored so that action could be taken to reduce the likelihood of a reoccurrence.

Activities were available and varied and staff supported people to maintain relationships with their relatives. There were positive links with the local community.

There was no one receiving end of life care at the tie of our inspection. However, people's wishes at the end of their life had been captured in advanced care plans.

Staff felt they were supported in their role and told us they enjoyed working in the service.

The provider had systems and processes to effectively monitor the quality of the service provided within the home and there was a complaints process. The registered managers understood their regulatory responsibilities and shared information when required.

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

Rating at last inspection
The last rating for this service was good (published 4 October 2018).

Why we inspected
We received concerns in relation to staffing, management oversight, safeguarding, risk management and medicines safety. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found evidence during this inspection that some improvements were needed to risk management, recruitment, mental capacity assessments and staff engagement. Please see the safe, responsive and well led sections of this full report.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inver House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Inver House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 2 inspectors and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Inver House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Inver House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 8 February 2023 and ended on 22 February 2023. We visited the service on 8 and 14 February 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority professionals who had recently had engagement with the service following concerns raised.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and 8 relatives about their experience of the care provided. In addition, we received feedback through our website from 2 more relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 members of staff including the provider's area manager, the registered manager, the deputy manager, care staff, activity staff and domestic staff.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service, including staff rotas, training records, policies and procedures. We looked at health and safety records and quality assurance records. We received feedback from 5 external professionals who have had recent involvement with the service.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant this meant to ensure safety, some aspects of the service needed to improve. There was an increased risk that people could be harmed if improvements were not made.

Assessing risk, safety monitoring and management

- Staff knew people well and risks to people's health, safety and wellbeing had been identified within individual risk assessments. These included fire evacuation plans and risk assessments relating to mobility, falls, and nutrition. However, we found some improvements were needed to ensure there was sufficient detail about all risks and how these should be mitigated. For example, one person had diabetes and their care plan lacked sufficient information about how the person may present if their blood sugars were too low or too high. Additional person-centred information would support staff to recognise promptly when action was required. We discussed this with the registered manager who took immediate action to update people's care records with the additional information required.
- People told us they felt safe at Inver House. One person said, "Yes, I feel safe. I can get staff if I want them." Another person said, "The care is pretty good. They [staff] answer my bell whenever I need them."
- The management team shared information relating to risks consistently with the staff group including in handovers and other meetings. Staff were aware of risks to people and how to manage those risks to ensure their wellbeing.
- The environment and equipment were safe and well maintained. Health and safety audits identified when maintenance work or safety checks were required, and the provider ensured that work was completed in a timely way.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. People had personal emergency evacuation plans (PEEP) in place. These identified what assistance each person would need to safely leave the building, in the event of an emergency.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.
● Mental capacity assessments had been completed for people and were appropriate for the decisions being made. However, we identified some additional assessments and best interest decisions needed to be recorded for some people. We discussed this with the registered manager who took immediate action to complete these records.
● Staff understood how to support people to make choices about their life. One staff member said, "We support people to make decisions where they can. We have pictures we can use to assist with choice, or I ask people what they want to wear and get clothes out to show them."

Staffing and recruitment
● The provider used an external recruitment company to complete the required checks before new staff commenced work. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However, we found 2 discrepancies which had not been identified when staff commenced work. No harm had occurred as a result, but we discussed this with the provider and registered manager, who took immediate action to investigate and review their processes to ensure this would not happen again.
● A number of staff, people and relatives told us there had been recent challenges in relation to appropriate staffing levels. However, many of these staff, people and relatives also commented they felt this was now beginning to improve. Comments included, "Staffing has been an issue, but things seem much better now", "There seems to be enough staff. It can be busy, but it is better now there are two activities staff" and "They [staff] haven't got a lot of spare time. They are kept busy all the time."
● The management team agreed the recruitment of staff had been problematic, which had resulted in an ongoing recruitment process being put in place to help ensure staff vacancies were filled as quickly as possible. Agency staff were being used to fill staffing gaps. However, these were regular agency staff who were getting to know people well.
● We reviewed staffing rotas and observed staff throughout the inspection. The provider had systems in place to monitor staffing levels and these were reviewed monthly to monitor if there were enough staff to meet people's needs safely. Although overall there were enough staff available, our observations indicated staff did not always provide meaningful engagement to people. More information can be found about this in the responsive section of this report.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to protect people from the potential risk of abuse. This included processes for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local authority safeguarding team.
● Staff were able to demonstrate they understood how to prevent, identify and report allegations of abuse. All staff we spoke with had a good understanding of their safeguarding responsibilities. One staff member said, "I would make sure the person was ok, then would report to the management team. If nothing happened, I would report to CQC or the [local authority] safeguarding team."
● The provider promoted respecting people's human rights and diversity, and this helped prevent discrimination.

Using medicines safely
● Medicines were administered by suitably trained staff who had been assessed as competent to do so safely. People and their relatives told us medicines were managed well. A person said, "They've [staff] got a record of what [medicines] I take and when I should take it." A relative told us, "They [staff] manage [relative's] medication and always order it when it is needed."

● There were robust systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
● Electronic medicines administration records (EMAR) were completed correctly and indicated that people received their medicines as prescribed. The completed EMAR were audited by a senior staff member to ensure that all medicines had been given as required. This helped to identify any errors so action could be taken if needed.
● The management team completed monthly audits of each person's medicines. These were robust and demonstrated action had been taken when areas for improvement were identified.
● People were safely supported to manage their own medicines, where they were able to.
● Topical medicines administration records (TMAR) were in place to record the application of creams and lotions for people.

Preventing and controlling infection
● Domestic staff were employed and completed regular cleaning throughout the service to ensure a good standard of hygiene was maintained. One staff member told us, "We do handrails, door handles and switches, call bells and controls we are a lot more aware now."
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People could receive visitors whenever they wanted to. We observed visitors spending time with their relatives and joining in with activities.
● However, some relatives told us they had struggled to gain entry to the home at times, as the doorbell did not always work. We discussed this with the provider who had already taken action and a new doorbell system was being installed.

Learning lessons when things go wrong
● Accidents and incidents were recorded and monitored on an electronic system by the manager, who reviewed these promptly and identified if any lessons needed to be learnt. The provider had oversight of this, and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly.
● Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to admission to ensure the service could offer the support they needed. The provider had recently implemented a new electronic care planning system. Care plans provided guidance for staff to follow which included information about people's needs, likes, dislikes, lifestyle and interests. These were reviewed monthly and updated as needed.
- People were supported by staff who enjoyed working in the service and were committed to providing good care. One staff member said, "I love this place, I get all their [people's] papers for them first thing in the morning, I would do anything for them, shopping at weekend, anything they need." Another said, "We all really care about the people here, we want to make their life as good as we can."
- People and their relatives told us staff knew people well but were busy, so didn't always have time to sit and talk to them and provide person centred care. A person told us, "Staff seem to be lovely, but they haven't got the time to talk." One relative said, "Staff are lovely and know my [relative] really well but don't always have a lot of time."
- We observed staff throughout both days of our inspection. On the first day of the inspection staff did not always have meaningful engagement with people who were living with dementia. We noted at one point although staff were around, they did not interact with people sat in a lounge for over an hour. Although when staff did speak to people it was with kindness, interactions were brief and limited. For example, one person who was living with dementia and had minimal ability to communicate with staff, was given a cup of tea but staff did not speak to them. The person tried to engage with staff but did not get a response. Later we observed a staff member engage with this person and their face lit up with a smile. This meant staff did not always have the time or skills to recognise the importance of positive engagement with people living with dementia.
- However, on the second day of the inspection when 2 activity staff were working, we observed very positive engagement with people, where staff spent quality time with people supporting them with activities they enjoyed. We discussed the differences in our observations from both days of our inspection with the provider's area manager and the registered manager. They took immediate action to review staff engagement with people and support them with additional training. In addition, they gave assurances they would continue to monitor how they could ensure staff were available to people.

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

- Staff knew people well and when engaged with them, spoke to them with kindness. For example, 1 person joked with a member of staff about going away on a boat. When staff left their room, the person said, "She's [staff member] fantastic." Another person had just had their hair cut and staff told them how nice they

looked, and we observed staff looking through a photo album with a person and commenting on the similarities with their relatives. The person, who was living with dementia looked pleased and was able to comment on some of the pictures.

● The provider employed 2 staff whose role was to arrange and carry out activities with people individually or in groups. Activities available included, visits from a pet store who brought small animals in for people to see, an art club, quizzes and a monthly church service. On the second day of our visit we observed 2 singers in the service. One singer went into people's own rooms to sing and the other sang songs in a communal lounge, where people were supported to get up and dance with staff if they wished to. Relatives who were visiting were also able to join in and told us they often come in for the activities. A person told us, "I try to join in. I like the quizzes. I do the exercises if I'm capable. They [staff] try to do something for you if they have any free time."

● In addition, the service had links with local brownie and beaver groups, the local church and a pre-school who had all visited throughout the last year. They held intergenerational days, where children visited people to recite nursery rhymes or play games.

● The provider had a scheme called, 'A wish and a dream.' This supported people or their relatives, to identify something they really wanted to do or would give them pleasure. Although not all people had been able to achieve this, those that had, clearly had a valuable experience. For example, 1 person had an interest in sailing and was supported to go to the local sailing club. Another person was a football club fan. The activities staff contacted the football club many times until they were able to arrange for a former footballer at the club to visit the person. They kicked a ball together in the garden, were given a signed football shirt and had photographs taken. The registered manager said, "We have never seen [person's name] so happy. He said it was the best day of his life." A third person was unable to attend a family wedding due to their health needs. The staff were working with the person's relatives to set up a second wedding day within the service, where their relatives would come dressed up for the wedding and the person would get to experience the day with their family.

● People were supported to celebrate special occasions with parties, entertainment and themed food. For example, events such as the Queen's jubilee, valentine's day and people's birthdays were all celebrated. One relative had written a thank you card following their loved ones special birthday which said, 'On behalf of our family I wanted to say a big thank you for all the time and effort you [staff] put in to making [relative's] 100th birthday celebrations so special."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's individual communication needs were not always recorded in their care plans, such as if they could read or needed information presenting to them in a different format. For example, using pictures or objects of reference to help people understand. We discussed this with the registered manager who took immediate action to ensure this has been completed for all people.

● However, staff members knew how to effectively communicate with people and had pictures of items to support people to make choices. The approach by the service met the principles of the Accessible Information Standards.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which stated they welcomed complaints or concerns so they could use them to improve the service if needed. People told us they knew how to complain. One person said, "If I

wanted to say anything I would go up to the office and tell them [management team]."
● Relatives told us there had been some recent concerns, but things were improving, and they felt listen to. One relative said, "If we raise concerns, they [management team] do listen and take action." Another said, "There have been staffing issues recently, but we can always talk to them [management team] if we have concerns, something gets done."

End of life care and support
● People had end of life plans in place which captured their wishes for how they would like to be cared for at the end of their life.
● The registered manager and staff team worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.
● Not all staff had completed end of life care training. We discussed this with the registered manager who took action to ensure all staff would complete this as part of the provider's required training. There was an end of life care policy to ensure staff could support people with their end of life care wishes and needs.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although we observed limited interaction between staff and people on the first day of the inspection people told us they were happy and comfortable living at the service, staff knew them well and listened to them. One person said, "They're [staff] very good. They go out of their way for people." Another said, "They [staff] pop round and make sure you're OK. They're very good." A relative told us, "The staff are so friendly. The food looks good. I've been to lots of homes and this is the best I've seen. It's warm and clean and there aren't any bad smells. I'm extremely impressed."
- We received mixed feedback from external professionals about the culture in the service including staff availability and communication with the management team. One external professional told us they felt the culture in the service had been impacted by staffing pressures. However, others gave positive feedback about the registeerd manager and staff team and the care and passion they showed to people.
- Staff working at the service were proud of the care they provided to people. One staff member spoke about leaving the service and missing working there, so returned when a vacancy became available. Another told us, "I had had thought about leaving recently but decided to stay as it's a really nice place to work." A third staff member said, "I love my job and making a difference to people. We are their family for some people, and I always want to do my best for them."

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

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager and service manager understood their responsibilities under the duty of candour to be open and transparent about incidents.

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

- The registered manager, deputy manager and other senior managers within the organisation had a good understanding of their role and how it fed into the overall quality of the service. They described how they worked together to monitor different aspects of the service to ensure good standards were maintained. Where we identified some areas that needed action, the management team were responsive and made immediate improvements.
- There were quality assurance procedures in place, which included audits of care plans, infection control,

medicines, the environment and accidents and incidents. These were completed by the registered manager or deputy manager and the provider had oversight of these.

● Policies and procedures were in place to aid the smooth running of the service. Processes were in place to ensure these policies and procedures were available to and understood by staff.

● Staff understood their roles and were provided with guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met.

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

● People and their relatives told us they were happy with the service provided at Inver House, although reflected things had recently been unsettled, but were now improving. Comments included, "They're [staff] doing what they have to. They do their best", "On the whole things are better since [registered manager name] came. She's done a good job turning things round", "Staff are so supportive and have really helped me and [relative] to settle. I feel staff love [relative] and there is genuine care and support here" and "Things were quite worrying but things have improved recently. If we raise concerns, they [management] do listen and take action."

● Systems were in place to enable people, staff and relatives to give feedback. The provider held sessions where senior staff from other parts of the organisation came and spoke to people and their relatives to capture their views and experiences of care. However, people and some relatives told us they did not feel their views were sought. We discussed this with the provider's area manager and the registered manager who took immediate action to improve ways which feedback could be gathered. For example, by bringing back a suggestion box and a 'you said, we did' feedback board in a communal area.

● Regular meetings for people who lived in the service were held. One person confirmed they attended them and said, "If things are said, they [management team] look into them. There's always a good reason if they don't change something."

● Staff, people and relatives told us they thought the service was managed well and knew who to talk to if they needed to. A relative told us, "Either the [registered] manager or the deputy are always on duty and their door is always open." A staff member told us, "If there is something wrong, I say it, I don't leave it and I do feel listened to and things get done."

Continuous learning and improving care; Working in partnership with others

● Records showed accidents and incidents were recorded and appropriate action taken. An analysis of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further occurrences.

● The registered manager and staff worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as GP's, community nurses, and social workers.

● The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.

● The provider supported the registered manager and staff team to keep up to date with best practice and any changes to legislation. For example, when we discussed an area that could be improved, immediate action was taken to ensure the staff team were supported to improve their knowledge and skills. This meant the service was proactive at driving improvement.