Somerset Care Limited

Wessex House

Inspection report

21-25 Behind Berry
Somerton
Somerset
TA11 7PB

Tel: 01458273594
Website: www.somersetcare.co.uk

Date of inspection visit:
11 January 2017

Date of publication:
13 February 2017

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 carried out on 11 January 2017 and was unannounced. It was carried out by two adult social care inspectors.

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

Wessex house is a purpose built home which can accommodate a maximum of 56 people. Accommodation is arranged over three floors. Bedrooms are for single occupancy and all have the provision of en-suite toilet and shower facilities. A garden pathway is available on two sides of the home and there is ample parking. The home provides a service to older people who require nursing care. At the time of this inspection there were 37 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager demonstrated a great deal of passion and enthusiasm and spoke of their commitment to promoting and implementing on-going improvements to the service people received. They also spoke of their commitment to empowering and valuing the staff team. One person who lived at the home said "I don't have any worries at all. If I did, I would say. [Name of registered manager] comes to see us every day and I know for sure she would be straight on it if you were unhappy." Another person said "Do you know [name of registered manager] comes and chats with us every day. She is so lovely." We heard people calling out the registered manager's name when she walked through the home and heard friendly banter and chatter.

People received care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required. People received their medicines when they needed them and medicines were stored securely. Medicines were managed and administered by registered nurses or senior care staff whose skills and knowledge were regularly monitored.

Risks to people were minimised because there were effective procedures in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff.

People told us they felt safe and well cared for. One person told us "I couldn't feel safer really. I know if I use my call bell the staff will come straight away." Another person said "I prefer to stay in my room. The staff are

always popping in to see if I am alright. If I need anything during the night I just ring my bell and they come pretty quickly."

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Staff had been trained and had a good understanding of how to recognise and report any signs of abuse.

People were cared for by staff who were well trained and competent in their role. There were effective systems in place to monitor the skills of staff. One person who lived at the home said "I think the training staff get must be good because they all seem to know what they are doing." A visitor told us "All the staff are excellent. I find them friendly, professional and confident."

People were supported to have enough to eat and drink however; views about the quality of the food provided were mixed. The registered manager was aware of this and was currently addressing. Staff knew about people's preferences and were aware of people's abilities and any risks associated with eating and drinking. We observed people were provided with food and drink which met their needs and preferences.

People were asked for their consent before staff assisted them with a task. One person said "Everything I do is up to me and my choice. I have never been told to do something."

People were provided with opportunities for social stimulation and they were supported to maintain contact with their friends and family. People told us they could see their visitors whenever they wished and that they were always made to feel welcome.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed.

There were effective systems in place to monitor and improve the quality of the service provided.

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 sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

People were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and their visitors.

People were treated with dignity and respect.

Care plans were in place to ensure people's wishes and preferences during their final days and following death were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been reviewed and updated to reflect changes in people's needs.

People were able to take part in a range of group and one to one activities according to their interests.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were 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.

Wessex 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 11 January 2017 and was unannounced. It was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were 37 people using the service. During the inspection we spoke with 21 people and a visitor. We spoke with the registered manager and another seven members of staff. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who lived at the home. We also looked at three staff recruitment files and records relating to the management and administration of people's medicines, health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person said "It's very nice here and I feel very safe. No worries at all." Another person told us "I couldn't feel safer really. I know if I use my call bell the staff will come straight away."

There were adequate numbers of staff deployed to help keep people safe. People looked relaxed and comfortable with the staff who supported them and staff were available when people needed them. One person told "I prefer to stay in my room. The staff are always popping in to see if I am alright. If I need anything during the night I just ring my bell and they come pretty quickly."

Care plans contained risk assessments which helped to minimise risks to people. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. 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. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People's medicines were administered by registered nurses or senior care staff whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. Medicines were recorded using an electronic system that helped to reduce the risks of doses not being given at the correct times. Staff showed us how the system was used to help with administration, recording and stock control. Daily and monthly reports were printed off, to help check that people were given their medicines in the way prescribed for them. There were systems in place to guide care staff on how to apply creams or other external items and to record when these were applied to people. This helped to show people had these preparations applied in a suitable way, as prescribed for them.

The premises were well maintained. A maintenance person was employed and regular checks were carried

out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay. There were risk assessments in place relating to health and safety and fire safety.

Good

Is the service effective?

Our findings

People were very complementary about the staff who supported them and felt they had the skills required to effectively care for them. One person said "I think the training staff get must be good because they all seem to know what they are doing." A visitor told us "All the staff are excellent. I find them friendly, professional and confident."

Systems were in place to ensure people received effective care and support from staff who had the skills and knowledge to meet their needs. Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. 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. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Staff told us they received the training needed to meet the needs of the people who lived at the home. One member of staff said "I've had loads of training since I've been here. You get what you need plus more. I have never been asked to do anything without having the training first." Another member of staff said "You certainly can't complain about the training you get here."

People were cared for by staff who felt well supported in their roles. Records showed staff received regular supervision and appraisals These were an opportunity for staff to discuss their jobs and highlight any training needs. It was also an opportunity for any poor practice to be addressed in a confidential setting. A member of staff told us "I'd describe the support I get as excellent. [Name of registered manager] is so approachable."

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, dieticians, opticians and chiropodists. One person told us "When I was poorly the doctor came really quickly. The chiropodist comes to see me every two months and I get regular reminders about my appointments with the optician." A member of staff said "The GP's are brilliant and would come in every day if needed."

People received effective care which met their needs. Some people were being nursed in bed due to their frailty. We visited a number of these people and saw they were comfortable and warm. Staff completed recording sheets when they had seen and provided care to a person. Charts that we looked at were well completed showing that care and reassurance had been provided to people on a regular basis. Charts showed when people had been given a drink and when they had been helped to change position to reduce the risk of pressure damage. This helped to ensure people's physical needs were monitored and met.

People were supported to have enough to eat and drink. However people's views about the quality of the meals provided were mixed. The registered manager was aware of this and had implemented measures to address this. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff knew about people's preferences, risks and special requirements. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals where needed. People had access to jugs of squash and a choice of hot and cold drinks were offered regularly throughout the day and on request.

The home provided specialist diets for people who required it. For example some care plans stated that people needed their food to be served at a specific consistency and at lunch time we saw people received an appropriate meal. Some people also required their fluids to be thickened to minimise the risk of them choking and again we saw these people received drinks in accordance with the recommendations which had been made by relevant professionals.

Staff asked people for their consent before assisting them with a task. People told us they were never made to do something they did not want to do. One person said "They [the staff] don't fuss around me which is what I like about it here. I can do as I please." Another person said "Everything I do is up to me and my choice. I have never been told to do something."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care plans contained good information about people's capacity to consent to different areas of their care. Where people were unable to make choices for themselves there was information about how a decision had made in their best interests. Staff had received training in the principles of the MCA and demonstrated a good understanding about how to ensure people's rights were respected.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications where people required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

Without exception people described staff as kind and caring. One person said "All the staff are lovely. I find them to be very kind and caring." Another person told us "The staff are always kind and polite. I am fond of them all." Another person said "I am beautifully looked after. It couldn't be better. The staff are like a beautiful family."

When staff interacted with people or supported them with a task they did so with great kindness and consideration. We heard a member of staff chatting to people who were in their bedrooms. They spent time asking people how they were, if they wanted anything and if they were warm enough. They chatted with people about their interests and the important people in their lives. The atmosphere in the home was warm and welcoming. Staff morale was good and there was lots of laughter and friendly banter.

Staff were competent and confident when assisting and interacting with people. They communicated with people in a very kind and respectful manner. They were patient where people had difficulties in communicating and were knowledgeable about how to support people. For example staff made sure they communicated at eye level with people whose hearing was impaired. People responded positively to staff interactions.

People were treated with dignity and respect. Staff spoke about people in a very warm and respectful way. One person who lived at the home said "I need staff to help me wash and shower. They are lovely. Your dignity is not compromised when they help you. They are very respectful indeed." Staff supported people to make choices about their day to day lives and they respected their wishes. Throughout the day we heard staff checking whether people were happy where they were and with what they were doing.

The lunch time experience was observed to be a pleasant, relaxed and sociable time for people. Once staff had served people their meal they sat and ate with them and we heard lots of chatter and laughter. Tables were nicely laid and there was a selection of drinks and condiments available for people. People who required staff support to eat and drink were assisted in a relaxed and dignified manner.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. All bedrooms were used for single occupancy and were personalised with people's belongings, such as photographs, ornaments and furniture to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free.

Good

Is the service responsive?

Our findings

Before people moved to the home they were visited to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "It was an easy decision for me as I used to have respite at the old Wessex House (prior to the new build) so I knew all the staff and they knew me. I came and had a look around before I moved in."

Care plans were personalised to each individual and contained information about the person and their lifestyle choices. Care plans were based on people's assessed needs, abilities and preferences. Care plans showed that people and/or their representatives had been involved in writing and reviewing their plan of care. One person spoke to us in detail about their health needs and how they preferred to be supported. We read the person's care plan and this fully reflected what they had told us.

Staff had up to date information about the people who lived at the home. Care plans were regularly reviewed and updated to reflect any changes in people's needs. Staff attended a handover before they commenced their shift. This provided them with information about people's well-being, healthcare needs and treatment.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health, how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

Care plans contained information about how to support people to maintain a level of independence. For example; there was clear information about what the person could do for themselves and how staff should support them to do this. Examples included washing, dressing, mobilising and making decisions about their day to day lives. We observed staff assisting people in accordance with the person's plan of care.

People were supported to maintain contact with their family and friends. People told us their visitors were welcome at any time and were always made to feel welcome. The visitor we met with said "We visit regularly and you always get a warm welcome. The staff are so friendly."

People were provided with opportunities for social stimulation. There were designated staff employed who provided group and one to one activities. One person who lived at the home said "There are lots of activities going on. I enjoy the painting and cooking sessions." Another person told us "We go out for pub lunches and have regular coffee mornings. No time to get bored here." We met with a person who had just returned from a trip out with a member of staff. They said "We have just been to Horse World to see if it would be suitable for an outing. I thought it was lovely and it had a café. It gets a thumbs up from me."

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident

any concerns would be addressed. One person said "I don't have any worries at all. If I did, I would say. [Name of registered manager] comes to see us every day and I know for sure she would be straight on it if you were unhappy." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was available throughout our inspection. The demonstrated a great deal of passion and enthusiasm and spoke of their commitment to promoting and implementing on-going improvements to the service people received. They also spoke of their commitment to empowering and valuing the staff team. People who lived at the home, staff and a visitor described the registered manager as very approachable, supportive and always willing to listen. The registered manager was very visible in the home and it was evident they were very knowledgeable about the people who lived at the home. One person said "Do you know [name of registered manager] comes and chats with us every day. She is so lovely." We heard people calling out the registered manager's name when she walked through the home and heard friendly banter and chatter.

The registered manager was also a registered nurse and although worked in addition to the staff team, regularly worked shifts during the day and at night. They told us this helped them to get to know people, monitor the care people received, support staff and to ensure staffing levels were sufficient to meet people's needs.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and a clinical nurse lead. There was a team of registered nurses, senior care staff and care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance staff were also employed. This meant nursing and care staff were able to dedicate their time to supporting the people who lived at the home.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at the start of every shift to ensure all staff were kept up to date with people's care needs.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included health and safety, moving and handling, health and hygiene, end of life care, mental capacity, wound care and continence management. Staff received regular fresher training to make sure they had the skills and knowledge needed to carry out their roles. The registered manager told us "It really works and we are looking to increase the number of lead roles we have."

The views of people who lived at the home were regularly sought and responded to. The home had a "You said We did" initiative for people to make suggestions for change or improvement. In response to recent suggestions, posters had been displayed which showed the actions taken. One of the changes implemented was the re-configuration of dining tables after people had requested table to be placed together for a more

sociable meal time experience. We saw this to be the case when we visited.

There were regular meetings for the people who lived at the home and their representatives. The minutes of a recent meeting showed people were informed about staff changes and health and safety updates. The registered manager had also discussed their open door policy and had encouraged people to discuss any concerns they may have.

The registered manager carried out "themed conversations" every month where they met with a person from each of the units and contacted their relative to seek feedback on the quality of the service provided. Comments made by people's relatives and friends had been very positive. One relative said "I feel fully informed and involved. The care is excellent and the staff have been wonderful." Another commented "Wessex House has made a terrible situation for me much more bearable."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve. For example the registered manager changed the staff handover arrangements in order to improve communications after details about a person's skin integrity were not effectively shared with staff which resulted in the person developing a pressure sore.

There were quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. Regular checks on the premises were carried out and any repairs were attended to promptly. Every month the registered manager completed audits which covered all aspects of the running of the home and the health and well-being of the people who lived there. An action plan had been completed to address shortfalls within agreed timescales and we saw these had been or were in the process of being addressed. The registered provider also monitored how the home was managed and the quality of the service provided. An operations manager from the company carried out regular visits to monitor the service. We read the report of a recent visit which showed outcomes were positive.

Significant accidents/incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. We have no reason to believe we have not been informed of significant incidents which have occurred within the home.