JM Beyer

Somerville House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 November 2016 and was unannounced. At the last inspection on 26 and 27 March 2015 we judged the registered provider required improvements in specific areas such as staffing numbers, detailed care plans, risk assessments, the laundry area and a more structured quality monitoring system. Whilst we found improvements had been made in some areas, for example the laundry area and with the detail and guidance in care plans and risk assessments we have found some issues still remain with ensuring the auditing programme is completed fully so shortfalls can be highlighted and addressed in a timely way. You can see what action we have asked the registered provider to take at the back of the full version of this report.

Somerville House provides accommodation and personal care for up to 18 people who may be living with dementia and/or enduring mental health needs. The service is located in a residential area in the west of the city of Hull and is set over three floors. At the time of the inspection, there were 18 people living at the service.

The service is required to, and did have, a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider did not have an effective system in place to monitor and improve the quality of the service provided. We saw there was no evidence of audits to highlight any shortfalls, drive continual improvement and to learn from any incidents that occurred at the service. You can see what action we have asked the registered provider to take at the back of the full version of the report.

There were enough staff to meet the current needs of people who used the service. Recruitment systems in place would ensure all employment checks were carried out prior to staff starting work at the service.

Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm. People told us they felt safe living in the service and they had risk assessments to guide staff in supporting them.

Plans were in place for emergencies such as a fire or a flood and staff knew what to do in the event of an emergency. Safety equipment, and gas and electrical appliances were checked regularly.

We saw that people had person-centred care plans in place to instruct staff on how best to support them and meet their needs.

We saw that people enjoyed premises that were suitable for their purpose. The environment was well-maintained and comfortable. We found the level of cleanliness in the service was satisfactory; There were

some areas of the service that needed minor attention which included the laundry area and one upstairs bathroom. The registered manager assured us these would be addressed.

Medicines were administered safely by trained staff and the arrangements for ordering and storage were appropriate.

The registered manager was able to show they had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood the need to make decisions in people's best interests if they were assessed as lacking capacity. We identified a minor concern about the way the service obtained consent with one person. It was not clear how the registered provider had ensured they had been consulted about their care needs, and that the person had agreed and consented to the care and support being provided for them.

Staff understood people's care needs and spoke confidently about the support people needed to meet those needs. They told us they felt supported and had undertaken training that provided them with the necessary knowledge and skills they needed to carry out their roles.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection. People had access to community facilities and most participated in the activities provided in the service.

Staff respected people's privacy and dignity. Staff understood their roles and people were supported in a person-centred way. People were helped to identify their own interests and follow them with the assistance of staff if required. These activities took place independently or as part of a group within the service as well as in the community.

Support and advice was given to people to enable them to make informed choices about the food they consumed. Access to healthcare services was readily available to people and the service.

People felt able to raise concerns and the registered manager was available for discussions with people who used the service, their relatives and staff.

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.

People who used the service were protected from the risk of harm and abuse. Staff had completed safeguarding training and knew how to report their concerns. Risk assessments were completed and we found these contained information to guide staff in how to manage and minimise risk.

We saw that people enjoyed premises that were suitable for their purpose.

There were sufficient staff to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

People were supported to make their own choices and decisions. When people were assessed as lacking capacity, the registered manager ensured other people were consulted and decisions were made in their best interest. When people were deprived of their liberty, this was done lawfully in line with Deprivation of Liberty Safeguards.

Staff received training and were skilled to carry out their roles. Staff had regular supervision and annual appraisals.

People were supported to eat and drink enough and to access healthcare services where needed.

Is the service caring?

Good

The service was caring.

Without exception, people spoke highly of the caring nature of staff. We saw staff spoke and communicated with people in a compassionate way. Staff listened to people and responded to their needs appropriately.

We observed that people were offered choices and encouraged to make decisions.

People's privacy and dignity were maintained by staff.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's support needs, their interests and preferences and this enabled them to provide a personalised service.

Care plans were in place outlining people's care and support needs. People were encouraged to take part in activities and social events.

There was a complaints procedure and people felt able to raise issues. People were confident complaints would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People expressed satisfaction with the consistency of the service. However, we found no systems in place to monitor and improve the quality of the service and no evidence of audits to drive continual improvement.

The registered provider, registered manager and senior care staff were visible and there was an open and transparent culture. Staff told us they felt supported by the registered manager.

There were clear lines of communication within the staff team and staff felt comfortable discussing any concerns with the registered provider and the registered manager.

Somerville House

Detailed findings

Background to this inspection

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

The inspection took place on 16 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team about their views of the service.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

During the inspection, we spoke with the registered manager, a care manager and one member of staff. We spoke in private with six people who used the service and one person's relative. We spent time looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for four members of staff and records relating to the management of the service. These included staff rotas, staff meetings and equipment servicing records. We spent time observing the interaction between people, relatives and staff in the communal areas of the service and during mealtimes.

Good

Is the service safe?

Our findings

At the last inspection on 26 and 27 March 2015 we judged the registered provider required improvements in the detail of risk assessments for people, the laundry area of the service and staffing numbers. At this inspection we found improvements had been made.

We looked at the way the service managed risks. We saw risks associated with the person's care were recorded in their records. We checked the care records for three people that lived at Somerville House and saw they all contained risk assessments that identified how risks should be managed by staff. These included mobility, pressure care, falls, the use of a hoist and diabetes.

When we spoke to staff they were very clear about how they managed risk. One member of staff told us, "Each person has risk assessments that are individual to them which include tissue viability, diabetes and smoking. We are always risk assessing for things like slips, trips and falls and wet floors. People also have risk and relapse plans which are done by their community psychiatric nurses (CPNs) and these include what can trigger people to become unwell. We get really good support from the CPNs and there is also a crisis team we can contact if we needed to."

We found the level of cleanliness in the service was satisfactory. The laundry area was clean and tidy and appropriate laundry baskets with lids were available for the transfer of laundry. We saw the floor had been re-painted since the last inspection and a key pad lock had been fitted to the laundry door. We noted that one area of the floor behind the washing machine required further re-painting to make it impermeable when staff were cleaning it and in one upstairs bathroom the linoleum flooring was split in areas and small section of the bath side were missing. We found one apron holder in a downstairs shower room was rusting. We discussed this with the registered manager and they confirmed with us after this inspection that a new bath panel and flooring had been ordered and the work would be carried out in January 2017.

At the time of this inspection, there were 18 people who used the service, 17 of whom were independent with their mobility. People had low level needs and some people just required prompts or minimal assistance from one member of staff regarding their personal care. One person required the assistance of two members of staff with the use of a ceiling hoist to transfer safely. One member of staff told us, "There are enough staff and no one is at risk. We always have time to answer people's call bells."

There was sufficient staff on duty to meet people's assessed needs. The staff rotas showed there were two care staff on duty at all times of the day and night and the registered manager worked approximately eight to ten hours a day, six days a week. There was a cook and domestic worker on duty from 8am to 2pm each day. The registered manager told us that after the service's last inspection in March 2015, the registered provider had reviewed the staffing levels in relation to potential gaps over the evening meal period and the weekends and the service was currently recruiting a staff member for an additional 24 hours per week.

Staff turnover was very low at the service and there had been no new staff recruited since the last inspection. The registered manager described the recruitment process and told us all employment checks would be

carried out prior to any new employees starting work at the service. We checked the recruitment files for four existing members of staff and saw that proof of staff's identity and evidence a criminal record check with the Disclosure and Barring Service (DBS) had been undertaken. This helped to ensure that only people who were considered safe to work at the service had been employed.

We asked people if they felt safe, if their call bells were answered promptly and if they felt the premises were safe and secure. People we spoke with said they felt safe in the service and a relative told us they had confidence that their family member was safe living at Somerville House. One person who used the service said, "Yes, I feel safe. They [staff] look after me very well and if I do my buzzer [call bell] they [staff] come up straight away" and another person told us, "You can't smoke in the home and I would report any violence to the police or go to [Name of registered manager], he has told us to tell him anything and he will take action." A relative told us, "If I had any concerns, I would tell [Name of registered manager] or the staff."

The registered provider had policies and procedures in place to guide staff in safeguarding adults from abuse and whistleblowing. The registered manager showed us the safeguarding folder which included the local authority safeguarding procedures, risk matrix tool and alert forms to use when making referrals to the safeguarding team. We spoke with two staff about their understanding of safeguarding adults. Staff were able to clearly describe how they would escalate concerns both internally or externally should they identify possible abuse. One member of staff told us, "Abuse can be physical, or verbal if it causes distress. Lack of risk assessments can be a risk and I would report any of this to [Name of registered manager] or the local safeguarding team. We have a whistleblowing policy and process and all of the numbers we would need to ring."

We looked at a selection of accident/incident forms completed by the staff over the last year. There was no evidence to indicate the registered manager monitored and assessed the accidents within the service to ensure people were kept safe and any health and safety risks were identified and acted upon as needed. The registered manager confirmed to us they did not carry out an audit of accidents/incidents, but said they would start to do so.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place, which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the passenger lift, fire alarm, moving and handling equipment including hoists, electrical systems, water systems and gas systems. These checks helped to ensure the safety of people who used the service.

We noted the portable electrical items testing had last been completed in May 2015 and a re-test date was indicated for May 2016. This had not been completed. We discussed this with the registered manager who contacted the external company who carried out the checks. They advised that legally, there was no specific date for the individual items to be re-tested. The registered manager requested the company attend the service and test the electrical items and the date was confirmed with us after this inspection.

Records were maintained of weekly checks carried out by the maintenance person on the fire systems such as the fire alarm, exit routes, fire doors and emergency lights. We saw these records indicated that fire drills should be completed on a six monthly basis; however these had not been completed in 2016. The registered manager showed us certificates that staff had completed fire evacuation training in 2016. Staff were able to demonstrate their response in the event of a fire alarm. One member of staff told us, "If the fire alarm activates, we go directly to the alarm and check the zone. The fire brigade would then be called to assist. The maintenance person works here twice a week and does the fire alarm checks."

Personal emergency evacuation plans (PEEP's) were not completed individually for people who would require assistance leaving the premises in the event of an emergency. Discussion with the registered manager during the inspection indicated that they would take action to produce individual PEEP's in the future.

Medicines were managed and stored safely. Staff had been trained in medicine management and had a good understanding of people's medicines and what they were for. Medicines were stored in a lockable trolley that was secure. People said they were happy with the way their medicines were managed. Medicines had been ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered to people. The records were up to date, had no gaps and provided an audit trail of the medicines administered. Staff carried out regular checks of the medicine stocks and records. Unwanted medicines had been disposed of safely in line with guidance. We saw people had information sheets called, 'patient passports' which were sent with people during any admission to hospital.

Good

Is the service effective?

Our findings

People we spoke with told us staff were skilled to meet their needs. One person told us, "Yes, they [staff] are." A relative told us staff were "Brilliant" and a person using the service told us, "They [staff] are all very nice." People told us staff always asked for their permission before providing care and one person who used the service told us, "We go to bed and get up when we want and also go out when we want." People told us they received sufficient food of good quality. One person told us, "We have good amounts of food and drink. We get a meal at lunchtime and we get to choose our breakfast and evening meal." Another person told us, "[Name of registered manager] always asks you what you would like to eat and drink."

People told us they were assisted to access external healthcare professionals. One person told us, "I'm seeing the nurse about pain management and a carer always comes with me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no people subject to a DoLS at the time of this inspection and the registered manager told us that an application for a DoLS for one person had been submitted. Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. Staff had completed training on mental capacity legislation and were aware of how the DoLS and MCA applied to people who used the service. For example, one member of staff told us, "MCA is about people making their own decisions. An MCA assessment would be done with the person to see if they had the capacity and following that if needed, a best interest meeting would be arranged. I have done training on this."

Staff we spoke with were aware of the need to gain people's consent prior to providing care and treatment to them. One member of staff told us, "Everyone here can give us verbal consent to anything we ask them." Most of the people we spoke with told us staff always gained consent before providing them with assistance. One person told us they had not been asked if they wanted the bed rails to be up whilst they were in bed; they had full capacity and could have participated in a discussion. We found there was no documentation to evidence this had been discussed with the person to show they consented to the use of the bed rails. We discussed this with the registered manager and care manager during this inspection who told us the bed rails had been put in place after the person had received a leg injury and staff were worried the person may fall out of bed and sustain further injury. During the inspection, we were provided with evidence of a completed risk assessment for falls and a support plan which recorded that the person was to be asked each day if they wanted the bed rails up or down whilst they were in bed.

There was sufficient food and fluids provided to people who used the service. The service had scales to weigh people both sitting and standing and we saw the weight section of people's care plans indicated this should be done on a monthly basis. No one at the service had any requirements for food supplements to be prescribed.

People were involved in decisions about what they ate and drank. Staff purchased fresh provisions daily from shops in the local area. People also told us they liked the meals provided. One person told us, "The food is good and they [staff] do baking for us" and a relative said, "The meals are perfect; it is always fresh."

We saw a menu board in the dining room that included the lunchtime meal for the day and a choice of sandwiches/soups/burgers or hot dogs for the evening meal. People made their choices for their evening meal and we saw this was recorded each day in a diary.

We found the environment was suitable for people's physical needs; there were raised toilet seats, moving and handling equipment, a stair lift and a passenger lift. We saw that attention had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets, bathrooms, communal rooms and the passenger lift.

The staff worked closely with healthcare professionals including CPNs, GPs, district nurses and dieticians (when required). Staff were able to tell us about people's health conditions, such as diabetes and how they supported people to manage them. One member of staff told us, "One person has diabetes and we have to follow their care plan. They [the person] have six monthly diabetes checks at their GP practice." We saw people's care records had a section named 'outside agencies' where staff recorded any visits and advice from healthcare professionals.

The provider information return (PIR) told us 'Our staff have undertaken mandatory training and any other training that will support their job role and clients' needs. Staff receive supervision and annual appraisal.' Staff told us they were happy with the supervision and training provided for them. One member of staff told us, "I get good support off [Name of registered manager]" and another said, "We have had briefings from the CPNs on mental health awareness and also completed training on this. This taught us all about mental health issues and the resources available for people. I have also done dementia awareness training."

We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. The registered manager held a training record that listed all training completed by staff so that their need for refresher training could be easily monitored.

We looked at induction and training records for four members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. We saw the details of the service's induction checklist and each member of staff had an individual training record which recorded when they had completed training on topics such as first aid, safeguarding, moving and handling, food hygiene, infection control, DoLS and medicines management. Records showed staff participated in additional training to guide them when supporting the physical and mental health needs of people who used the service. This training included topics such as dementia awareness, mental health, nutrition and dental health. We also saw training certificates in staff's files to evidence the training they had completed. These measures ensured that people were supported by qualified, trained and competent staff so their needs were effectively met.

Good

Is the service caring?

Our findings

People who used the service told us they were supported by caring staff. One person told us, "They [staff] are very understanding and they will help me." Another person told us, "They [staff] treat me very nicely. They are never in a hurry." A third person said, "Staff are very kind, they look after you. I am well-dressed and looked after."

A relative we spoke with said, "Staff always keep an eye on people. The way they [staff] talk to people and treat them is so kind, you can see their hearts are in the job. When [Name of relative] starts to panic they [staff] talk to her and when it was her birthday we all had a steak dinner and it was lovely."

We saw that visitors came to the service throughout the day and were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. One person who used the service told us, "My sister comes every day and is always made welcome and my son comes to see me too" and another person told us, "Sometimes I spend the weekend with my daughter and my nephew comes to visit me. They [relatives] always get offered a drink." One relative told us, "I come every day. I can come anytime I want but I come about 1pm and go home about 7pm. It's great, they [people who used the service] get treats like cornetto's and sweets, and sometimes we all have a little drink."

We found positive relationships existed between people who used the service and staff. People were supported by staff who demonstrated a commitment to meeting their needs and we observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces.

At the time of this inspection, the service was relatively small and the existing staff team had worked at the service for several years. This enabled people who used the service and staff to develop meaningful caring relationships. Interactions observed between the staff and people who used the service were friendly and respectful. One member of staff told us, "We have the most wonderful carers and [Name of member of staff comes in on her days off and takes people shopping and goes on their holidays with them."

We saw people who used the service had a strong relationship with the registered manager and during the inspection we observed kindness and genuine affection between people and the registered manager. For example, people came to see and have a chat with the registered manager frequently during the inspection and during the afternoon activity, the registered manager joined in singing songs that had been requested by people. During our discussions with the registered manager, they talked with kindness and compassion about the people who used the service.

People were supported to maintain their independence. A member of staff we spoke with said, "One person needs a small reminder around their continence and we have come up with something that works for them. When they get up we will say 'to the left' and this reminds them where the bathroom is and prompts them to use it." Another member of staff told us, "We encourage one person to look after their own personal care by always commenting on how wonderful they look. This has worked as now they get daily body washes themselves without requiring any prompting from staff." One person who used the service told us, "I have a

kettle in my room and can make my own drinks whenever I want."

People told us that staff respected their privacy and dignity. Staff told us they knew how important it was to respect people's dignity and to maintain their confidentiality. They said that they maintained privacy and dignity by "Giving respect at all times and knocking on peoples doors" and, "Not shouting across the rooms when discussing people's medicines or if they [people who used the service] wish to use the bathroom."

We found that people who used the service were dressed in clean, smart clothes and were wearing appropriate footwear. There was a board in the entrance hallway that displayed photographs of which staff were on duty. This meant that people knew who would be supporting them each day.

Good

Is the service responsive?

Our findings

At the last inspection on 26 and 27 March 2015 we judged the registered provider required improvements in the detail of peoples care plans. At this inspection we found improvements had been made.

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs; this enabled staff to provide personalised care to each individual.

People who used the service had their needs assessed and plans of care were developed. The people we spoke with told us they had been consulted with and they had signed the assessment and care plan to agree the contents. One person told us, "Yes, I am aware of my care plan" and another said, "I have a care plan and I always sign mine. I think we have reviews and they [staff] have white files for us and they write notes about the day. They [staff] also do a handover with each other every day."

People who used the service had care plans in place which included personal care, mobility, mental health and wellbeing, medicines, communication and hearing, food and drink, likes and dislikes, skin care and sleep. The care plans we reviewed contained person-centred information and included individual information about a person's previous lifestyle, what was important to the person, how best to support them, likes, dislikes and preferences. For example, one person's care plan specified they preferred a shower and a wet shave. Another person's indicated they preferred to wear trousers and always liked to wear costume jewellery and have their handbag with them. We saw there was an evaluation/review section to be completed for each care plan every month, however we noted some omissions in the completion of these from August 2016 which made it difficult to check if the care plan remained the same or if any changes had occurred. We spoke with the registered manager about the need to ensure evaluations are completed in the care plans to ensure existing staff and any new members of staff would have important and up to date information to guide them when supporting people.

People who used the service and relatives were very positive about the service itself and the staff and no-one said they were unhappy or wished to be elsewhere. One person who used the service told us, "No one bothers you or puts any pressure on you. I don't want to leave here" and another person said, "I can always get help to get ready when I need it, I never have to wait. I can put a few clothes on myself and they [staff] always listen to me."

We saw that a recent satisfaction questionnaire completed by people who used the service, their relatives, visitors, staff and health professionals in 2016 included a comments such as, "Menus discussed in residents meetings", "Staff very attentive and caring. Professional, polite and funny", "Marvellous in approach as [Name] was frightened when coming out of hospital. Encouraged and supported [Name] to maintain independence", "Very friendly staff who always ensure the DN has everything they require" and, "When [Name] moved in they were encouraged to read and write and also wanted a shelf putting up in their room, this was done straight away." We saw a recent satisfaction questionnaire had been completed by people who used the service in relation to personal care, support, the premises and management. This had not yet

been evaluated. This meant that people who lived at the service, relatives and healthcare professionals were given opportunities to comment on the care provided.

Meetings had been held for people who used the service and we saw the minutes of the meeting in December 2015 and January 2016 where activities, lunches out and Christmas events had been discussed. The last meeting held in August 2016 had included discussions on the frequency of the meetings as the numbers of people attending had reduced. We saw everyone at the meeting had agreed to quarterly meetings going forward. During this meeting, the installation of a small kitchen area at the service had been discussed to include a new sink, fridge and kettle to enable people to make their own drinks. One person who used the service told us, "We were asked about the small kitchen and I think it's a good thing." This meant that people's views on the service were listened to.

There was evidence of activities available to people who used the service. The registered manager told us that nine people and three staff at the service had entered into the 'Care Home Olympics' which comprised of 16 care homes competing with each other in various activities. Somerville House had won an award for 'best flag.' We saw people had designed a shirt for the 'Care Home Olympics' and this was displayed in the entrance hall of the service. We saw a large notice board that included photographs of activities such as a bake off and Christmas parties. One person who used the service was a lifelong fan of a football club in the area and we saw pictures of the person with his footballing hero and a signed photograph they had received. Another person was a fan of a music group and we saw various items of memorabilia around the service for them. People who used the service told us, "We have been to Hull fair and sometimes we have bingo and prizes. They [staff] do baking and [Name of person who used the service] makes lemon curd tarts and other buns", "[Name of entertainer] comes every two weeks" and, "Someone will take us out on trips and we have been to Hornsea." A relative told us, "They [staff] always put things on, like for Halloween, bonfire night and raffles at Christmas."

During the inspection, we observed people thoroughly enjoying a visiting musician. We saw people were singing and dancing along to the music. One member of staff told us, "[Name] loves having her nails manicured and hair done. She loves hymns and Songs of Praise. She spends lots of time folding the towels. We have the singer every two weeks and we do bingo, quizzes, and baking. [Name] goes to an allotment club and [Name] likes to go and place a bet and to church."

There was a complaints policy and procedure and people spoken with knew how to complain. The registered manager told us they had received no complaints in the last 12 months. People who used the service told us, "If I was worried about anything, I would speak to [Name of registered and care manager] as they are both very understanding. Failing that I would speak to my husband and he would do something about it for me" and, "I would see [Name of care manager] and I would talk to her about it." A relative told us, "[Name of registered manager and registered provider] are listening people and I have no doubt they would deal with anything."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 26 and 27 March 2015 we judged the registered provider required improvements to the quality monitoring system in place. At this inspection although quality monitoring took place in the form of some checks and questionnaires, there was no structured system in place to monitor and improve the quality of the service and no evidence of audits to drive continual improvement. We found from observations that the service focused on giving people good, consistent, quality care, but documentation continued to need development. We saw there had been a failure to identify shortfalls in the maintenance of the environment and the completion, review and evaluation of people's care records.

We found omissions in the completion of the records for peoples weights in the three care plans we looked at. One person's support plan stated '[Name] is weighed monthly on the sitting scales.' We saw this person had no recorded weight since August 2016. The previous entries in the person's records showed their weight was stable and we observed that the person required no dietician support and was able to eat and drink independently. We saw another person's risk assessment and care plan for pressure care recorded, '[Name] has left and right one hourly turns through the day and two hourly through the night.' When we looked at the person's skin integrity records this had been updated to say, '[Name] now has left and right turns every two hours.' We were unable to see from the person's records when this change had occurred. We discussed this with the registered manager who told us the district nurse (DN) had advised that the person should now be turned every two hours. We checked the person's positional turning charts and saw they were supported to turn every two hours; however a section of these charts were not available between the 5 and 9 November 2016. The registered manager assured us this would be addressed and we were provided with an updated pressure care plan and risk assessment immediately after this inspection.

A failure to audit systems could potentially impact on people who used the service. For example, a failure to identify shortfalls in people's care records may mean they receive care that is not reflective of their current needs. Similarly, shortfalls in maintenance may mean people could be cared for in an unsafe environment.

We discussed the shortfalls in the systems with the registered manager who told us they completed regular checks of the service on a daily basis and with the registered provider when they visited however none of this was recorded or evaluated. The registered manager agreed to take action and implement regular quality checks of the service delivery. During the inspection, we were shown a yearly plan of audits that the registered manager intended to implement, however, we were unable to determine if these would be effective as they had not been applied at the time of this inspection.

Not having an effective quality monitoring system was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The registered manager was on duty and supported us during the inspection; they were knowledgeable about all aspects of the service and able to answer our questions in detail. The registered manager knew about their registration responsibilities and was able to discuss the requirement for notifications to be sent to the Care Quality Commission (CQC) for incidents which affected the health and wellbeing of people who

used the service.

Our observation of the service was that the people who used it were treated with respect and in a professional manner. We asked the registered manager about how they kept up to date with best practice guidance. They told us they did regular training provided by the local authority and held a registered managers award (RMA). An RMA provides the registered manager with an award that states their competencies in a wide range of areas. They went on to tell us they used the CQC website and received a regular newsletter to keep them updated with best practice and changes in the care sector.

We saw there were clear lines of communication between the registered manager, the care manager and staff. The registered manager knew about the specific needs of people who lived at Somerville House, as they had worked at the service for seven years. We asked staff if they felt able to discuss things with the registered manager and we received positive responses. One member of staff said, "Yes, I get really good support when I need it off [Name of registered manager]."

There were some meetings held for staff to express their views. The registered manager told us, "Staff meetings are not regular but we use a communication book and we always have verbal handovers every day." We saw the minutes of the last staff meeting held in September 2016 which included discussions about Christmas staff rotas, lockers, use of mobile phones, staff breaks, training and pay. One member of staff we spoke with told us, "I get a lot of support off [Name of registered manager]." They described the culture of the service as "Like a home."

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used the service were not assured a quality service because there was no effective system in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a) (f)