

Somerset Care Limited

Carrington House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Carrington House is a care home registered to provide personal care and accommodation to up to 44 people. The home specialises in the care of older people. At the time of the inspection there were 30 people living at the home.

At the last inspection in January 2017 the service was rated overall Requires Improvement.

At the inspection in January 2017 we found improvements were needed in a number of areas to make sure people received a safe, effective, caring, responsive and well led service. We found that medicines were not always safely managed, people were not fully protected against the risks of abuse and people were not being assessed in accordance with the Mental Capacity Act 2005. There were insufficient appropriately trained staff to meet people's needs and the provider's quality monitoring systems had not been effective in identifying and addressing shortfalls in the service.

Following the last inspection the provider sent us an action plan outlining how they were addressing the issues raised to improve the standard of care and support people received. At this inspection we found improvements had been made in all areas identified in the last report.

A new registered manager had been appointed who had a commitment to on-going improvement to ensure people received a good standard of care and support. 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. Whilst we acknowledge the dedication of the registered manager and staff team and the improvements made, the time period since the last inspection does not enable us to be certain that the improvements made can be sustained.

Some improvements were needed to make sure medication administration practices were fully effective in addressing people's needs. On the first day of the inspection there were no clear guidelines in place for use of 'as required' medication. This meant that people who were unable to recognise the need for, or verbally express their wish, may not always receive these medicines in a consistent manner. Staff were not always pro-active in making sure people's individual stock of medicines was sufficient to meet their needs. This had resulted in one person not having a specific prescribed medicine for four days.

The provider had systems in place, such as a robust recruitment process which helped to minimise the risks of abuse to people. Staff knew how to recognise and report any instances of abuse. All staff felt confident that any issues reported would be appropriately dealt with. People told us they would be able to speak with staff if they were unhappy with any aspect of their care. One person said, "I would speak to [registered manager's name] or staff if I wasn't happy."

People received effective care because staff had the skills and experience required to meet their needs. . One

person commented, "I totally trust them to do things right." Staff monitored people's physical health and sought advice from outside professionals to make sure they received the treatment and equipment they required.

People had their nutritional needs assessed and met. People were complimentary about the food served at the home. Comments included, "Food is good, there's always plenty to eat" and "Very good food."

Staff were very kind and caring and respected people's privacy and dignity. One person said, "When they help you with getting washed and dressed they help you with little things like making sure your clothes match." People were able to spend time in the privacy of their rooms or in communal areas. One person said, "I'm used to being on my own, I prefer it. They don't impose but they do take me out for coffee and come and chat to me. They don't pry."

People were kept informed about activities in the home and were able to join in with things that interested them. People were able to follow their own routines and staff respected people's lifestyle choices. Everyone we asked said they were able to make choices about their day to day lives. One person said, "You can please yourself. They are all very open-minded - there are no rules or regulations."

The provider and management were open and honest and shared information with people and staff. They listened to concerns and learnt from mistakes. There were systems in place to seek people's views and they took account of feedback received.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not totally safe

Some minor improvements were needed to make sure medication administration practices were fully effective in addressing people's needs.

People were supported by adequate numbers of staff to meet their needs in a relaxed manner.

Risks of abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

Is the service effective?

Good 

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People had access to healthcare professionals according to their specific needs.

Food was served in accordance with people's dietary needs and preferences.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were kind and respected their privacy and dignity.

People felt involved in decisions about their care and treatment.

Is the service responsive?

Good 

The service was responsive

People received care and support which was responsive to their needs and enabled them to make choices.

People had opportunities to take part in a variety of activities according to their interests and abilities.

People were confident that if they made a complaint action would be taken to address any issues they raised.

Is the service well-led?

The service was well led but more time was needed to show that improvements made could be sustained to ensure there was a permanent improvement to the support provided to people

People benefitted from a management team who were open and approachable and learned from mistakes.

There were systems in place to enable people to share their views and feedback was used to drive improvement.

Requires Improvement 

Carrington 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 checked 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 26 and 27 September 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

At our last inspection of the service in January 2017 we identified a number of concerns with the care provided to people. In response to these concerns the provider sent an action plan stating what actions they were taking to improve the service and meet the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we spoke with 13 people who used the service, three visitors and one visiting professional. We also spoke with six members of staff. The registered manager and operations manager were available on both days of the inspection. Throughout the inspection we observed care practices in communal areas and saw lunch being served in the dining room. We also attended a handover meeting between staff working in the morning and those working in the afternoon.

We looked at a number of records relating to individual care and the running of the home. These included six care and support plans, two staff recruitment files, records of complaints and records relating to quality monitoring.

Is the service safe?

Our findings

At the last inspection of the home we found that medicines were not being safely managed, people were not fully protected from the risks of abuse and there were not adequate numbers of staff to ensure people's safety and meet their needs. Following the inspection the provider sent an action plan to state what actions they were taking to ensure the safety of people in all areas identified by the inspection.

At this inspection we found improvements had been made in all areas highlighted at the last inspection. Some further improvements were needed to make sure medicines administration practices were fully effective in addressing people's needs.

On the first day of the inspection we found there were no guidelines in place for the use of 'as required' medicines where people were unable to express their need for these medicines. This meant staff who were not familiar with people may not recognise the need for people to be administered these medicines. However on the second day of the inspection people's care plans had been up dated and gave details for how people, who could not verbally ask for medicines, may indicate they required pain relief or other 'as required' prescribed medicine. This helped to ensure that 'as required' medicines would be administered to people consistently to maintain their comfort even if they were unable to fully express their needs.

We also found that when stocks of people's prescribed medicines were running low, staff were not always pro-active in ensuring that new supplies were in stock before the medicines ran out altogether. This had resulted in one person not having a prescribed medicine for four days. This issue had been identified by the provider, immediate action was taken to rectify the situation and an emergency meeting with senior staff had been booked for the three days after the inspection.

People received their medicines safely from staff who had received training and had their competency assessed to make sure they were able to safely carry out this task. One person told us, "I always get my tablets for my blood pressure and they do my eye drops." Another person said, "They do my tablets at the right time. I have every confidence in them." At the last inspection we highlighted concerns regarding staff administering insulin to people who had diabetes. Following the inspection this responsibility was handed back to the district nursing team to make sure this practice was safe for people. One person said, "A nurse comes every morning. I can't eat until she's been but then the staff are excellent at getting my breakfast for me."

People were supported by adequate numbers of staff to meet their needs in a relaxed manner. One person told us, "The staff are very good. They never rush me." One person, who liked to spend their day in their room said, "Staff pop in and out all the time, they always have time for a chat. I'm rarely alone really." People had access to call bells which enabled them to summon help whenever they needed it. One person said, "If I use the bell they are pretty prompt." During the inspection we observed that people received support in a timely manner if they requested help.

People felt safe at the home and with the staff who supported them. One person said, "I was frightened to

start with. It's such a big change, but the staff have been so kind and understanding I feel completely safe now." Another person told us, "I feel safe because I know there is always someone if I need them."

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff were given training and information about how to recognise and report any suspicions of abuse. At the last inspection staff had not been confident that any concerns reported would be effectively dealt with. At this inspection staff told us they were confident that if they reported any concerns action would be taken to make sure people were safe. One member of staff said, "I know what to do. It was all in the welcome pack and they went over everything with me. If I wasn't happy about anything I would report it immediately. [Registered manager's name] would be on it straight away."

The provider had taken action to make sure people who lived at the home and may have made other people feel uncomfortable because of their behaviour, had had their needs reassessed. This had resulted in some people moving to more suitable care settings. There had also been changes to the environment which gave people more space to move around. One person's care plan had been changed to ensure they were better supported to occupy their time which had led to them being more content. No one we spoke with raised any concerns regarding feeling uncomfortable or unsafe at the home.

Risk assessments were completed to make sure people received care safely and maintained their independence where they were able. For example; where people were assessed as being at high risk of falling, appropriate equipment was in place. One person said, "I used to walk with two sticks but they had someone come to see me and now I have my trusty frame. I can't say I like it but I do feel steadier with it." Another person who had been assessed as being at high risk of pressure damage to their skin had been provided with pressure relieving equipment to minimise risks.

Is the service effective?

Our findings

At the last inspection we found that people's legal rights were not always respected because staff did not have a good understanding of the Mental Capacity Act 2005 (MCA). Staff had not completed assessments regarding people's mental capacity to consent to the care and treatment provided by the service. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

At the last inspection we also found that staff had not all received the training they required to effectively and safely carry out their roles. The provider told us in their action plan that they had ensured that all staff received further guidance and training regarding the application of the MCA within the home. They also informed us that arrangements had been made for all staff to complete the necessary mandatory training required to meet people's needs.

At this inspection we found people's legal rights were protected because staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who may lack the capacity to make some decisions for them self. Discussions with staff showed they worked in accordance with the principles of the MCA by always assuming people had capacity and providing support in the least restrictive way possible for each person. One member of staff said, "We always give people choices. Sometimes they have to be simple choices like just two things but most people can make some choices. We would never make anyone do anything they didn't want to." Another member of staff told us, "One person here is always brighter in the morning so we would try to get them to make any choices then." One person told us, "You get choices about everything."

Where people had been assessed as lacking the capacity to make certain decisions, best interests decisions had been made. Care plans contained information to show the person's capacity had been assessed. For example, one person was assessed to lack the mental capacity to consent to the use of bedrails to keep them safe and a best interest decision had been made involving staff and the person's family.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals where people lacked capacity and required this level of protection to keep them safe.

People were supported by staff who had the skills and experience to effectively meet their needs. Since the last inspection staff had attended a number of training courses which helped to make sure they were able to effectively support people. One health care professional told us they thought staff were now much more aware of people's general care needs and took notice of advice given to ensure people received the right care and treatment. One member of staff said, "I've learnt so much in the last six months."

People felt well cared for and thought staff were appropriately trained. One person commented, "I totally trust them to do things right." Another person told us, "I definitely feel well cared for. All our needs are catered for and I'm very fussy."

People had access to a range of healthcare professionals to meet their individual needs. The handover meeting we attended demonstrated staff were monitoring people's physical health and seeking advice when they had concerns. One person said a member of staff had assisted them to go to the dentist and another person said staff had arranged a hospital appointment for them. A visiting healthcare professional said they had a good working relationship with senior staff at the home.

During the inspection some people were seen by a chiropodist and district nurses visited people to meet their ongoing healthcare needs. Two visitors commented they thought their relative's physical health had improved since being at the home. One visitor said, "They have worked really well with other people and they are now looking so much better." Another visitor said, "They are so much better than when they moved in. They have made sure they've had blood tests and got the nurses in. They could not have done more." One person told us, "I was a mess when I came in. They have been so patient and got me walking. It has made me feel like living again."

People had their nutritional needs assessed and met. Advice was sought from other professionals to make sure people's needs were met. One person had been seen by a speech and language therapist because they had been assessed as being at risk of choking. The professional had made recommendations about the consistency of the food and drinks required to minimise risks. During the inspection we saw this person's meals and drinks were served at the recommended consistency. Another person had lost weight and had been prescribed food supplements which were being given regularly. This showed staff were following advice to minimise risks.

People, including people who required a specialist diet, were happy with the food provided. One person who required a specialist diet praised the kitchen staff. They told us, "The cook is wonderful. They understand completely. They order things specially for me. I am so impressed with the meals I get." Other comments included, "Food is good, there's always plenty to eat" and "Very good food."

People were given a choice of meals each day and told us they could ask for an alternative if they did not want anything on the menu. On the first day of the inspection two people told us they had asked for specific things for lunch. We saw both people were provided with their requests. One person said, "They are extremely obliging on the food front."

Is the service caring?

Our findings

At the last inspection we found that people's wishes regarding the care they wished to receive at the end of their life were not recorded. This meant that staff did not have the information they needed to support people if their health deteriorated suddenly. At this inspection we found that, where it was appropriate to have such plans in place, people's wishes had been recorded. One care plan we looked at recorded the person's wishes in their final days and what should happen following their death. Care plans also contained information about whether people wished to be resuscitated if a situation arose where such a decision needed to be made. One person told us, "I have spoken to [staff member's name] about what I want at the end and they have written down that I want to stay here."

Where people were nearing the end of their lives the provider made sure that appropriate medication was available in the home to maintain their comfort. Since the last inspection a number of staff had also completed training in the care of people at the end of their lives to make sure they were competent and confident to support people.

People spoke very highly of the staff who supported them. We were told that all staff were kind and caring. During the inspection we observed staff interacted with people in a friendly, respectful manner and took time to assist people at their own pace. One person who had recently moved to the home said, "The staff are so kind. They seem desperate to help you however they can." Another person told us, "The girls [staff] are all so lovely. It creates a nice atmosphere. Nothing is ever too much trouble."

People's privacy and dignity was respected. Each person had a room where they could meet visitors or spend time alone if they wished to. Some people preferred not to socialise and liked the privacy of their rooms. One person said, "I'm used to being on my own, I prefer it. They don't impose but they do take me out for coffee and come and chat to me. They don't pry."

Although a number of rooms did not have en-suite facilities there were ample bathrooms and toilets close to bedrooms so people did not have to move far from their rooms to use the facilities. People told us they were offered a bath once a week and some people said they would like to be assisted to have a bath more often. We passed this information on to the registered manager who said they would talk to staff about ensuring the approach to this was more personalised.

People told us staff supported them with personal care in a way that was respectful. One person told us, "I was very worried about them helping me with personal stuff, a bit embarrassed I suppose, but they are so sensitive and kind I don't know why I worried." Another person said, "When they help you with getting washed and dressed they help you with little things like making sure your clothes match."

People were involved in decisions about their care and were able to make choices about how and when their care was provided. One person said, "Oh yes I have a say about everything." A visitor told us they and their relative had been fully involved in writing the initial care plan. They told us, "They have really listened to everything we said and put it into practice." Staff said when they reviewed people's care plans they made

sure people were involved so any changes in their preferences could be recorded. Although the home used an electronic care plan system hard copies of the main documents were kept and these included information to show people had been involved in discussions about their care.

Staff helped people to maintain their relationships with friends and family. People told us they could have visitors at any time and visitors said they were always made welcome. We noticed that trays of tea and biscuits were provided for people to share with visitors to help make it a social occasion. One visitor said, "The care staff are just wonderful. They always greet me like a friend."

Is the service responsive?

Our findings

At the last inspection we found people were not always having their needs reviewed to make sure they continued to receive care that was appropriate to their individual needs. At this inspection we found that people's needs were reviewed and advice was sought from outside professionals. This helped to ensure they were living in the appropriate place and had any equipment needed to meet their changing needs.

People had their needs assessed before they moved in to the home. This helped to make sure it met people's expectations and that staff were able to meet their needs. One person told us, "Someone came to visit me in hospital to have a chat." In addition to permanent residential care the home also provided day care and respite care which enabled people to spend time at the home to see if it was the right place for them. One person said they had originally stayed at the home for a short break. They told us, "I went back home but realised I wanted to be at Carrington full time. This is my home now."

Each person had a care plan that set out their individual needs and contained information about their life history. However these plans of care did not always contain the detail required to fully support people. For example; a member of staff told us that one person required snacks and high calorie foods to increase their weight. Although staff were aware of this it was not detailed in the care plan and therefore may not be known by staff who were unfamiliar with the person.

People told us the care they received was provided in accordance with their wishes and they were able to continue their own routines. One person said, "You can please yourself. They are all very open-minded - there are no rules or regulations." Another person said, "Staff bring me a cup of tea at 7.30 because they know I always get up at 7."

Staff knew people well and respected their individual lifestyle choices and routines. One person told us, "They look in first thing. They know I don't want to get up then so they leave me till later. At my age you don't need to rush into anything." Another person said, "I spend a lot of time lying on my bed. That's what I like to do."

The staff encouraged people to maintain their independence where possible. One person told us, "I'm very independent. I have my own routines and I can come and go as I please." Another person told us they liked to get themselves washed and dressed each day and to make their own bed. They said, "I know they would help with anything I asked but I like to be independent and feel I've achieved something each day."

People's changing needs were responded to which made sure they received care that met their up to date needs. One visitor told us how well the staff had responded to their relative's changing needs. They told us, "They were admitted to hospital very unwell but they were keen to come back here and the staff could not have done more to get them well." During the inspection staff discussed one person's changing needs with a healthcare professional to make sure they had the equipment needed to meet their needs.

People benefitted from an ethos that encouraged feedback and took account of people's opinions. The

provider operated a 'You said, we did' scheme which enabled people to give feedback and make suggestions. One person had said they thought the lounge area was too small. In response to this the lounge had been moved to the main dining area and separate small lounges were being created for people who still liked a quieter more intimate space. Another person had said there were not enough activities in the home and in response additional activities had been arranged.

At the time of the inspection there was a wide range of activities for people to take part in. Activity workers supported people to take part in one to one and group activities. One person told us, "There's lots going on, singing, films, brownies came in to sing campfire songs. It's lovely." Another person said, "I particularly enjoy the flower arranging but I've enjoyed some arts and crafts as well." Two people told us they had helped a member of staff to paint fencing in the garden. One said, "It's good to be useful again. I did the top and [staff name] did the bottom, I'm far too old to be crawling around on the floor but I did enjoy it."

All organised activities were displayed in picture format on a large timetable board. This helped people organise their time around the activities they wanted to take part in. On the first day of the inspection there was a film afternoon. One person said, "There's a Judy Garland film so I don't want to miss that." Another person told us, "I do enjoy a good film."

Everyone we asked said if there was any aspect of their care they were unhappy with they would be comfortable to make a complaint. One person said, "I would speak to [registered manager's name] or staff if I wasn't happy." Another person said, "I have complained. I thought the dinners weren't always hot enough and complained. They are always hot now. If you don't say something it won't change."

The provider had a formal complaints policy which ensured all complaints made were responded to in a timely manner. We looked at records of complaints and saw that the complaints policy had been put into practice to make sure people received a response to any complaint made. We noted that complaints regarding standards of care at the home had significantly reduced since May 2017.

Is the service well-led?

Our findings

Over the past six months huge improvements had been made to the care and safety of people who lived at the home. This was evidence of the hard work and commitment to raise standards shown by the provider and the staff team at the home. Whilst we acknowledge the dedication of the staff team and the improvements made, the time period since the last inspection does not enable us to be certain that the improvements made can be sustained. Therefore the rating for this section of the report will not be changed until such time as we are confident that the provider's systems and resources have led to a permanent change in the standard of care provided to people.

At the time of the last inspection staff felt the leadership of the home was not robust and they did not always feel listened to when they raised concerns. At that inspection we also identified that the management of the home were not pro-active in addressing issues raised with them. We found that the provider's monitoring systems had not been effective in identifying or addressing shortfalls in the service. Where issues had been identified there was no clear evidence to show what actions had been taken to address them. For example there was information to show that a number of people were having multiple falls but no evidence to show that any action had been taken to minimise risks to people or ensure their safety.

Following the last inspection a new manager and operations manager were deployed to support the home to make the required improvements. The new manager had become permanent and was registered with the Care Quality Commission in May 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People and staff told us the new registered manager was extremely open and approachable and was keen to listen to feedback and suggestions. People and staff felt confident that if they raised concerns action would be taken to address their issues.

Since the last inspection the provider had supported the registered manager to make the required improvements to the service offered to people. They had used their quality monitoring resources, such as specialist quality and clinical teams to identify how improvements could be made. The provider and management at the home had created action plans to make sure changes were made in a timely manner. These action plans were being closely monitored by regular visits by representatives of the provider such as the operations manager. Action plans seen showed that good progress was being made to meet the identified shortfalls. Some actions had been completed and others showed systems had been put in place but actions had not yet been fully completed.

The registered manager told us that, in addition making sure the home was compliant with the relevant legislation, they had made progress in changing the culture of the home. The registered manager and staff were working towards creating a person centred culture which enabled people to be sure their care and support would be individual to their needs and preferences. People we spoke with during the inspection gave evidence this culture was put into practice on a day to day basis. People said they were able to make choices about all aspects of their care. A number of people said they continued to follow their own

particular routines and staff respected these. One person said, "I go to bed when I want, depends what's on the telly." Another person commented, "They are all very nice people. I do what I like. If I need help I ask for it and they are always happy to help me."

Staff told us they felt supported by the registered manager and felt that there had been a number of improvements. One member of staff said, "There has been loads of improvements, better information at handover and improved care plans so people get the right care. Much better support for staff and changes to the environment." Another member of staff told us, "Huge improvements in last six months. I understand mental capacity much better. Manager and ops manager really supportive and the atmosphere is much happier." One member of staff commented, "Staff have started to sing again which shows how much happier we are."

The 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. Following the previous inspection, where a number of shortfalls were found, meetings were held with people, relatives and staff to share the findings. The registered manager has continued to meet with these groups to up-date them on progress being made to improve standards and to gain feedback.

People and their families had opportunities to share their views through the provider's regular quality monitoring systems which included themed conversations and satisfaction calls to relatives. One relative told us they had been asked, some months ago, for how they would rate the service. They told us at the time they had felt communication could be improved to make sure the home was working with them in their relatives' best interests. They commented, "I couldn't say that now and in many ways they are going beyond my expectations."

People could be confident the home provided a safe environment for them and their visitors. There were regular health and safety checks of the building including the fire detection system. All equipment, such as hoists, were regularly checked and serviced to make sure they remained safe for people to use. Senior staff had been given enhanced responsibilities and now had lead roles for various issues, such as medication, moving and handling and fire safety. This helped to make sure that any issues were identified promptly and raised with appropriate members of the management team.