

Somerset Care Limited

Sydenham 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?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 19 April 2017.

Sydenham House provides personal care and accommodation to up to 49 people. The home specialises in the care of older people including a small group of people living with dementia. At the time of this inspection there were 36 people living at the home.

There is 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 last inspection of this service was carried out in February 2016. At that inspection we rated the service 'Requires Improvement.' We found that improvements needed to be made to make sure people received their meals in a timely manner. We also found that although the provider's quality assurance systems had highlighted areas for improvement these had not always been acted upon to make sure people received an improved service. Following the inspection the provider produced an action plan which had resulted in improvements to the service provided to people.

At this inspection we found there were enough staff at meal times to make sure people did not have to wait for an excessive amount of time for their meals. People who needed help to eat their meal received this in a timely and discreet manner.

The provider and registered manager were using their quality assurance systems effectively to make improvements to the service offered to people and to their safety. These included changes to staff deployment at night and responding to satisfaction surveys.

People felt safe at the home and with the staff who supported them. People told us staff were always kind and caring towards them. One person told us "I definitely feel safe and I sleep well because I have no worries."

People told us they were able to make choices about their day to day lives and staff supported them when they requested help. People felt there were enough staff to meet their needs and said staff responded to them promptly when they needed assistance. Staff received training which enabled them to provide safe and effective care to people.

There were opportunities for people to take part in activities or to pursue their own hobbies and interests. People's privacy was respected and they could choose how and where they spent their time. One person told us "You can do what you like within reason. They seem able to accommodate most things."

Staff monitored people's health and supported them to access healthcare professionals to meet their individual needs. People received their medicines safely from staff who had received specific training.

The registered manager involved people in the running of the home by arranging meetings and giving people opportunities to be part of the recruitment process for new staff. People felt confident that if they raised any concerns these would be listened to. One person told us "I have said when things don't suit and they have always listened and done something about it."

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 were supported by enough staff to keep them safe and meet their needs.

People received their medicines safely from staff who had been trained to carry out the task.

Risk assessments helped to minimise risks to people.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to the meal time experience for people.

Staff monitored people's health and well-being to make sure they received appropriate treatment when needed.

People were always asked for their consent before staff assisted them and staff knew what to do if someone was not able to make a decision.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and friendly.

People were involved in planning their care and support.

People were treated with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's needs and took account of their wishes and preferences.

People were able to take part in organised activities according to their interests.

People were confident that any complaints made would be fully investigated

Is the service well-led?

Good ●

The service was well led.

Improvements had been made to make sure the quality assurance systems were effective in addressing shortfalls in the service.

People benefitted from a registered manager and provider who kept up to date with current legislation and best practice guidance.

People found the registered manager approachable and easy to talk to.

Sydenham 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 19 April 2017 and was announced. It was carried out by an adult social care inspector.

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 February 2016 we did not identify any breaches in regulations but we did identify areas which could be improved.

During the inspection we spoke with 13 people who lived at the home, one visitor and five members of staff. The registered manager was available throughout the inspection.

We spent time observing care practices and activities in communal areas. We also observed lunch being served in the main dining room

We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, three staff personal files, minutes of meetings and records relating to quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "The staff are very kind and patient, there's no nastiness here." Another person told us "I definitely feel safe and I sleep well because I have no worries."

There were adequate numbers of staff to make sure people were kept safe. Everyone who lived at the home had a call bell which enabled them to summon help when they needed it. People said staff came quickly when they called for help. One person said "There's lots of staff. If I ring the bell they come." Another person, who liked to spend time in their room, told us "I never feel lonely. They [staff] are always coming in and out for a chat."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. 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 files we read showed all checks had been carried out before new staff began work in the home.

To further protect people staff had received training about how to recognise and report abuse. Staff we spoke with said they would not hesitate to report any concerns and were confident action would be taken to protect people. There were posters giving people advice on how to raise concerns. These included contact numbers in case people felt unable to raise their concerns within the home. Where issues had been raised with the registered manager they had taken appropriate action and worked in partnership with relevant authorities to make sure allegations were fully investigated.

All accidents and incidents which occurred at the home were recorded and analysed to see if any changes to practice were needed to minimise risks to people. The provider told us in their Provider Information Return (PIR) that the analysis of accidents showed the majority of falls occurred during the night. In response to this they had adjusted how staff were deployed overnight. The registered manager told us the new working patterns were working well and recent analysis of falls showed a decrease in numbers.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. One person had a risk assessment which showed they were at high risk of falls. Actions, including increased observations, had been put in place and the person had not had any falls. This person told us "They are very good and make sure I have a wheelchair when I need it. I'm not very steady these days."

People told us staff discussed areas of risk with them and they felt they had been able to make decisions for themselves. One person said they had talked to staff about going out on their own but after these discussions they had decided together it would be safer if they were accompanied by staff. They said "It means I get some company as well so that's alright."

People's medicines were administered by staff who had received specific training and supervision to carry out the task. The home used an electronic system for administering medicines which staff told us they found easy to use and reduced the risks of errors occurring. For example the handset used recorded the time each medicine was given and only allowed further administration if the appropriate amount of time had elapsed since it was last administered. People told us they were confident they received the right medicines at the correct times. One person said "I don't want to have to worry about taking my tablets so I asked them to do it. They are good." Another person said "They do my tablets for me. They never forget them."

We observed staff administering medicines to people. We noted that each person was asked if they were happy to take the prescribed medicines and only after people had agreed did staff administer the medicines. Each person had a medication cupboard in their bedroom which enabled staff to discreetly give them their medicines. Where people were prescribed medicines at lunch time staff made sure people were not offered tablets whilst they were eating which enabled them to enjoy their meal without interruption.

Is the service effective?

Our findings

At the last inspection of this service we found that improvements were needed to ensure people did not wait an excessive amount of time for their meals. We also found that action had not always been taken when concerns about a person's weight were identified. Following the inspection the provider put in place a comprehensive action plan to address the issues raised. At this inspection we found action had been taken to improve people's experience and well-being.

We observed lunch being served in the main dining room and found people no longer waited excessive amounts of time for their meal. People sat at tables of their choosing and there was lots of chatter. Staff made sure people had drinks whilst they waited to be served their meals. People who sat on tables together were all served at the same time which made the meal a sociable occasion. There were enough staff in the dining room to make sure everyone had their main course in a reasonable time and staff were able to offer assistance where needed. People told us they did not wait for long periods of time for their meals. One person said "There's no waiting for meals now."

People were able to choose where they ate their meal. The majority of people chose to eat in the main dining room. There was a smaller dining room in the part of the home which cared for people living with dementia and we saw two people ate in this room. There was a member of staff available to assist them and make sure they were offered choices. Other people liked to eat in their rooms and trays were taken to them.

The provider told us in their Provider information Return (PIR) they had given additional training and support to one member of staff to improve the quality and presentation of the food. People were generally complimentary about the meals served at the home. Comments included; "Food is excellent" and "The food here is actually very nice." People said if they did not want anything on the menu they were always able to ask for an alternative. At lunch time we saw one person did not want either of the meals offered and requested soup which was provided.

People had their nutritional needs assessed and met. Where there were concerns about a person's weight a new system had been put in place which meant that anyone who had a significant increase or decrease in weight was referred to their GP for advice. Additional monitoring was also put in place. One person had lost a significant amount of weight and was seen by a visiting GP on the day of the inspection. This showed the new system ensured people got the professional support required regarding any weight loss or gain.

People told us they felt well cared for and staff made sure they had access to healthcare professionals when needed. One person told us a district nurse visited them on a weekly basis and another person said staff supported them to attend the local surgery. They said "A carer took me down to the surgery this morning."

The registered manager informed us a GP visited the home on a weekly basis to make sure people's routine healthcare needs were monitored and met. GPs were also called to the home at other times to deal with periods of acute illness. One person said "If you ask to see a doctor. A doctor comes."

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them. One person said "They seem very well trained."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow other staff. This enabled them to get to know people and how they liked to be cared for. During the inspection one member of staff was shadowing a more experienced member of staff. They told us they had been made very welcome in the home and did not feel pressurised into undertaking any tasks they were not confident with.

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.

The provider had systems in place to target staff training to areas of need to make sure staff were able to appropriately and safely support people. For example one person had a specific healthcare need and a group of senior staff had received training to support them with this. Following a number of medication errors additional training had been provided for staff who administered medicines.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks.

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 information which showed assessments of people's capacity to make certain decisions had been carried out. For example one person required a specific piece of equipment to promote their safety. An assessment of their capacity showed they were unable to give consent to this and therefore a best interest decision had been made. This showed the staff were acting in accordance with the law to make sure people's rights were protected.

People who lack capacity 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 registered manager had made appropriate applications where people required this level of protection to keep them safe.

Is the service caring?

Our findings

People were supported by caring staff. A number of people commented how kind staff were and we observed interactions between staff and people were very friendly and polite. One person told us "They [staff] are marvellous. Always kind and caring." Another person told us "All the staff here are extremely kind. I've never heard a harsh word." When staff supported people to move around they showed patience and consideration making sure people were not rushed but able to maintain their independence.

Two people made specific comments about the night staff at the home. One person said "The night girls are really considerate. They check on you but are so quiet you hardly know they're there." Another person told us "The night lot are lovely. Sometimes I wake up and they get me a cup of tea and chat with me. It's very reassuring to know they are there."

People were able to build relationships with other people and with staff. One person said "Some of the staff have been here a long time I feel comfortable and able to talk with them like friends." One person told us about another person they had made friends with. In the afternoon we saw them sitting together chatting.

People told us staff were extremely accommodating and they felt some went over and above their role to ensure their comfort and contentment. One person said "It's the little things that make you feel cared for. Like Easter eggs and Birthday cakes. They make a fuss to make you feel good." Another person told us "My son visits all the time but sometimes you need a woman to do things for you. One of the girls always gets toiletries for me. They don't have to, but I do appreciate it."

People were cared for in a manner that respected their dignity and took account of their wishes. People said staff were very sensitive when they supported them with personal care and made sure their dignity and privacy was protected. One person said "I'm very comfortable with them, I never feel embarrassed because they are so respectful." Another person commented "I always have female staff for washing and stuff. That's what I prefer and they make sure that's what I get."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said "I stay in my room most of the day but I like to go to lunch. Someone always comes to help me down. They appreciate I like time alone though." Another person commented "We all need a bit of space. I know there is someone if I want them but they don't interfere with me. They respect my privacy."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us "They do the care plan thing with you so they know all about you." Another person said that when they first moved in staff asked them all about their likes and dislikes. They said "That's so they don't do anything you don't like or give you food that you don't eat."

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

People were able to visit the home before moving in to help them to decide if it was the right place for them. One person said "I came for a day to see what I thought of it. I loved it and so here I am. It's not what I thought a care home would be at all." Once people moved in they received an information pack which they could refer to at any time.

The home used an electronic care plan system but hard copies were printed to enable people to easily read them. Care plans were personalised to each individual and contained information about people's personal histories and their likes and dislikes as well as their needs. This assisted staff to provide care in a manner that respected their wishes. People, or their representatives had signed their care plans to show they had been involved and agreed with the content. One member of staff said "You get told about people at handover but I go to the care plans to make sure I have all the information I need about each person."

People told us staff always asked them about the care and support they wanted and responded to changes in their needs and preferences. People said they were able to make choices on a day to day basis and staff responded to their wishes. One person said "Nothing is barred. I can do as I wish." Another person told us "You can do what you like within reason. They seem able to accommodate most things." One person had chosen to stay in their room in their night clothes. They told us "I really couldn't be bothered with it all today. They helped me have a wash, they let you do as you please."

People told us they would be able to make a complaint if they were not happy about any aspect of their care and support. One person said "I have no complaints but I would complain if I had to. They would do something right away." Another person told us "I have said when things don't suit and they have always listened and done something about it."

We looked at records of complaints made and saw that complaints had been investigated and responded to. The registered manager told us they saw complaints and comments as a way to reflect on the service and make sure improvements were made.

The registered manager made sure people were kept up to date with any changes in the home and were able to make suggestions. There were meetings for people and their relatives and action was taken when suggestions were made. Where minutes of resident's meetings showed suggestions or comments were made by people, we saw these were discussed at the next staff meeting.

People were also involved in the recruitment of staff. A new member of staff said they had met with a small group of people as part of their interview process. One person pointed to a member of staff and told us "I employed them. I think we made a good choice there."

The provider sent out satisfaction surveys to people and acted on the responses received. For example some people commented on the last survey they would like to go out more. In response to this daily walks had been arranged and additional outside furniture had been purchased for the garden. Two people told us how much they were enjoying getting out. One person said "The little walks they have introduced are great. They take me in a chair and it's so nice." Another person said "Now the better weather is here we are going out more. It's so nice to be in the fresh air."

Activities were available for people every day and people could choose what they wished to join in with. One person told us "One of the things I like about here is there are so many nice things going on and little outings." Another person told us "I know there's always something going on but I don't join in. It's not my thing."

People had been asked about the activities they liked and any additional activities they would like to see. The home had responded positively to suggestions to make sure people's interests were catered for. One suggestion had been for more animals and children to visit the home. The registered manager had spoken to local schools to arrange for more regular visits from school children and a programme of animal activities had been arranged. These included visits from alpacas and donkeys. One person said "Yesterday someone came with guinea pigs and little things. I enjoyed that." One person had said they would like to play snooker and darts. In response to this a games area had been set up with a pool table and table football.

The home was also operating a 'make a wish' programme where people were asked to write down their wishes and staff would try and make them come true. The registered manager said they were hoping to grant one wish each month. One person was a keen footballer and wished to play again. The staff had arranged with a local football team for the person to be a VIP guest at a football match and we were told how happy this had made them. Another person had just written they would like 'lots of cakes' and an afternoon tea party with lots of cakes had been arranged for them.

Is the service well-led?

Our findings

At the last inspection of the home we found improvements were needed to make sure the provider's quality assurance systems were effective in ensuring on-going improvements. We found that although a number of people had complained about the service at lunch time, and it had been highlighted by the quality assurance systems, no action had been taken to address this. Following the inspection the provider completed a comprehensive action plan and this had led to improvements in the service of meals to people. A considerable amount of support had been given to staff to make sure the quality and presentation of food was good. No one raised any further complaints about food or meal time experience.

At this inspection we found the provider and registered manager were using their quality assurance systems effectively to make improvements to the service offered to people and to their safety. For example the analysis of accidents had resulted in changes to staff deployment at night which had reduced the number of falls which occurred. Comments on satisfaction surveys were being used to make sure any changes which occurred in the home were in accordance with people's wishes. Where changes were made these were published on posters around the home under the title 'You said. We did.' This gave people confidence that suggestions made would be acted upon.

People were benefitting from a well trained staff team because the provider had systems to assess staff knowledge and target training to make sure staff skills and knowledge were continually improved. The registered manager used staff meetings to provide training in subjects that assessments showed staff lacked knowledge in. They had a re-assessment system to ensure that improvements had been made.

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. People told us the registered manager and staff were open and approachable and they felt able to discuss any worries or concerns. One person had shared a particular concern with staff and we heard about the action which had been taken to deal with the specific situation. This gave evidence that people were listened to and their concerns taken seriously.

The registered manager had a very person centred approach to providing care and respected people's individual views and lifestyle choices. This led to an environment where people felt able to express themselves and follow their own routines. We noticed that some people chose to join in with everything going on in the home whilst others preferred to remain private. Everyone we asked said they felt well cared for. One person said "My family visit and that's all the company I need. I don't mix but whatever I want staff here are happy to oblige." Another person told us "I feel very well looked after. I have nothing to grumble about. I can please myself."

Although the home employed dedicated activity workers the registered manager was encouraging all staff to spend time with people to support them with meaningful occupation. They hoped this would lead to increased social stimulation for people. During the inspection we saw care staff taking people out for walks

and socialising. One person who had recently moved to the home said "Everyone is so friendly and cheerful. They all seem so obliging."

Staff we asked said they found the senior staff and the registered manager easy to talk to. They said they could ask for advice and support at any time which helped to make sure people received good quality safe care. One member of staff described the registered manager as 'Firm but fair.' Another said they felt the registered manager was very approachable and had 'A really good knowledge of everyone.'

The registered manager was passionate about ensuring people had access to community facilities. They were part of the local dementia alliance which aimed to increase people's understanding of dementia. They had recently provided a training session to staff working in a local coffee shop which they hoped would increase understanding and help people when they were using the shop.

People lived in a home where the provider ensured practice was in accordance with up to date legislation and good practice guidelines. There were policies and procedures which were up to date and available to staff. There were also opportunities for registered managers to meet together to share good practice. An operations manager visited the home regularly to oversee the running of the service and be available to staff, visitors and people.