

Porthaven Care Homes No 2 Limited

Savernake View Care Home

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

About the service

Savernake View is a care home providing personal and nursing care to 42 people at the time of the inspection. The service can support up to 64 people.

The home was split across two floors, with four different units, for people with different residential and nursing care needs. People had access to the gardens and communal areas, including dining and living rooms, a cinema room, activities room, and hairdressing salon.

People's experience of using this service and what we found

There was an electronic care planning and record keeping system. This ensured people's personal information was stored in accordance with the General Data Protection Regulation (GDPR). It also meant it was possible to gain a clear overview of the care a person had received by filtering the records.

Medicines were managed and stored safely. We observed nursing staff using the electronic medicines management system. This system reduced the likelihood of errors occurring, as it maintained an ongoing stock count.

Guidance for the administration of 'as required' (PRN) medicines needed more information to ensure consistency. A nurse was assigned to work on these improvements by the second day of the inspection.

People and their relatives gave us consistently positive feedback about the home and the care they received.

There was a broad range of activities offered at the home. These included guest speakers and entertainers, as well as arts, crafts and fitness sessions.

There was good community engagement, with fundraising for charitable causes and involvement in local events.

People were supported by staff who had received enough training to meet people's needs. Staff spoke positively about working at the home and were proud of the standard of care they provided.

There were a range of quality monitoring systems in place. These included surveys, meetings, and audits, where the registered manager maintained an overview of the service.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection (and update): The last rating for this service was Requires Improvement (published 26 June 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Savernake View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Savernake View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 19 people and 11 relatives to gain their views on the service. In addition, we spoke with 14 members of staff, including the nominated individual, registered manager, chef, activities coordinator,

registered nurses and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included care plans and records for nine people and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Where people required medicines on an 'as required' (PRN) basis, the administration guidelines were in place but could be more person-centred. For example, one person was prescribed a medicine to help their behaviours when distressed. There was no guidance around how the person could be supported prior to the medicine being administered. We discussed this with the registered manager and director of nursing and they allocated a nurse to complete these to an improved standard the following day.
- People were supported to receive their daily medicines safely. We observed the registered nurse's administering medicines and saw them explain to people what the medicines were for.
- Medicines were stored and managed safely. There was an electronic medicines management system in place. This reduced the likelihood of stock errors occurring as it maintained an ongoing record. The system also highlighted who was due what medicine and when.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person said, "I feel safe because there is always someone about if I need help." Another person explained, "It was a struggle to cope at home, but being here brings 24-hour care, which makes me feel safe."
- People were supported against the risk of abuse. Staff had attended safeguarding training. They understood their responsibility to identify and report any safeguarding concerns.
- Staff told us they would report concerns to the management team or senior staff in the home. They also knew they could raise concerns to CQC, the Police, or the local authority. Staff felt confident the management of the home would take appropriate action.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed. We saw a range of risk assessments, including those for the risk of falls and skin integrity.
- Risk assessments included guidance for staff to follow, to reduce the likelihood of risks occurring. For example, explaining in a falls risk assessment the equipment people may use when walking around the home and to ensure they were wearing well-fitting footwear.
- Risks associated with fire, water (including legionella), electrical items and gas were managed by the maintenance operative. All monitoring was up to date and appropriately risk assessed.
- People had personal emergency evacuation plans in place. These provided guidance to staff in how people should be supported in the event of an emergency, such as a fire.

Staffing and recruitment

- The home was fully staffed. The registered manager told us agency staff were only used as a "last resort."
- New staff were appointed subject to satisfactory recruitment checks. Staff were required to have employment and character reference checks, as well as disclosure and barring service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.
- Staffing levels were decided by the registered manager, using a dependency calculation tool. The tool required them to assess people's needs and identify the number of staff required to meet these. The registered manager was responsive in amending staffing levels when call bell response times showed an increase in calls at a certain time of the day. Call bells were consistently answered in less than three minutes.

Preventing and controlling infection

- The home was clean throughout and free from unpleasant odours.
- There was a housekeeping team available seven days a week.
- Staff had access to and were observed using personal protective equipment (PPE). The PPE included gloves, aprons and antibacterial hand gel.
- The kitchen had been inspected by the Food Standards Agency in March 2019 and received a rating of five out of five, 'Very Good'.

Learning lessons when things go wrong

- Accidents and incident records were completed by staff and reviewed by the registered manager.
- The registered manager analysed the information and using their electronic system could set 'learning outcomes'. The outcomes were assigned to staff and they were required to read the communication update about the accident or incident when logging onto the system. The registered manager could see who had read what updates.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- There were some gaps in records about people's repositioning and the application of prescribed creams or lotions. We provided feedback about this to the registered manager and director of nursing who advised us they would implement a more thorough monitoring process with immediate effect.
- We observed the staff teams working well with one another and staff told us morale was much higher than it had been at the last inspection.
- The home worked closely with their local GP surgery and people had access to GP's who visited each week.
- The nursing staff worked with community diabetic nurse specialists and were trialling new technology. We observed the trial of a less invasive blood sugar monitoring system. The staff member we spoke with advised us this was working very well. They explained it caused much less distress for the person than frequent needle use associated with traditional methods of blood sugar level testing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving to the home, an assessment of their needs was completed. This ensured the service could provide support to people in line with their needs and choices.
- People told us they felt confident the home could meet their needs. One person explained how important it was to them knowing staff delivered care in accordance with their health needs.
- There were systems in place to monitor people's care in line with best practice standards. These included body maps for monitoring wounds, which were reviewed and closed when the wound healed.
- We saw information based on national best practice clinical guidance was displayed in clinical rooms, accessed by the registered nursing staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training. This included training in safeguarding vulnerable people, the Mental Capacity Act, as well as health and safety. Staff told us they felt they could ask for additional training if the need arose.
- Staff also completed training around people's specific care needs, such as dysphagia training, to enable them to support people at risk of choking.
- The registered manager encouraged staff to gain qualifications, including their diploma's in health and social care. Two staff told us they felt the registered manager had gone "above and beyond" in helping them to work towards training which would benefit their career.

- Staff were supported through a thorough induction period, which included shadowing a more experienced member of staff and having their competencies checked through observation.
- The staff also received supervision meetings with a senior staff member. In the supervision meetings they could discuss any areas for development and their achievements.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave mostly positive feedback about the food. Their comments included, "The food here is very good, with good choices too." People told us they liked the portion sizes and other people told us they appreciated they could choose to have food brought to their bedroom.
- The head chef had won a company award, in a competition against other chefs from different homes in the country.
- The head chef had an in-depth understanding of people's dietary needs and how food should be prepared to support these. They were creative and innovative in the preparation of textured diets, such as pureed food. They ensured the food was well-presented and appealing.
- People had access to drinks and snacks throughout the day.

Adapting service, design, decoration to meet people's needs

- People had access to the well-maintained gardens. One person told us, "I love the colours in the garden and I enjoy a walk out there with a couple of my friends."
- People could bring items from home to decorate their bedrooms, such as ornaments and pictures or photographs.
- There were a variety of places in the home for people to choose to spend their time. These included lounges and dining areas, a cinema room, sensory room, activities room, the hairdressers, and the orangery. In the orangery there were comfortable chairs, tables, and a bar. We saw people playing board games and spending time with relatives here.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people lacked the capacity to consent to decisions relating to their care, assessments were in place and best interest decisions were documented.
- The registered manager maintained an overview of all DoLS applications approved or waiting approval with the local authority. Where people's needs changed, the registered manager updated the local authority with the amended information.
- We observed staff seeking consent from people prior to supporting them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received consistently positive feedback about the kind and caring approach of the staff team. People and their relatives commented, "The staff here seem to really care about us." "This place is the best, they look after me well and that is of great comfort to my wife who is at home." "The staff here are so attentive. They will do anything to make life more comfortable for us." Also, "The staff are lovely, caring and gentle."
- People told us their relatives were welcome to visit at any time. We saw people spending time with relatives and visitors. One person said, "My wife comes in to see me and my family are regular visitors, there are no restrictions on who and when they can visit."
- We observed people to be well-dressed, supported to have their hair styled or make-up applied. People were supported to be well-presented.
- People and staff displayed a genuine affection towards one another. We saw friendly and well-received greetings between people and staff with hugs and smiles.
- The registered manager had promoted staff to team leader positions, to help oversee the leadership on each unit and ensure care standards were followed. The registered manager explained, "We have a good staff team here, they all sing from the same song sheet when it comes to giving good quality care."
- The home was promoting equality and diversity. The registered manager advised us they were looking for opportunities to be involved in local Pride celebrations. There was a poster in reception promoting the service as lesbian, gay, bisexual and transgender friendly.
- The home had received compliment cards, emails and letters from people and relatives whose family members had received care at the service. The compliments frequently thanked staff for their kind and thoughtful care provided.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to provide feedback about their care. People and their relatives were invited to be part of their care plan reviews.
- People's care plans included records of their likes and dislikes, such as food or drinks, or how they like to spend their time.
- People could attend resident and relative meetings, to give their feedback about the home and discuss any updates they may need to be aware of.

Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people in a polite and respectful manner. People were spoken with using their preferred name. We also observed staff offering assistance in a dignified way, checking with people if they

would like support.

- People told us they had made friends in the home. We saw people spending time with their friends playing Scrabble and having a coffee. People sat with their friends for meals.
- Information about people and their care was stored confidentially. The electronic systems required staff to access them using a personal log-in. Staff levels of access depended on their role and what they needed to use the systems for.
- We observed staff knocking people's bedroom doors before entering and greeting the person. Staff explained to us how they would support people in a dignified way during personal care and how they respected people's privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had not ensured people had up to date information about their care needs and wishes recorded in their care plans. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had care plans in place which could be viewed by staff in a concise or more detailed format. There were stations throughout the home for staff to access care plans and records. This meant if staff were supporting someone they had not previously spent time with, they could quickly access information about them and their needs.
- People's care plans included information about their life history. Staff knew people well and knew people's past careers and interests.
- People's preferred routines were documented in their care plans. The information recorded included what aspects of their care they could complete independently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where required, information could be provided in a larger print. This was promoted to people through a large print poster in the home.
- 'Flash cards' were put in place for one person, to support their communication.

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

- People's religious and cultural beliefs were known and recorded in their care plans. People were supported to attend religious services in and out of the home.
- The home had volunteers who spent time and socialised with people. We spoke with one volunteer who explained their family member had previously received care at the service. They said, "The whole family are

looked after here. When [family member] passed away, I was invited to continue to visit and that has been really helpful for me." The volunteer explained they received three days training before starting in the role. Their role included involvement in activities and running the Scrabble club.

- There was a broad range of activities offered at the home and facilitated by an in-house activities team. Activities included games, entertainers, arts and crafts and children visiting from the nearby school. People told us they enjoyed the activities. Their comments included, "There is always something going on which you can join in with." "I enjoy the activities, they keep me busy." Also, "I haven't joined in yet, but I will soon."
- The activities also included a focus on maintaining physical fitness. There were cycling exercise sessions several times a week, with foot pedal bikes which could be used while seated in the cinema room. A scenic route of a park played on the cinema screen.
- Guest speakers were invited into the home. These had included an injured veteran who was invited as a motivational speaker. They met with people, shared stories, and spoke about their experiences.
- There were creative seasonal events, including the home's Christmas market. People could come and shop for cards and gifts at stalls at the in-house shopping event. Shopping events also included a visit from a mobile boutique. This shopping experience enabled people to spend time in a dementia friendly environment shopping for clothing and accessories.
- There were social evenings. These had included a gin tasting evening, a belly dancing evening, and a cheese and wine evening. We saw photographs showing these events were well attended by people and their relatives.
- If people did not enjoy group activities, there were opportunities for one-to-one time with staff or volunteers. The volunteer we met was having a coffee with one person who had wanted to spend some time one-to-one. The activities team maintained an overview of who had been involved in activities, to ensure they knew if people had withdrawn or were frequently declining.

End of life care and support

- People had care plans in place about their future wishes. These included where people had a preferred funeral director, or funeral plans. We saw in some people's care plans what the person would like to be remembered for. For example, one person said they would like to be remembered for their love of animals.
- The home linked with a local hospice for staff training and support.
- An information evening about end of life planning had been held at the home. This had included guest speakers, to talk about will writing, funeral planning and Lasting Power of Attorney.
- The registered manager explained they were arranging a learning workshop with a local funeral director. This was so staff could better understand what happens when a person passes away and could better support people's families.

Improving care quality in response to complaints or concerns

- Where complaints had been received, these were reviewed by the registered manager, investigated and responded to.
- Where there were learning outcomes from the complaints, these were communicated to staff, to reduce the likelihood of the complaint recurring.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to ensure records were up to date and complete, they had also failed to address concerns raised at a different inspection. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While some shortfalls in record keeping were identified, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although there had been improvements in the consistency of records about people's care, these needed more thorough day-to-day monitoring to ensure standards continued to improve. The registered manager and director of nursing advised us they would liaise with nursing staff to improve the monitoring of records.
 - The registered manager oversaw the results of audits completed in different areas of the home, such as infection control, care planning and medicines management. These were completed by staff from different departments.
 - People and their visitors told us they felt they could go to the management team if they had anything they needed to discuss. They said where they had made requests these had been acted upon with immediate effect. People gave us consistently positive feedback about the staff who supported them.
 - Staff told us they felt the management team were approachable and they could raise any concerns or suggestions with them.
 - Each day, the registered manager did a walk-around of the home. This was to meet with people and staff and to identify if there were any concerns which needed addressing.
 - The registered manager understood their regulatory requirements and submitted notifications to CQC and the local authority safeguarding teams when required.
 - When we provided feedback to the registered manager and director of nursing during the inspection, they put plans in place to address the concerns raised.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People told us they felt the home was well-led. Their comments included, "The home seems well run." Also, "The staff and [registered] manager do their jobs well."
 - The culture in the home had improved in the time the registered manager led the home. The staff team worked well together, delivering person-centred care.

- Staff spoke with enthusiasm about their work. Staff showed compassion and empathy towards people and wanted to achieve positive outcomes for people. One person's relative told us how much they had seen their family members health and wellbeing improve since receiving care.

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

- The registered manager understood their responsibility to act upon the duty of candour.
- Records showed there had been open communication with people's relatives when events such as accidents had occurred.

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

- Meetings took place for people and their relatives, and for different staff teams, including clinical and managerial staff meetings.
- Staff had been invited to share their views anonymously through surveys. Where concerns had been identified in one month's survey, the results were shared with the registered manager. The survey was sent to staff again the following month and the results showed improvements in how staff felt about working at the home.

Working in partnership with the public and others

- The home had been involved in community fundraising. The home had been able to donate money to a local hospital, so specialist cups could be purchased. They had also made donations to Alzheimer's Support.
- Community events had been held at the home, such as a charity coffee morning and inviting community groups into the home.
- There was involvement in community events, including 'Marlborough in Bloom'.
- The home had worked with a local college for a project called 'Bridging the gap'. Students from the college spent time with people to find out stories from people about what they got up to when they were the students age.