Mr M E & Mr P R Butterfield

Sotwell Hill 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

We inspected Sotwell Hill House on 8 November 2016. This was an unannounced inspection.

Sotwell Hill House is a care home providing accommodation for people requiring personal care. The service supports older people with a variety of conditions which includes people living with dementia. At the time of our visit there were 29 people living in the service.

We carried out an unannounced comprehensive inspection of this service on 4 and 6 November 2015. Breaches of legal requirements were found relating to the management of risks to people and the safe management of medicines. We also found that care and treatment was not always provided with the consent of the relevant person. The provider sent us an action plan stating the action they would take to improve the service to the required standard. We undertook this comprehensive inspection on 8 November 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. At this inspection we found actions had been completed and improvements made.

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

We were greeted warmly by the registered manager and staff at the service. The atmosphere was open and friendly.

People told us they felt safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they understood how to recognise and report safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staffing levels were consistently maintained. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act 2005 (MCA) and all staff applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The

registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food and had enough to eat and drink. Where people required support with their food and drink they were supported appropriately.

The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People told they enjoyed activities in the home and the provider provided a range of activities for people to engage with. This included religious services and trips outside of the home.

Staff spoke positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People and their relatives told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risks and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervisions and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff

on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service and look for continuous improvement.

People knew the registered manager and spoke to them with confidence.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Sotwell Hill 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 and to check that improvements to meet legal requirements had been addressed by the provider following our 4 and 6 November 2015 inspection.

This inspection took place on the 8 November 2016. It was an unannounced inspection. This inspection was carried out by two inspectors and an 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.

We spoke with seven people, three relatives, five care staff, the chef and the registered manager. We looked at five people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

At our last inspection we asked the provider to take action in relation to the management of medicines and risks. The provider was not doing all that was reasonably practicable to mitigate the risks to service users and was not ensuring the proper and safe management of medicines. These concerns were a breach of Regulation 12 HSCA (RA) Regulations 2014. At this inspection we found actions had been completed and improvements made.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of falls. The person could mobilise independently but was unsteady on their feet. Staff were guided to provide assistance to the person and encourage them to use their mobility aids. When the person was in their room staff were guided to ensure the person's call bell was within easy reach and keep the area free of 'clutter and trip hazards'. We visited this person's room and saw this guidance was being followed. We later observed the person walking with their frame. A member of staff was next to them offering encouragement and support.

Another person was at risk of developing pressure ulcers. An assessment and body maps were used to manage the risk and staff were guided to monitor this person's skin. Pressure relieving equipment had also been put in place. Daily notes evidenced this guidance was being followed and the person did not have a pressure ulcer.

People received their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people got their medicine as prescribed. The service had installed a new electronic medicine management system which gave the registered manager and staff instant oversight of medicines, when they were administered, dose levels, stock levels and who administered the medicine. We checked the stock levels against recorded levels and found them to be accurate.

Creams were stored securely and records relating to the administration of creams accurately maintained. Prescribed thickening agents used to thicken fluids were also securely stored with opening dates clearly listed on the open tin. Bottled medicines had open dates and end dates recorded ensuring people did not receive out of date medicine. Controlled drugs were managed appropriately and stored in a separate safe within the locked medicine room. Temperature records for medicine storage, where required were consistently and accurately maintained.

People told us they felt safe. Comments included; "I feel safe and the staff encourage me to use my call bell rather than put myself at risk", "The staff check me at night but they are very quiet as they know I don't like to be disturbed" and "The staff keep their eye on us".

People were supported by staff who could explain how they would recognise and report abuse. They told us

they would report concerns immediately to the registered manager. Staff were also aware they could report externally if needed. Staff comments included; "If something or somebody wasn't safe and management didn't deal with it I'd go higher. For example, I know I can go to CQC (Care Quality Commission)" and "I'm here for the residents".

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained.

Staff told us there were sufficient staff to support people and meet their needs. One member of staff said "Most of the time it is okay. We do have times when people are off sick when we are stretched but we manage and the registered manager or deputy manager will help out if needed". Another member of staff commented "People are safe because we keep them safe".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

At our last inspection we asked the provider to take action in relation to the Mental Capacity Act 2005 (MCA). Care and treatment was not always provided with the consent of the relevant person.
These concerns were a breach of Regulation 11 HSCA (RA) Regulations 2014. At this inspection we found actions had been completed and improvements made.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack capacity mental capacity assessments were completed.

People in the service were being deprived of their liberty. People can only be deprived of their liberty so that they can receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a best interest decision had been made concerning a person whose needs had exceeded what the service was able to offer to keep them safe. All relevant people had been involved and a decision was made to find an alternative placement. In the interim, a DoLS application had been made and measures had been put in place to ensure least restrictive practice, such as sensor mats and door alarms to keep the person safe but still able to move around as freely as possible.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff demonstrated an understanding of the MCA. One staff member said, "It is important to understand that people have choices even if they have been assessed as not having capacity in a particular area".

The service sought people's consent. Consent documents were held in care plans evidencing people had given consent to care. These were signed by the person. We also saw a consent document for the sharing of personal history information. This was used when a person was 'resident of the month' and their achievements were celebrated by staff and other people.

People told us staff had the skills to support them effectively. People's comments included; "They (staff) know what I need and like" and "They (staff) keep their eye on us and they are very knowledgeable".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started

working at the service. Induction training included fire, moving and handling and infection control. Staff also shadowed an experienced member of staff before working unsupervised at the service. One member of staff said, "I've had some really good training to enable me to do a good job".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff said, "I made a suggestion during one supervision about moving some equipment to another room and this has been accepted and acted upon". Staff also had 'personal development plans'. These supported staff to develop their career and working practice and monitor their progress. For example, one staff member was working towards achieving a national qualification in care. Another member of staff had requested to be trained to administer medicines. Records confirmed this training had been completed.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People told us they enjoyed the food. Comments included; "The food is good, I get the portions I ask for and there is plenty of choice" Another person said, "The food is excellent, two good chefs".

We observed the midday meal experience. Plates of food were served by staff, who were patient and respectful. Gravy jugs were put on each table for the residents to help themselves. People were passing the jug around and asking other people if they required the gravy. This encouraged conversation and participation. There was a general buzz of friendly conversation in the dining room. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. People appeared to enjoy their food with little waste seen and a staff member commented, "The choice of food is really good. If people don't like things they can have a different choice". Where people required special diets, for example, pureed or fortified meals, these were provided.

We spoke with the chef who told us about working at the home. They said, "I absolutely love coming to work, there is no stress, no pressure. The home does not operate a rolling menu but a weekly menu that changes every week so that variety is maintained. The residents are offered two cooked meals a day and cooked breakfasts are offered on Wednesdays and Saturdays. Fresh fruit and veg are delivered twice a week and meat is delivered daily". Fruit and snacks were available to people throughout the day.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were extremely positive about the staff. Comments included; "It's wonderful, I've no complaints at all", "They're all very nice here and I've made friends in the home" and "I have lots of fun (with staff), it's always good natured". One relative told us they found the home, "Lovely and homely". They went on to say, "She (person) is very happy here". Another relative said, "It would be easier to say what's wrong – nothing! I would give it 99 out of 100. Caring staff, and we are always made welcome including the pets. We are very, very happy".

Staff told us they enjoyed working at the service. Comments included; "I do love it here, the people are so nice" and "I get great satisfaction from helping the residents".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, families and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person was standing by the front door and appeared lost and confused. A staff member saw the person and quietly approached them and asked if they were alright. The person took the staff members hand as they took the person to the lounge. We saw the person was reassured by the member of staff and chatted with them as they moved to the lounge.

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given choices and the time to consider and choose. For example, one person came into the lounge to attend an activity and staff asked them where they would like to sit. The person considered this for a moment before pointing at a particular chair. They were then supported to their choice of chair and made comfortable by staff.

People's independence was promoted. For example, one person was religious and liked to attend the Sunday morning service at a local church. However, the person, though mobile, was unsafe to attend alone. We saw that the registered manager accompanied the person promoting their independence. We spoke with this person who said, "I am very lucky to be living at Sotwell. Everyone works together. The Home Manager takes me to the local church for the Sunday service. They're all really very nice here". Another person had stated they wished to 'promote current diet and eating habits'. Staff were guided to 'support the person to remain independent' in order to achieve this goal. We saw this person being supported and encouraged to eat independently at the lunchtime meal.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People had information on their care plans about communication needs. For example, someone who had dementia had advice saying, '[Person] may lose track so provide a gentle reminder of the last statement. Carers need to be sensitive to the conversation and [person's] feelings regarding such assistance'. It went on to advise staff to keep language simple and avoiding complex sentences and giving multi choice questions.

This demonstrated that staff were expected to show dignity and respect towards people and to provide as much opportunity as possible for the person to express themselves and their needs. We observed many caring interactions throughout the day which demonstrated this expectation was being met.

Relatives we spoke with told us staff treated people with dignity and respect. One relative said, "Staff have great respect for the residents". Another relative told us there was an "Ethos of respect". One person spoke about how staff treated them. They said, "They're interested in each person, they treat us as individuals".

People were involved in their care. People were involved in care reviews and information about their care was given to them. People's birthdays were recorded and celebrated and personal information was used by staff to allow them to engage with people. For example, where people became anxious or upset staff referred to people's histories or interests to reassure them or distract them. We saw this approach calmed people.

Where people expressed a wish relating to their end of life, this was recorded. For example, whether people wished to be buried or cremated, funeral and family arrangements. People were supported at the end of their lives to remain in the home if this was their wish. Support was available to ensure health professional input was provided to ease pain if needed. Relatives were welcome to be with the person as much as they wished. We saw where someone had recently passed away there were photos of the person for people to look at in the lounge so that people could remember them.

People's personal information was held securely and staff were aware of their responsibilities relating confidentiality. Notices were displayed reminding staff of the homes confidentiality policy and gave guidance relating to the Data Protection Act. One staff member we spoke with said, "I do not discuss resident's details in front of other residents or visitors".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, interests were noted such as liking reading, knitting, doing crosswords and jigsaws. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had the early stages of dementia. The person was also experiencing hallucinations as part of the dementia and sometimes feeling someone was in the room. Guidance was given to offer to check the room and reassure the person that no-one was there. Staff were also guided to avoid debate about whether there was anyone in the room, acknowledge the person's perception and focus on what the person needed to feel comfortable. This information in the care plan ensured that the person was supported in the best way for them and showed that individual care needs had been assessed and appropriate guidance provided.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, where their condition changed or where new medicines were prescribed

People were offered a range of activities including games, arts and crafts, crosswords, quizzes, visiting musicians, hairdressing and manicures. The service also had a mini bus to take people on trips out to local places of interest. For example, we were told about a river boat trip people had enjoyed and the registered manager often used their car so that more people could attend. The home arranged church services and Holy Communion. A clothes shop came into the home for people to purchase their own clothes and the service ran a small shop selling toiletries. The home had horses and dogs on the property and Pets As Therapy (PAT) dogs regularly visited the home.

The home enjoyed extensive grounds and lawns for people to access. A large patio area with furniture was also available and people's rooms overlooked the grounds and wooded areas. A large conservatory looked out to the grounds and contained furniture and a selection of children's toys to occupy visiting children.

People told us they enjoyed activities in the home. One person said, "We had particularly lovely day in the summer where we all had a strawberry tea in the garden with family and friends and everyone was encouraged to bring their dogs, and the horses were in attendance too". Another person said, "They consult us about what we like doing. I have got a lovely room, I can wake up in the morning and look out onto the garden. There are deer and foxes".

The service was using an initiative called Ladder to the Moon. The initiative states 'Ladder to the Moon supports social care organisations to deliver outstanding care and improve their business performance'. Ladder to the Moon incorporates creativity and the arts involving both people and staff and was used to

enhance people's experience of activities. For example, during October 2016 the home held a music week where visiting musicians performed for, entertained and included people. We saw photographs of the music week which clearly evidenced people's enjoyment and involvement in the various events provided. We spoke with the registered manager who said, "Ladder to the Moon promotes knowledge of people and rewards people and staff through involvement with each other. It is proving to be very popular".

People's opinions were sought through regular surveys and 'residents' meetings. Survey results were published and displayed in the home. The results from the latest survey were extremely positive. People could raise issues and make suggestions. For example, people had raised activities at Christmas and asked for a concert. We saw a concert was being planned and people's opinions respected. People had asked for relatives to be invited and we saw this was also planned.

The service had installed a feedback console in the entrance to the home. People could put in their comments and this gave the home an overview of whether people, families and visiting professionals were satisfied with the service. We saw comments had been put in, such as "Enjoy visiting the home", "Great atmosphere", "Wonderful, calming atmosphere".

The service published a newsletter for people every month entitled 'Newsround'. This publication featured activities with photographs of people enjoying themselves, announcing people's birthdays, advertising forthcoming events and remembering people who had passed away. The newsletter was readily available to all people.

People knew how to complain. The services policy on complaints was displayed around the home and also contained in the 'service user guide' given to people and their families when they arrived at the home. We looked at complaints records and saw one complaint recorded for 2016. The complaint related to the doorbell a relative had difficulty operating. We checked and found the doorbell to be fully operational. Historical complaints had been dealt with in line with the policy. We spoke to people about complaints. One said, "It is wonderful, I have no complaints at all". Another person said, "There's nothing to complain about".

Good

Is the service well-led?

Our findings

People clearly knew the registered manager who was visible around the home throughout our visit. We saw them engaging with people who greeted her warmly with genuine affection. The registered manager knew people and called them by their preferred name. When we asked people their opinion of the service we were told, "Excellent" and "Marvellous". One person went on to say, "I chose this home from a brochure and don't regret it".

Staff told us the registered manager was supportive and approachable. Comments included; "She is very approachable, lovely and supportive" and ""She's very caring and treats me like a human being". One staff member described the service as, "Like one extended family". They went on to say, "I feel happy and privileged to work here and I only wish I had come to work here a long time ago".

The registered manager led by example. The registered manager supported people individually throughout the day and greeted relatives and visitors in a warm and welcoming fashion. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

The service had a positive culture that was relaxed, homely, open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

Accidents and incidents were recorded and investigated. For example, one person was found uninjured on the floor in their room. The accident was investigated. However, accident documents were not always fully completed and did not record any conclusions or follow up actions on these documents. We looked in this person's care plan and found conclusions to the accident and action taken was recorded. This person had been referred to the falls clinic. The incomplete accident and incident documents meant the registered manager could not collectively look at accidents and incidents for patterns and trends to reduce the risk of reoccurrence. We spoke to the registered manager about this and they said, "I will deal with this and put a review system in place". We found this did not impact on people's safety or wellbeing.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and results were analysed resulting in identified actions to improve the service. For example, one audit identified a Medicine Administration Record (MAR) was incomplete. The registered manager took immediate action to resolve the concern which included advice and guidance for staff. Another audit identified one refrigerator was not fully functional. We saw a replacement was immediately ordered.

The registered manager shared learning with staff through briefings, handovers and staff meetings. Staff were able to raise and discuss issues at staff meetings. For example, at the last staff meeting staff discussed information about people's progress and issues relating to the Mental Capacity Act 2005. Staff were also asked how they would like to celebrate Christmas. Staff confirmed they had regular team meetings.

Comments included, "I can say what I feel and that this is responded to appropriately" and "Yes, suggestions are taken on board". Staff also took part in the daily 'huddle'. Staff got together at the end of a shift to reflect on the day and make any suggestions they thought would improve the service.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.