

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?	Requires Improvement ●
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

Sotwell Hill House is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 36 people with a range of conditions in one adapted building.

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

Medicines were managed safely. Risks were assessed and there was guidance to ensure risks were managed. There were effective systems in place to ensure good infection control. The manager used a dependency assessment tool to assess the staffing needs of the service. However, some people and staff did not always feel there were enough staff to meet peoples' needs.

There were systems in place to monitor the quality of the service. The registered manager continually looked for ways to improve the service. There were links with the local community and there were plans in place to improve those links. There were systems in place to engage people, relatives and staff. Staff told us they felt listened to, however they did not always feel action was taken to address issues.

People enjoyed the food and dietary needs were met. People were supported to access health and social care professionals when needed. Staff completed training to ensure they had the skills and knowledge to meet peoples' needs. We have made a recommendation about new staff induction.

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

Staff showed kindness and compassion. People were treated with dignity and were valued as individuals. People were involved in their care which ensured their choices and decisions were respected. Staff promoted people's independence by encouraging them to do what they could for themselves.

There was a range of activities for people to enjoy and it was clear these had a positive impact on people's well-being. Care plans were person-centred and valued people as individuals. Care plans included people's end of life wishes. There was an effective complaints policy in place and people were confident that any concerns would be addressed in a timely manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (Published 10 December 2016)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow Up:

We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sotwell Hill House

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

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sotwell Hill House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 eight people who used the service and two relatives about their experience of the care

provided. We spoke with one visiting health professional. We spoke with 10 members of staff including the provider, registered manager, deputy manager, senior care workers, care workers, the chef and the activity coordinator. 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. This included three people's care records and medicine records. We looked at one staff file in relation to staff supervision and training. A variety of records relating to the management of the service were reviewed.

After the inspection

The registered manager provided additional information relating to staff training and supervisions. They also sent positive feedback received about the service through quality assurance processes

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 Good. At this inspection this key question has deteriorated to Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment:

- Some of the people we spoke with told us there were not always enough staff to meet their needs.
- Some staff were concerned about staffing levels and told us people's needs had increased. One member of staff told us, "Clients have more complex needs. Number of doubles has increased and limits time with people. Don't have time to spend with people." Staff told us they had raised their concerns with the registered manager but did not feel any action had been taken. The registered manager told us they were unaware of concerns about staffing levels. We did not find any record to demonstrate concerns about staffing levels had been raised with the registered manager.
- Staff told us that there were not always the required number of staff available. The registered manager told us that staffing levels during the day were five care staff, which included a senior care worker who administered medicines. We looked at the staffing rotas for a four-week period and saw that on five occasions in the morning and 10 occasions in the afternoon there were only four staff on duty. Following the inspection the provider sent copies of allocation sheets that showed the registered manager had supported people with personal care on four of those occasions.
- We spoke with the registered manager who told us a dependency assessment tool was used to assess staffing levels. They also said when staffing levels were not sufficient the registered manager and deputy manager supported staff. Staff told us this did not always happen.
- The provider had effective recruitment processes in place which enabled them to make safer recruitment decisions. This included preemployment checks to ensure potential staff were of good character.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to identify and report concerns relating to harm or abuse. Staff were aware of the outside agencies they could contact if they felt concerns had not been dealt with effectively. One staff member told us, "I would go straight to [registered manager], I wouldn't hesitate. I know she would take action. I could go to safeguarding [local authority safeguarding team] or CQC (Care Quality Commission)".
- The provider had systems in place to ensure people were protected from harm and abuse. Where needed investigations were completed, and outside agencies notified appropriately.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments and where risks were identified there were plans in place to manage the risks. One person was at high risk of falls. The falls care plan identified the steps taken to mitigate the risks to the person. We saw staff supporting the person in line with their care plan.
- Risk assessments and care plans were regularly reviewed to ensure risks were being managed safely.

- There were effective systems in place to monitor the environment and equipment to ensure people were safe. This included monitoring of fire systems and regular servicing of equipment.

Using medicines safely

- Medicines were managed safely. The provider had an electronic medicines system in place. The system provided safe processes for monitoring and recording the management and administration of medicines.
- Staff responsible for the administration of medicines had completed training and their competences were assessed. This ensured they had the skills and knowledge to administer medicines safely.
- Systems for auditing medicines were effective. Medicines audits had identified that medicine administration records (MAR) for the administration of topical medicines were not always completed. Topical medicines are medicines applied to body surfaces, for example creams. The registered manager had appointed a lead role to support staff in improving their understanding of completing the topical MAR.

Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection. The service was clean and free from malodours.
- Staff used effective infection control procedures. We saw staff using personal protective equipment and good hand washing techniques.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. The provider had introduced a system to enable them to analyse accidents and incidents for trends and patterns.
- Issues relating to accidents and incidents were discussed at staff meeting. Staff meetings had action plans, which were followed up to ensure staff were completing actions.

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 Good. At this inspection this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they had regular supervision with an allocated member of the management team. Whilst some staff felt supervision was useful and supportive, some felt they were not listened to.
- Staff completed a range of training through completing workbooks. Staff who had completed training felt they had the skills and knowledge to meet people's needs.
- People told us staff knew them well and how to support their needs. One person told us, "I have trouble with my left arm, they are always careful with that. Everybody knows about this arm, it's my weak arm. They make sure they move it separately."
- New staff were not always supported in a way that ensured they had the skills and knowledge to meet people's needs when working alone. One member of staff had worked at the service for several months and had only completed training in moving and handling and health and safety. The member of staff told us they had shadowed more experienced staff for one shift before working alone.

We recommend the provider consider current best practice on providing new staff with an induction in line with the Care Certificate and take action to update their practice accordingly.

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

- People's needs were assessed prior to them moving into the service. The assessments were used to develop care plans that reflected people's needs and choices.
- Care plans considered standards, guidance and legislation. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.

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

- People enjoyed a range of food and if they did not like the choices available, alternatives were offered. One person told us, "I won't eat lamb, so they give me something different."
- People chose where they wished to eat their meals, and this was respected. One person preferred to sit alone, staff supported the person to do this.
- People's dietary needs were met. Where people were assessed as at risk of malnutrition they received fortified food. Records showed the weight for one person who was at risk of malnutrition was stable.

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

- People were supported to access health professional advice and support when needed. One person told

us, "I just tell them [staff] and they tell me to stay in bed for a little while. They come back and ask me how I am, and I know they would get the doctor if I wanted."

- One health professional told us people were referred appropriately and in a timely manner when their condition changed or there were concerns. They were confident that advice and guidance was followed.
- People's care plans showed they had access to a range of health and social care professionals. This included; care home support services, podiatrist, mental health team and G.P.

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

- The provider made adaptations to the service to ensure people's needs were met. One person had moved to the service and their toileting facilities had been rearranged to enable them easier access.

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.

- Staff understood how to support people in line with the MCA. One member of staff told us, "We must give all people as much choice as possible. Capacity can vary from day to day".
- Care plans contained mental capacity assessments that identified where people lacked capacity to make specific decisions. There were records showing best interest processes had been followed to ensure people's rights were protected.
- Where people were supported in ways that may restrict their liberty applications had been made to the supervisory body using the DoLS process.

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 Good: 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

- People were supported by staff who were kind and caring. One person told us, "They [staff] ask me how I feel and listen to me. They'll do anything for me."
- Staff knew people well and used their knowledge to ensure people were treated as individuals. One member of staff supported a person to talk about their experiences when they were younger. It was clear the member of staff knew about the person's past and took time to reminisce with them. The interaction had a positive impact on the person's well-being.
- Staff spoke respectfully when speaking with and about people. One member of staff said, "It's the care of the individuals that matters."

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

- People were involved in decisions about their care. One person told us their mobility had reduced. Staff had discussed with the person how they wanted to be supported and suggested changes that could be made to help the person.
- Throughout the inspection staff gave people choices about how they wished to be supported. For example, offering to support people to walk or offering a wheelchair if they preferred.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person said, "They are all polite and treat me with respect."
- Staff ensured people's privacy was respected. They knocked on doors before entering people's rooms and spoke discreetly with people when supporting them with personal care. One relative told us, "Everyone is friendly and discreet."
- People were encouraged to maintain and improve independence. One person told us how staff had rearranged their bedroom, so they were able to get in and out of bed independently. The person was pleased to be able to do this without support.
- People's records were stored securely to ensure personal information was protected. Where records were stored electronically, systems were password protected to enable only authorised staff to access them.

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 Good. At this inspection this key question has remained 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

- People benefited from personalised care that valued them as individuals. One relative told us, "Everything is just so enjoyable. I have never known [person] so settled and happy."
- Care plans detailed people's needs and how people wished their needs to be met. For example, one person did not always wish to sleep in their bed. The care plan guided staff to respect the person's decision.
- Where people's needs changed, care plans were reviewed and updated to ensure they were accurate and reflected people's needs.
- Care plans were personalised and written in a sensitive way that showed empathy for people's conditions. One person, who was living with dementia could become distressed. The care plan guided staff to 'value the person as an individual' and recognise the person's distress in a supportive and empathetic way.

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.

- Care plans detailed people's communication needs and how staff should communicate with people to ensure they understood the information being given. One person's care plan detailed how staff should make sure they were at eye level when speaking with the person. It also prompted staff to ensure the person was wearing their glasses and hearing aids. All written information was required and provided in large print.
- Staff communicated well with people, ensuring they understood what was being said and the choices they were being offered.

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 were supported to maintain relationships that were important to them. Visitors were made welcome. One relative told us, "I am made to feel very welcome." People told us visitors and relatives were invited to take part in activities and the many social events that took place at the service.
- People enjoyed a wide range of activities that were coordinated by the activity staff. This included visits from local school children, trips out, flower arranging, baking and exercise classes. One person told us, "I loved it when they brought a lamb in, I could feel it." This clearly had a positive impact on this person's wellbeing.
- The service had accessed resources from 'Ladder to the Moon'. 'Ladder to the Moon' promotes an inclusive culture that involves people, staff and the wider community in developing care that is person-centred. The

service had won three outstanding activities awards from Ladder to the Moon which included an award for a pantomime the service had performed in December 2018 which had involved people and staff. Photographs displayed in the service showed people enjoying the event.

- People were involved in activities in the community. People had made various art and craft items that had been displayed at a local craft event. One person was delighted as they had won a prize for their entry.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Where complaints were raised these were investigated and responded to in line with the policy.
- People and relatives were confident to raise any concerns with the registered manager. No one we spoke with had ever needed to raise concerns.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- Care plans identified people's end of life wishes and where they wanted to be supported. Where people did not wish to be admitted to hospital this was clearly documented.
- There were many thank you cards and letters from relatives of people who had been supported at the end of their life. The cards and letters reflected a compassionate approach to end of life care.

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 Good. At this inspection this key question remained 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

- The registered manager had effective systems in place to manage and improve the service. There were regular audits that included; care plans, call bell answer times, medicines, infection control and health and safety. Where issues were identified action plans were completed and issues addressed. The medicines audit had identified a new record book was required and this was in place.

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 relating to duty of candour. People and relatives told us the registered manager was approachable and took action if anything was identified. One relative told us, "Any problems, [registered manager] will roll her sleeves up and get on and do it. Nothing is too much trouble."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a person-centred culture that ensured people were treated as individuals. One relative told us, "It's [the service] absolutely first class. [Registered manager] is fantastic, totally reliable, totally involved in the place. It's her ethos that makes it, she instils it in the staff".
- People were positive about the management of the service. One person told us, "[Registered manager] comes in almost every day, I see her very often and can always talk to her."
- Staff had a person-centred approach to their role. One member of staff told us, "It's a lovely place. It's the resident's home and has a really homely environment. Everyone is involved."

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

- The registered manager had developed a range of opportunities to enable people, relatives and visitors to give feedback about the service. This included an electronic feedback system in the entrance of the service. The feedback was reviewed monthly and actions taken as a result. Concerns had been raised about the accessibility to the grounds. The provider had installed a brick path around the garden and to the car park to improve accessibility for those in wheelchairs and with walking aids.
- There were regular staff meetings. Staff told us they felt comfortable to speak out at the meetings. However, staff did not feel they were always listened to. One member of staff told us, "I would feel

comfortable to have my say. We give feedback [about staffing] and we are listened to, but the numbers haven't increased."

- The service had developed strong links with the local community. This had included school children visiting. The service also held a variety of events through the year and people from the local community were invited, this created an inclusive, welcoming atmosphere.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager consistently looked for ways to improve the service. They attended events to improve their skills and knowledge and were members of the Oxfordshire Association of Care Providers (OACP).

- The provider had an improvement plan which included the development of an intergenerational group, this would include children and their parents and support the development of relationships with people in the service.

- The registered manager was also developing door signs that would be individualised and give visual prompts to people and staff in relation to people's interests and what was important to them.