

Country Court Care Homes 2 Limited

Somerset House Nursing Home

Inspection report

1 Church Lane
Wheldrake
York
North Yorkshire
YO19 6AW

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15 January 2020

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11 February 2020

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:

Somerset House Nursing Home is a care home providing personal and nursing care to 35 people at the time of the inspection. The service can support up to 44 older people, people with a physical disability or people living with dementia.

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

People received safe, person-centred care. The provider had continued to make and sustain improvements at the home. These improvements included the management of risks to people, medicines practices, care records and the effectiveness of quality assurance systems. People benefitted from a more consistent staff team, who were knowledgeable about their needs and individual risks. Staff received training and supervision.

The provider had a safeguarding policy and staff were aware of how to identify and report any signs of abuse. People received their medicines in line with their prescription. Further work was required to ensure the administration of people's creams and topical medications was consistently recorded. The registered manager agreed to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were offered choice and their decisions were respected. People were supported to access the GP and any specialist services they needed. The provider acted promptly to clarify aspects of health care needs in a small number of care plans. People's nutrition and hydration needs were well monitored.

Staff were caring and treated people with respect. People's privacy and dignity was upheld. Staff adapted their support according to people needs, in order to promote people's independence.

Care plans were in place and regularly reviewed. This provided staff with relevant information about how to support people in line with their needs and preferences. People were offered opportunities to take part in activities at the home and trips out.

There was a positive, person-centred culture and the management team demonstrated a commitment to continually improving the service. Meetings were held with people, relatives and staff to exchange information and gather feedback. Staff spoke highly of the registered manager.

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 March 2019) and there was one breach of regulation. 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 scheduled inspection based on the service's 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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Somerset House Nursing 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. This inspection was planned to check 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 conducted by two inspectors, one specialist advisor who was a nurse 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

Somerset House Nursing Home 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 looked at information we held about the service, including notifications of incidents that had occurred at the service and the provider's action plan. We contacted relevant agencies for feedback and reviewed the provider information return. This is information we require providers to send us to give some key

information about the service, what the service does well and improvements they plan to make. We used all of this information to plan the inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the provider's nominated individual, two nurses, two care workers, an activities worker, one front of house staff member and a chef. We looked at records related to people's care and the management of the service. We viewed four people's care records, medication records, three staff recruitment and induction files, training and supervision information and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection and sought clarification from the provider to validate evidence found.

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 improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had made improvements with regard to assessing and mitigating risks to people's safety and wellbeing.
- Staff were attentive, and people told us they felt safe living at Somerset House. One person commented this was "Because it is a nice happy environment."
- Staff completed risk assessments relating to people's individual needs and reviewed them regularly.
- Environment, equipment and fire safety checks were routinely conducted.
- Staff completed accident and incident records. These were reviewed by the registered manager to identify any further action required to prevent a reoccurrence.
- The provider had participated in an initiative with the local clinical commissioning group aimed at reducing falls. Staff spoke positively about the impact of this work.

Staffing and recruitment

- The provider had continued to improve staffing arrangements since our last inspection.
- More staff had been recruited and the provider had not required any agency staff for approximately four months. This had improved the consistency of care provided.
- Most people, relatives and staff told us there were enough staff available to care for people safely. One person told us, "There is always someone here." A relative commented, "I always feel there are enough staff."
- There were sufficient staff throughout our visit. The staffing levels we observed were consistent with the amount of staff routinely on the rota.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable.

Using medicines safely

- The provider had made further improvements to the management of medicines, the consistency of information in care plans and the management of people's pain. People received their medicines as prescribed.
- Further work was required to ensure the administration of people's creams and topical medications was properly recorded. The registered manager agreed to address this.
- Staff who supported people with their medicines were trained and had their competency checked.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and details of the local authority's policies and procedures.

- Staff were aware of indicators of potential abuse and knew how to report any concerns.

Preventing and controlling infection

- The home was clean. Domestic staff were employed and had a cleaning schedule to follow.
- Staff used personal protective equipment when required, such as disposable gloves and aprons.

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 improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required.
- Staff offered choice and involved people in decisions about their care.

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

- Improvements had been made to record keeping in relation to food and hydration and people received appropriate support to maintain a healthy, balanced diet.
- Information about people's nutritional needs was available in their care plan.
- The chef had introduced a number of initiatives to enhance people's mealtime experience. There was also a 'front of house' staff member who had a specific focus on monitoring food and fluid intake.
- Two people commented that portion sizes were too large at times, but most people were very satisfied with the meals provided. They described the food as, "Very good" and "Lovely."

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, training and regular supervision.
- The provider was working to ensure any gaps in staff training were completed. Three training courses were booked in the month of our inspection.
- Staff were knowledgeable and carried out their roles effectively. One told us, "I feel well trained. It's nice we do two different types of training; on-line and face to face."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent,

effective, timely care with and across organisations

- Staff supported people to access a range of relevant health professionals and services when needed. A GP visited the home on a weekly basis.
- Information about people's health needs was recorded in their care plan.
- The registered manager took prompt action to address an issue we identified in relation to one person's catheter care. We also discussed reviewing the provider's oral healthcare assessment to ensure it identified all people for whom a more detailed oral health care plan may be needed.

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

- The accommodation was suitable for people's needs.
- People had access to the equipment they needed and the upstairs could be accessed by a lift.
- There was some consideration of the needs of people with dementia and memory loss, including the availability of tactile items and memorabilia around the home, for people to look at and use.

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

- Systems were in place to assess people's needs and preferences, so that staff knew how to support them effectively.
- The management team kept up to date with best practice and legislation and had made improvements to how best practice was implemented within the home.

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 Requires Improvement. At this inspection this key question has improved to 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; equality and diversity

- Staff were caring and treated people with respect.
- Since our last inspection there had been improvements in staff knowledge about people, due to better staff consistency and the reduction in agency use. Staff were also more attentive to people's pain management.
- People's comments about staff included, "They are very good to you," "They just care about you" and, "They are very nice. They talk to you." A relative told us, "I think they (staff) are all very caring."
- The provider had an equality and diversity policy. Religious services were held at the home for those who wished to attend.

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

- Staff offered people choices and involved them in decisions.
- Meetings were held to involve people and relatives in decisions about the service. This included seeking people's views about food, activities and the timeliness of staff responses. There were also individual care review meetings.
- People could access independent advocacy if they required support with decision making and expressing their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff spoke about, and to, people with compassion and respect.
- People told us that staff maintained their dignity when supporting them with personal care. One person commented, "I feel comfortable with how they treat me." Others confirmed staff gave them privacy and knocked on their bedroom door before entering.
- People appeared comfortable and well presented.
- People's independence was promoted, as staff adapted their support according to people needs. Most people confirmed that staff encouraged them to do as much for themselves as possible.

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 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

- Work to improve the quality of care plans and the person-centred detail in them had continued and been sustained. Care plans were regularly reviewed. This helped staff provide support in line with people's individual needs and preferences.
- The registered manager made minor amendments and clarifications to some aspects of people's care plans in response to our inspection feedback.
- Staff completed records of the care they provided. These records showed people received the support outlined in their care plan.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan.
- Staff adapted their approach and style of communication to meet people's individual needs.

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 take part in leisure and social activities. The provider employed two activities coordinators and staff had access to a minibus to enable people to go on trips out.
- People told us, "We go on outings once a fortnight," "There are lots of games you can play. But I just like to walk in the garden and play my music" and, "We play skittles. We all like bingo."
- People were supported to maintain relationships with friends and family and visitors told us they felt able to visit at any time.

End of life care and support

- The provider had systems in place to ensure people received compassionate end of life care.
- Care plans contained some information about people's advanced wishes and staff received training in end of life care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Complaints were investigated and responded to in line with this policy.
- The number of formal complaints received by the service had significantly reduced since our last inspection.
- People and relatives confirmed they knew how to raise any concerns and would feel comfortable doing this. One relative had some concerns which they were in on-going discussion with the registered manager about.

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 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 quality assurance systems were not fully effective in identifying all areas of the service which needed improvement. Records were not always clear or archived in a way to ensure people's current circumstances were easily accessible and known. This was a breach of Regulation 17 (Good Governance) 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 17.

- The registered manager had continued to make improvements to the quality and safety of the service and these improvements had been sustained.
- The quality assurance system was more effective in identifying areas for improvement and action had been taken in response to audit findings. We discussed aspects of the quality checks which could continue to be developed, such as checks of cream administration records.
- The registered manager was experienced and knowledgeable about regulatory requirements. They had provided information about relevant incidents to CQC as required by law.
- Care staff were made aware of their responsibilities through attending staff meetings and training.
- Care records were better maintained, and the provider advised us of their plans to introduce electronic care records. This was part of their work to continuously improve the service.

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

- There was a positive, person-centred culture. Staff spoke highly about the registered manager. One told us, "[Name] is such a good manager" and described them as calm and supportive.
- Staff were motivated and felt they worked well as a team.
- There was a staff recognition scheme, to reward positive work and achievements.

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

- Regular meetings were held for people who used the service and relatives. This enabled the registered manager to share information and identify opportunities to improve the service. A cheese and wine evening

had been held to engage relatives.

- Staff had opportunity to provide feedback in staff meetings and supervisions.

Working in partnership with others

- The provider worked well with other organisations and supported people to access community facilities and healthcare services.
- The registered manager attended local forums for health and social care professionals.
- The provider had worked with the local authority since our previous inspections to improve standards at the home.

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 was aware of the requirements in relation to duty of candour.