

JM Beyer

Somerville House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Somerville House is a residential care home providing personal care to up to 18 people. The service provides support to people with dementia, mental health conditions and older people. At the time of our inspection there were 17 people using the service.

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

People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. Risk assessments were person centred and provided enough information to guide staff in their practice.

The provider had made improvements since our last inspection to fixtures, fittings and the cleanliness of the service. Effective systems were in place for maintaining good standards of cleanliness in the service. People told us the home was lovely, it was clean, tidy and they could put pictures on walls.

People received their medicines as prescribed. Medicines were stored correctly and disposed of safely. Staff understood their responsibility to raise concerns and report accidents and incidents.

Recruitment systems were robust, and people were actively involved in the recruitment of staff and choosing the staff who will work with them.

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.

The service was well led with a positive culture that was person-centred and provided high quality compassionate care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 June 2019) and there were breaches 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

We carried out an unannounced inspection of this service on 21 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do

and by when to improve safe care and treatment and well-led.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Somerville House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Somerville 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector. An Expert by Experience also made phone calls to relatives the following day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Somerville House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Somerville House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information

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

During the inspection

We spoke with 7 people who use the service and 2 relatives about their experience of care provided. We spoke with the nominated individual, the registered manager, the care manager and 2 members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included 2 people's care records and a range of medicines records. We looked at 2 staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service. We also received information from a health care professional who visited the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) 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 12.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed appropriately. Risks associated with people's care had been identified and plans were in place to minimise risk occurring. Staff told us they had access to risk assessments, and they provided the right information to support people safely.
- Health and safety checks had been completed to help ensure the safety of the home environment.
- Personal Evacuation Plans (PEEPS) were in place, they were informative and gave staff guidance in evacuating people from the service.

At our last inspection the provider had failed to provide a clean and safe environment. This was a breach of regulation 12(1) 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 12.

Preventing and controlling infection

- Preventing the spread of infection was managed well. Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- The provider had made changes in line with their refurbishment plan, replacement flooring could now be effectively cleaned. People had been involved in choosing the furniture for the home. One person said, "I would recommend this home to anyone, my room is clean and tidy with my own things and a wardrobe, the cleaners are working all the time."
- Cleaning schedules were in place for communal areas and bedrooms. A relative said, "I am really impressed with the service, it is really homely, and they are so good to [Person's name]."

Visiting in care homes

People were supported to have visits from family and friends. During the inspection we observed visits taking place with family and friends.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse.
- People and their relatives felt the service was safe. Their feedback included, "I always feel safe, it is not care in the community, it is care in our home" and, "I am really impressed, it is very homely and very safe."
- Staff received safeguarding training and were clear about their responsibilities in responding to and reporting any safeguarding concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment; Learning lessons when things go wrong

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging with people in a meaningful and positive way. People told us there was enough staff to care for them. One person said, "There is always enough staff to talk to if you need them, they make you feel better and more like your normal self."
- The provider had a system in place to recruit staff safely. This included full employment checks before staff started working in the service.
- The registered manager had a process in place to review accidents and incidents and lessons were learnt to drive improvements in the service, and shared in team meetings

Using medicines safely

- People received their medication as required.
- People who received 'as and when' medication had guidance in place and staff had written why it was required and how much was administered. This ensured people only received their medication when needed.
- Staff were trained and supported in their role to administer medicines. Staff told us they receive annual refresher training.

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

At our last inspection the provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This was a breach of regulation 17(1) 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst the inspection identified some areas where further improvements could be made to develop more robust systems, overall, the service was well managed and led. The registered manager was very responsive to feedback and to improving systems that were in place.
- People gave positive feedback about the registered manager and told us the service was well led. Comments included, "The manager is great, he always listens to you" and "Any problems you can go to him and he always asks how you are feeling."
- The registered manager and staff had a clear understanding of their roles and how this contributed to the good level of care people received. Staff told us they felt supported by the managers and all worked together as a team.
- The registered manager understood their regulatory requirements and reported information appropriately.

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

- The provider had an open and honest culture. Staff described moral as good and told us they felt respected, valued and supported by the provider.
- People and their relatives spoke positively about the registered manager and the staff. A relative said, "It is the staff that make the home, they are so lovely and warm, it is like a family." People told us it was a happy place to live.
- Supervisions and team meetings were used to discuss issues or concerns and to drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and those important to them and used the feedback to

develop the service.

- The registered manager was involved in provider engagement groups organised by the local authority which aimed to help improve care services in the local area.
- The service was transparent and open. It worked with a multi-disciplinary team to provide joined up care to people.
- We saw evidence the management team were working in partnership with community professionals and organisations to meet people's needs. A professional said, "They [staff] are very responsive and will have things in place before you ask them, they are very good at following instructions, you never have to repeat yourself."

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 provider demonstrated an open and transparent approach and understood their responsibilities around the duty of candour.