

Mr M E & Mr P R Butterfield

Sotwell Hill House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sotwell Hill House is a residential care home providing accommodation and personal care to up to 36 older people. At the time of our inspection there were 26 people using the service.

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

Systems and processes to maintain effective oversight required improvement. Audits had not previously identified concerns found on inspection. Therefore, improvements had not been made.

Risks to people had not always been assessed or appropriate mitigating strategies implemented. Injuries to people were not always investigated as required and records of injuries did not always have the necessary information documented.

The provider had made improvements and the previous recommendation made by CQC regarding legionella risks had been mitigated.

People were supported by staff who were described as kind and caring. Staff had been safely recruited.

People received their medicines as prescribed. Staff received training and staff recorded when medicines were administered.

Information was shared with people, relatives and staff. Relatives were kept up to date with changes or incidents that occurred with their loved one. Feedback was sought from people, relatives and staff annually.

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.

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 30 March 2022) and there was a 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 the provider remained in breach of regulations.

At our last inspection we recommended that the provider consider current guidance on managing legionella and take action to update their practice accordingly. At this inspection we found they had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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

Enforcement and Recommendations

We have identified breaches in relation to effective management oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Sotwell Hill 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. Sotwell Hill 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 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 (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 8 people who used the service and contacted 4 relatives about their experience of the care provided. We contacted 11 members of staff including the registered manager, deputy manager, proprietor and care staff. We observed the interaction between people and staff.

We reviewed a range of records. This included 6 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- When injuries to people occurred, these were recorded but the documentation we reviewed did not include the size, shape, colour or position on the body recorded. Follow up information regarding healing also had not been recorded. This put people at potential risk of abuse, as the registered manager did not always have the information to ensure injuries were healing appropriately and the information required to investigate any unexplained injuries. A new body map was implemented immediately after the inspection.
- Not all risks had been assessed and mitigating strategies recorded. For example, the registered manager had not assessed the risks when a person was unable to use their call bell. When risk assessments had been completed there were not always details on how staff should respond to mitigate a risk. Risk assessments and strategies were implemented immediately after the inspection.
- Staff did not always have the correct information to ensure they supported people safely. We found conflicting information recorded in care plans and risk assessments for 1 person regarding how much thickener was required to be added to their fluids to reduce the risks of choking. Another person had conflicting information recorded regarding how often they should be checked by staff to maintain their safety.
- People were put at increased risks of skin pressure damage. For example, 1 person who required 2 hourly support with repositioning did not consistently have this need met. We found records of support with repositioning that evidenced gaps of 6 hours. Another person had no mitigating strategies recorded to reduce their risk of skin pressure damage.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate risks were identified and mitigated. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us, and training data evidenced staff received training in safeguarding. Staff understood the signs of abuse and how to report any concerns. People told us they felt safe. One person said, "I always felt safe, staff explained me about [equipment used]." Another person said, "I feel safe even when I am outside staff can see me from inside."
- Equipment was in place and the environment was appropriately assessed to mitigate risks to people. For example, window restrictors and sensor mats were in place and regularly checked, and hot water and fire checks were in place.
- Incidents and accidents were analysed to identify trends and patterns for falls. However, this information

was not always recorded. The registered manager implemented new systems to record this information and communicate and trends or patterns found to staff so they understood what strategies could be implemented.

Preventing and controlling infection

At our last inspection we made a recommendation that the provider considered current guidance on managing legionella and took action to update their practice accordingly. At this inspection the provider had completed legionella training and had a risk assessment completed by an external company to identify and mitigate any risks.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines were managed safely. This included the storage, administration, recording and disposal of medicines. However, not all 'as required' (PRN) medicines had detailed protocols in place to ensure, they were being used in line with the prescribed reason. The registered manager implemented PRN protocols immediately after the inspection.
- Staff received training in the administration of medicines. People told us they received their medicines as prescribed and at the correct time. One person said, "I receive medications [reason stated] 3 times a day."

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

- We found sufficient staff were deployed to maintain people's safety and meet individual needs. However, we received mixed views on how quickly staff responded to people. One person said, "(After a fall) we had to

wait, due to lack of staff because [person] need two people for the hoist to be used." Another person said, "Carers are ok, nice but sometimes when I call it takes half an hour for somebody to come." Other people told us staff responded quickly when called. Call bell logs evidenced bells were responded to on average within 5 minutes.

- People were supported by staff who had been safely recruited. Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for the people living at the service.

Visiting in care homes

- The home was open for visitors with no restrictions in accordance with the current guidance.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the last inspection we found systems were not robust enough to demonstrate risks in relation to falls were identified and mitigated and the provider's quality assurance systems were not always effective and not used to drive improvement. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At the last inspection we found the provider's quality assurance systems had not identified the issues found with conflicting information within care files. At this inspection we continued to find the audits completed on care files had not identified missing or conflicting information within people's care plans, risk assessments and mitigating strategies. For example, audits had not identified conflicting information regarding choking risks, gaps in repositioning records and missing risk assessments.
- Systems and processes were not in place to ensure injuries were reviewed by the registered manager and any investigations or follow up action was completed.
- Systems and processes to ensure safe medicine management required improvement. The audits completed on medicines had not identified the missing PRN protocols.
- Systems and processes to review and monitor infection, prevention and control, had not identified when cleaning schedules were not fully completed. However, we found no concerns with the cleanliness of the home.

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems and processes to make improvements had identified some concerns and mitigating factors were implemented. For example, the night check audit identified staff were not always fully recording each person nights checks. Changes were implemented and improvements in the recording were seen. A regular dining experience audit was completed, to identify any issues and implement changes immediately.

- The management team were engaged and open to the inspection process and remained open and transparent throughout. Concerns found on inspection were responded to promptly.

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

- Information was shared with staff through meetings, supervisions and handovers. Staff told us they felt confident to raise any suggestions or feedback to their line manager. One staff member said, "The meetings are used as information sharing and us [staff] giving suggestions."
- Relatives and people were kept up to date with any changes. The registered manager offered resident and relative meetings regularly and a monthly newsletter was shared.
- Systems were in place to take account of people's opinions of the service they received by regular meetings and an annual survey. Responses received were all positive and the provider completed an action plan to act upon any suggestions made.
- Relatives confirmed they were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.

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

- During the inspection we observed staff responding to people in a kind, considerate manner. The service had a nice, relaxed atmosphere. Staff were attentive to people and relatives spoke highly of the staff working at the home. One person said, "I would have no problem to recommend it (Sotwell Hill House) and I already did." A relative told us, "They (staff) all work so hard and are helpful, they really try their best with my relative. We are as a family very grateful to all their efforts; we sleep better knowing [person] is safe here with people who know how to help."
- People and relatives all knew who the registered manager was and told us they felt confident in raising any concerns with them. One person said, "I know who the manager is. [Registered manager] is very practical and down to earth person, they were a nurse so are very knowledgeable in how to run place like this and is the best person to talk if any issues or things needs sorting".
- Staff told us they felt supported, and they all worked well together to provide good care to people.

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 and registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.

The enforcement action we took:

Warning Notice.