

Cedar Care Homes Limited

Somerhill Care Home

Inspection report

Little Somerford
Chippenham
SN15 5BH

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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

Somerhill Care Home is a residential care home providing accommodation for people who require personal and nursing care, and treatment of disease, disorder or injury, to up to 40 people. The service is registered to support people with dementia, older people, younger adults and people with physical disabilities. At the time of our inspection there were 34 people using the service.

People's experience of the service and what we found:

Some people raised concerns about the staffing levels within the service. For example, we were told people could not always be supported with personal care when they wanted.

We saw one occasion where a concern was raised from people and relatives, and we found sufficient action was not taken to ensure people's care needs could be met with regards to their dignity and respect.

We found some concerns relating to the management of people's medicines. For example, care plans did not always contain clear guidance for staff to support people safely, and people did not always have protocols in place for "when required" medicines (PRN).

People described staff as kind and caring. One person told us: "We have a laugh and they treat me lovely." We observed staff supporting people to make decisions and respecting people's choices.

There was an open and transparent culture within the service. People had the opportunity to give feedback about their care, and we were told things changed as a result. Relatives were invited to regular meetings where feedback was shared, and actions taken.

We recommend the provider includes feedback from people to ensure staffing levels meet the needs of the people living at the service. We recommend the provider reviews their processes around medication to ensure they are in line with best practice.

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 the service under the previous provider was Good, published on 5 August 2021. This provider took over the service in July 2022.

At our last inspection we recommended the provider review their quality assurance processes to ensure regulatory requirements, such as submitting notifications to CQC, are met. At this inspection we found these had improved and CQC notifications were sent where appropriate.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and people's needs being met. A decision was made for us to inspect and examine those risks.

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. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Somerhill Care Home 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Somerhill Care 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. 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 team consisted of three inspectors.

Service and service type

Somerhill Care Home 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. Somerhill Care Home is a care home with 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

The inspection was unannounced.

What we did before the 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 reviewed information we received about the service. We used all this

information to plan our inspection.

During the inspection

We spoke with 7 people living at the service, 4 relatives, 4 staff, the registered manager, and the area manager. We used observations of care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 4 people's care records and 4 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service 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 Good. At this inspection the rating has changed 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.

Using medicines safely

- We found records relating to people's medication administration did not always contain enough detail or guidance for staff. For example, one person who was prescribed oxygen did not have clear guidance in their care plan to support staff to manage this safely, for example in relation to recommended saturation levels or flow rates. We raised this with the management team who have since informed us that further information and guidance on how to manage this person's oxygen was available in a hospital discharge letter, however this information had not been transferred to care plans or medication records. Therefore, this was not easily accessible to all staff.
- Risk assessments were not in place for people using paraffin-based creams. Paraffin based creams require careful management as they can cause a fire risk to individuals who use them regularly. There is advice around this, including keeping cream off furniture, informing carers and relatives about these risks, and not being near naked flames. We raised this with the manager who advised us that risk management of paraffin-based creams was being complied with in line with guidance at the time of inspection. However, there was no specific documentation relating to risk management of using paraffin-based creams available. The registered manager made these risk assessments immediately available for staff during our site visit.
- People did not always have medicine when required (PRN) protocols in place. This meant there was not consistent guidance for staff to know when, why, and how, to administer PRN medicines to people safely.
- Medication Administration Records (MAR) charts included details to ensure people received their medicines safely. However, we found some MARs were handwritten by staff which were not double signed. It is recognised best practice that medicines that have been handwritten should be double signed to reduce the risk of errors in transcribing.
- The provider had completed medication audits which had identified some of the concerns found at this inspection, such as handwritten MAR charts and missing PRN protocols. We saw some action had been taken in response to these, such as a group supervision of nurses and an increase in the frequency of medication audits. However, these concerns had not been rectified by the time of inspection, which was one month after the audit.
- MAR records contained pictures of people to enable people to be easily identifiable and to reduce the risk of error.
- People received their medicines as prescribed.

We recommend the provider reviews their processes around medication to ensure they are in line with the National Institute for Health and Care Excellence (NICE) guidelines.

Staffing and recruitment

- We received mixed feedback from people and relatives about staffing levels. One person told us: "It drives me mad not to get up until after eleven, I want to be got up by eleven." Another person told us: "I don't like to wait when I am wet." Other people we spoke with felt there were enough staff. One person told us: "I have never gone without, I can usually get [staff] when I need them. In the main, the staff have been very good."
- Some staff felt staffing levels did not always meet people's needs. One staff told us: "At the minute, you are rushing to get people done because the call bells are against us. You used to be able to do it at their pace, you had time to do the little things they wanted done, but now I feel we don't have the time to do these things." Another staff told us: "[Staff] seem to be chasing their tails all the time...there always seems to be so much to do." Another staff we spoke with was new to the service but felt there were "enough staff."
- We saw two complaints raised by 4 people, regarding low staffing levels and high levels of agency staff.
- We saw some action had been taken in response to concerns from staff about staffing levels in May 2023, however this did not appear to have sufficiently resolved the concerns raised.
- We raised the feedback we received about staffing with the registered manager and area manager. They told us: "We use a dependency tool and seven staff is actually more than the dependency tool identified." We were not assured the provider had taken a person-centred approach in relation to staffing levels within the service.

We recommend the provider reviews their staffing levels to include feedback from people, to ensure staffing levels are meeting the needs of the people living at the service in a way that promotes their dignity and respect.

- Staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People and their relatives told us they felt safe. One relative told us: "There is a very good manager and team running the place who seem to have [person's] best interest at heart".
- We saw safeguarding incidents were responded to appropriately, and actions were taken to mitigate further risks. For example, there was an incident where a person was not given their prescribed medicines. As a result, the manager implemented a new medication audit to reduce the risk of future error.
- Staff had completed training in safeguarding vulnerable adults and knew the process to follow if they had concerns.
- There was an open and transparent culture within the service.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Some people's risk assessments lacked detail. For example, one person's risk assessment referred to the person requiring 'aids' to bath, but there was no clear guidance on which aids they required or how they should be used. The manager explained this was due to the change of the provider's online care planning system and that these would be updated to include the required detail.
- We found nationally recognised assessment tools were used to evaluate people's risk such as the Malnutrition Universal Screening Tool (MUST) and these were effective.
- People had oral care risk assessments and care plans, and there was guidance in place for staff to support people to maintain good oral health.
- Health and safety checks were consistent and equipment was serviced regularly.
- There was a detailed fire evacuation plan in place and regular checks on fire safety equipment.

Preventing and controlling infection

- The service was clean. We saw infection control audits took place on a regular basis and issues were addressed.
- We saw there were regular cleaning schedules that took place within the service.
- Staff had completed training in infection prevention and control.
- The service had a legionella risk assessment which was in date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- We saw actions were taken as a result of accidents and incidents, which reduced the risk of future occurrence.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- We observed staff working in line with the MCA, for example by taking all practical steps to enable people to make their own decisions. For example, we saw a staff positioning themselves at eye level to ensure their communication was effective, before asking where they would like to sit and what they would like.
- We observed staff asking for consent before supporting people. For example, we observed staff asking if they would like their food cut up.
- People told us their decisions were respected. One person told us: "I like my door shut and I like people to knock. They do."

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 remained the same. 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.

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

- We saw there were concerns raised about a washing machine being out of service for "at least a month." We were told of the impact this was having on people. For example, one member of staff told us people could not always have a shower when they liked due to not having towels available.
- We have since been told that the service has now bought a new washing machine, and the issue has now been resolved. However, we were not assured the action taken was sufficient in ensuring people's needs could be met in a timely way that promoted their dignity and respect.
- We saw people and staff had raised concerns about the staffing levels within the service. The management explained a staffing dependency tool was used to calculate staffing levels, and that this proved there were enough staff. However, we were not assured the provider had effectively taken account of people's feedback in relation to staffing levels.
- The provider had recently implemented a well-being audit within the service. This focussed on improving the wellbeing of people and staff. We saw actions were taken as a result of these audits.
- People and relatives were able to share feedback in resident and relatives' meetings.

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

- There was an open culture within the service.
- Care plans contained information about peoples likes, dislikes, routines, and history.
- Staff appeared to know people well. For example, we observed a staff member explaining to an agency staff that a person needed to always have her handbag with her. We saw the staff member went to collect this and placed it with the person, which meant the person was more relaxed.
- People were offered choices such as a choice of where to sit and a choice of drink. People were supported to make their own decisions and we saw people's choices were respected.
- People spoke positively of the staff. One person told us: "The staff couldn't be nicer. I like all of them, they are all kind and caring," and, "We have a laugh, and they treat me lovely, my family are happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- Relatives spoke positively about the management team. One relative told us: "They are extremely friendly on a compassionate level," and; "Any complaint [person] has raised has been responded appropriately."
- Staff spoke positively of management. One staff told us: "Management seem good so far, they seem able to deal with any issues and I feel I could speak with [manager] with any other worries".
- The provider submitted notifications where appropriate to the Care Quality Commission.
- There was a clear staffing structure and staff told us they were clear about their roles.
- We found audits were taken regularly and actions taken as a result, however, we found action was not always effective.
- The provider was open and transparent with inspectors during the site visit.
- We saw the provider had responded to complaints in an appropriate manner, such as by taking action and apologising to the person raising the complaint.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- We saw staff supervision was used in an effective way. For example, staff were asked about what they thought was working well and areas for improvement.
- We saw people had guidance in place from other healthcare professionals, such as Speech and Language Therapy guidance around people's assessed food consistency.
- People were supported to link with their local community resources that reflected their needs and preferences, such as the chiroprapist.
- The provider explained they had identified the service was in need of improvement in April of this year, and had active plans in place to improve the service. The provider told us the service is receiving dedicated support to improve.