

Somerforde Limited

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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

Somerforde Limited is a residential care home that provides personal care for up to 30 people aged 65 and over. There were 28 people living there at the time of the inspection. The service is in a large house, set in its own grounds, over three floors.

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

People felt safe in the company of staff. One person told us, "It's amazing here." We observed positive interactions between people and staff, and it was evident close relationships had been formed.

Safeguarding systems and processes were in place to protect people and staff knew how to identify and report concerns. The service was adhering to current UK Government guidance relating to the management of Covid-19.

The service environment was maintained. There was a comprehensive governance system in place to monitor both the quality of service people received and to ensure the service was safe. There was sufficient staff on duty to meet people's needs and staff said this enabled them to provide high quality of care. New staff were recruited safely. Risks to people were identified and mitigated, medicines were managed safely, and the service was clean and followed good infection control practices.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority through an application process with the local authority.

People, their relatives and staff gave very positive feedback about the registered manager and the impact they had on the service. We also received positive comments on the quality of care people received. There were systems to obtain feedback from people, their relatives and staff. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment to ensure people received optimal care. Good relationships had been built with external healthcare professionals and the local community.

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 1 April 2020).

At our inspection in May 2019, we recommended that the provider reviewed their medicines management processes and adopted best practice guidance. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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.

Somerforde Limited

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.

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

This inspection was carried out by one Inspector.

Service and service type

Somerforde Limited 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. Somerforde Limited 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 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 also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with eight members of staff which included the registered manager, clinical and compliance managers, healthcare staff and the chef. We spoke with five people who lived at the service and observed some interaction between people and staff.

We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety, complaints records, accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance. Following our site visit we spoke with two people's relatives we also received further clarification and documentation from the service 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 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.

Using medicines safely

At our inspection in May 2019 we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- There were safe and effective systems for the ordering, storage, administration and returns of medicines.
- The provider had an electronic medication management system and staff had received training in its use. Medication competency checks for staff were completed regularly.
- Some medicines required additional security and recording measures. We found these medicines were stored correctly, accurate records were maintained, and balances were correct.
- Medicine that required cold storage was stored appropriately and records were maintained of the storage facility to ensure they were stored in line with the manufacturers guidance.
- There were effective daily, weekly and monthly governance systems in operation to monitor the management of medicines.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff. Our observations showed people were at ease and very comfortable in the company of staff. A relative told us, "My Mum is always telling me how happy she is."
- There were appropriate safeguarding policies in place and information was displayed within the service about reporting processes for safeguarding concerns.
- Staff told us that any safeguarding concerns reported internally would be treated seriously and action would be taken.
- Staff had received training on how to safeguard people and were able to identify different types of abuse and explain both internal and external reporting processes.
- There were appropriate governance systems that monitored safeguarding reports and escalations by the service to the local safeguarding team.

Assessing risk, safety monitoring and management

- An assessment relating to people's risks was completed and were subject to regular review to ensure they reflected people's current needs.
- Care records identified daily living risks in relation to matters such as falls, nutrition and continence. Risk management and reduction measures and recorded within the records.
- People's current risks were immediately identified on the provider's electronic care planning system to ensure staff are aware.

- There were governance systems that ensured the environment and equipment was effectively maintained. This included checks in relation to legionella management, fire systems and equipment and mobility equipment.
- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed.

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)

- At the time of our inspection, there were no people living in the service that had a current authorised DoLS. Where applicable, applications had been made to the relevant local authority.
- Where required, mental capacity assessments were completed, and best interest decision processes were followed.
- The service identified if people had an appointed Lasting Power of Attorney (LPA) in place. Where identified, a copy of the relevant record was held on file and the relevant people were consulted when needed.

Staffing and recruitment

- The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service.
- Staffing rotas were completed with the aid of an electronic planning and forecasting system. The registered manager and staff spoke highly of the system as it gave them a greater oversight of staffing levels and availability.
- People and staff told us there were sufficient staff to provide a high level of care and our observations supported this. One staff member told us the staffing levels were, "Second to none, nobody goes without."
- Rotas were planned in advance, and staff were able to use a smartphone application to identify and commit to work any shifts that needed covering. An alert would be sent to the management team to confirm this.
- The service did not use agency staff. Records showed that short notice or unplanned sickness was always covered by existing staff or management.
- Staff had been recruited safely. Relevant pre-employment checks had been carried out. This included criminal record checks to make safer recruitment decisions and obtaining references from previous employers.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- A number of people in the service had a nominated 'essential caregiver' who was able to visit when required.
- At the time of our inspection there were no restrictions on visiting. The registered manager told us they frequently communicated with relatives to ensure visits were safely facilitated.
- Risk assessments had been completed where relevant. This included when people received visitors when they were assessed as being at or close to the end of their lives.
- We observed people had visitors on the day of our inspection. A relative said, "Visiting is really encouraged."

Learning lessons when things go wrong

- There was a reporting system in place for accidents, incidents and 'near miss' events.
- Staff were able to explain the reporting process they followed to ensure relevant information was communicated following an incident.
- There were systems in place that ensured accidents, incidents or near misses were reviewed by the service management and remedial action was taken to reduce any identified or emerging risk.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence.
- There were systems in place to ensure that all staff in the service were informed when an accident or incident had occurred.

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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Through conversation with the registered manager and the feedback we received it was evident the management and staff put people at the centre of what their work.
- Positive comments were received about the leadership of the service from people and their relatives. One relative commented, "She is wonderful, if I need her she's straight there."
- Without exception, all staff were extremely positive about the registered manager. All commented positively on their leadership style. One staff said, "She's brilliant. Not your regular nine to five manager." Another said, "She's amazing to work for."
- Staff said there was a positive working environment, which we observed.

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

- When required, relatives or those acting on their behalf were informed as soon as possible of any adverse incident.
- People's relatives told us they felt well informed about all matters within the service. One commented, "They tell me everything."

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

- We spoke with staff about their different roles and responsibilities. All were dedicated to their roles and were aware of their individual accountabilities.
- There was a clear and very positive team ethos in the service and staff spoke of a very strong bond. Staff explained the measures they had taken as a team during the initial Covid-19 pandemic period to reduce transmission risks to themselves and people living at the service.
- All staff and relatives we spoke with said they would be happy for a friend or relative to be cared for at Somerforde Limited.
- There was an extensive range of effective quality monitoring and governance systems embedded in the service. This meant the risks of poor care being received were reduced. A continuous service improvement plan was operated by the provider and registered manager.
- There were provider level audits completed. These audits involved the provider ensuring internal governance was effective and that people and staff were happy.

- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. Performance ratings were displayed within the service and on the provider's website.

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

- There were systems to ensure feedback could be sought from people, relatives and staff to help improve the service. There were also systems to communicate key messages through regularly produced newsletters.
- People were offered the opportunity to complete a survey in relation to their living and care experience in the service. The results of this were mainly positive.
- People's view and experiences were also sought at meetings, supporting minutes showed that feedback was obtained on matters such as food quality and activities.
- Staff surveys evidenced positive feedback. Views were sought by the provider and registered manager in relation to their views on staffing levels, food quality and the condition of the service and communal areas.
- Staff meetings were held to communicate key messages and allow staff to give feedback and ideas. Meetings were held at both management and care staff levels. All staff said they were constructive and that they could join in and contribute.
- Key messages were communicated to staff through daily and weekly emails. This communication focussed on the needs of people in the service and ensured staff were promptly aware of any changes.

Continuous learning, improving care and working in partnership with others

- There were systems in place to improve care and reduce risk through the accident, incident and near miss evaluation. We saw examples of where action had been taken to reduce risk.
- Governance records showed the service had continually evolved in response to the changing legislation and guidance during the Covid-19 pandemic.
- There was a clear working relationship with other healthcare professionals. This included, for example, GPs, the local district nursing team and the community mental health team.
- There were links with the local community. For example, one person had a regular visit from a local pastor. There were connections with the local school who sent letters to people and the children had also knitted some items for them.
- There were links in place with the Royal National Institute of Blind People (RNIB) who supplied aids such as talking books for people with a visual impairment.
- The service were currently fundraising for the Ukraine appeal by selling items created by people living at the service, such as knitted dolls, pin badges and, paintings and painted stones. A Jubilee party is scheduled to be used as a fundraising event for this, in addition to other events that had already been held.