

Somerset Care Limited

Wessex House

Inspection report

21-25 Behind Berry
Somerton
Somerset
TA11 7PB

Tel: 01458273594

Website: www.somersetcare.co.uk

Date of inspection visit:
20 May 2022

Date of publication:
01 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wessex House provides personal and nursing care for up to 56 older people. The service is provided in purpose-built accommodation over three floors. At the time of the inspection, 54 people were living at the home.

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

There had been significant improvements following the inspection of August 2019. Positive changes had been made to the oversight of pressure mattresses to ensure they were set at the required setting for each person. This helped to reduce the risk of people developing pressure sores. Protocols were in place for people who were prescribed blood thinning medicines following a fall. Thickening agents were stored safely and had been removed from people's rooms. Records were revised and were clearer about the type of hoist slings that staff could leave in-situ for people. This meant the risk of harm to people had been reduced.

Rating at last inspection

The last rating for this service was Requires Improvement (published 17 September 2019). At our last inspection we found there was a lack of guidance for monitoring people on blood thinning medicines following a fall, unsafe storage of thickening agents and the incorrect settings for pressure mattresses presented a potential risk to some people. We recommended the provider reviewed the quality assurance system to reflect current best practice.

At this inspection we found improvements had been made. Changes had been made to manage the safety of people's bed mattress's to ensure they were set at the correct pressure for people. Thickening agents were safely locked away to avoid harm. Guidance was in place to help monitor people who were prescribed blood thinning meds. People were no longer left with hoist slings under them. If they were then risk assessments were in place and a different type of hoist sling had been purchased. Clear quality assurance systems were with in place with audits of the home and people's care regularly carried out.

All staff understood their responsibility to keep people safe from harm. Risks to people had been assessed with actions in place to help keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability. Medicines were well managed, and people received their medicines as prescribed.

People and staff felt positive about the registered manager and the management of the home. The registered manager was aware of their duty of candour. Effective quality assurance systems were in place to monitor the quality and safety of care. Audits had improved which helped to identify any shortfalls. There was an open and inclusive culture in the home. The registered manager worked closely with the clinical lead and the quality manager. The area manager had oversight of the home by visiting the home and carrying out checks.

Why we inspected

We carried out an inspection of this service on 8 August 2019. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. 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.

We undertook this focused inspection to check the provider 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.

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. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Wessex 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 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

The inspection was carried out by one inspector.

Service and service type

Wessex House is a nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

The home 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

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, area manager, quality manager, clinical lead, three staff, four people who lived at the home and two relatives. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, quality assurance, staff recruitment, medicines records and health and safety checks.

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 the last inspection we found there was a lack of guidance for monitoring people on blood thinning medicines following a fall, unsafe storage of thickening agents and the incorrect settings for pressure mattresses presented a potential risk to some people. At this inspection we found improvements had been made with system in place to help manage and mitigate people's safety.

Assessing risk, safety monitoring and management

- Since the last inspection visit the registered manager had obtained manufacturer's information and put in place checks to ensure pressure mattresses were always at the optimum pressure to prevent pressure ulcers developing.
- The maintenance person checked people's bed mattress's as part of their health and safety checks. They were given a list of people's recent weights to ensure the mattress pressure was set correctly for each person's individual needs.
- Staff were encouraged to check people's mattresses and to report any concerns straight away. During the inspection we overheard a staff member reporting a fault with a person's pressure mattress, which felt to soft and low in pressure. This was quickly dealt with by another staff member and the mattress began to circulate air at the correct pressure.
- The registered manager had arranged for a contractor to visit in March 2022 to check all nursing beds at the home. This included checks of pressure mattresses, electric pumps, bed rails, bumpers and headboards. This added check helped to ensure that the equipment used was safe. These measures which had been put into place helped to reduce the risk of pressure ulcers developing.
- Since the last inspection, all thickening agents had been removed from people's wardrobes and were stored safely in a locked cupboard. Additional stock was also kept in a separate locked area and only nurses and the management team had access to this. All thickening agents were put away immediately following use.
- Following the last inspection records were revised to be clearer about the type of hoist slings that staff could leave in-situ for people. We did not observe any person with a hoist sling left in place whilst sat in a chair. The registered manager had ordered 30 hoist slings which were made of a special material. If there was a specific need for the hoist sling to be left in place, then a risk assessment was in place, which stated the reasons why.
- The clinical lead told us protocols were in place for people on blood thinning medicines. Staff were given advice on how to monitor a person if they had fallen or were injured. Body maps were in place to help monitor bruising and any injuries. Advice was sought from medical professionals if needed.
- Regular health and safety audits were carried out to monitor the safety of the home. People had personal evacuation plans (PEEPS) in place. PEEPs contained important information such as people's mobility their equipment needs and if they required assistance in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "Well I know I am safe here. If I felt differently, then I would not be here". Another person told us "Yes I do feel safe. The staff tell me to not walk on my own and to ask for help".
- All staff had received safeguarding training and regular updates were provided at staff meetings. The registered manager told us staff were encouraged to speak up about any concerns that they had.
- Staff we spoke with told us they would speak to the registered manager or local authority safeguarding team or go higher in the organisation if they believed people were at risk of abuse.
- Safeguarding concerns had been raised appropriately with the local authority, and notified to CQC, as 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)

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person that lived at the home had an authorised DoLS in place. The conditions related to the person's DoLS authorisation was being monitored.

Staffing and recruitment

- The home employed sufficient staff to keep people safe. A dependency tool was used to calculate staffing requirements. This registered manager ensured staffing was at the required level.
- Staff helped to cover annual leave and sickness by working extra shifts. Agency staff supported the home, which were block booked in advance where possible. The registered manager had a rolling programme of recruitment. The staffing levels at the home had just been increased in line with higher occupancy.
- People received safe care and support from the right amount of suitably trained staff. People and family members comments included, "Yes I do feel they have enough staff here", "I would say staffing levels are really good. I always see lots of staff around", "I do not wait long for help when I ask for assistance".
- Staff confirmed there were sufficient numbers of staff to support people. Comments we received included, "Yes I would say we do well with staffing. We have just recruited some new staff who are due to start", "We all work well as a team to cover the rota. We don't seem short staffed. Agency also support the home".
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- The home used an electronic medicines management system. Medicine Administration Records (MAR) were therefore electronic. The records we checked showed that medicines were administered correctly and recorded the total of each medicine in stock.
- Staff that administered medicines had been trained and assessed as competent.
- The clinical lead audited medicines regularly to check people had received their medicines safely. They

maintained good oversight of medicines and they worked closely with the GP surgery and pharmacist to ensure adequate stock levels were managed. They were conscious not to over stock on medicines that were needed.

- Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.

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

The registered manager facilitated visits for people in accordance with government guidance. We observed during the inspection that people were able to see their friends and relatives.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Any concerns were escalated to senior staff. Accidents and incidents were reviewed to ensure appropriate actions had been taken.

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 require 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 the last inspection we recommended the provider reviewed the quality assurance system to reflect current best practice. At this inspection we found improvements had been made. There were effective quality assurance systems to monitor care and plans for on-going improvements.

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

- Following the inspection of August 2019 significant improvements had been made. There were effective quality assurance systems in place to monitor the home and the care provided to people.
- A new registered manager had started in post who was supported by the clinical lead.
- Since the last inspection the provider had introduced a quality team within the organisation. A quality lead was linked to the home who visited regularly to offer support and to carry out internal quality audits. They had supported the registered manager to make the required improvements.
- An area manager also supported the home and maintained good oversight. They visited regularly and at times joint visits were undertaken by the quality manager and area manager.
- Governance reports helped the registered manager, quality manager and area manager to monitor the quality of service provided to people. Providing a high level of care was important to the management team.

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

- The registered manager and clinical lead demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the home, the people in their care and all staff members was without doubt of a high standard. They led by example and the staff embraced their visions and values.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation. Wessex House was a large home with an equally large workforce. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- It was apparent that the COVID pandemic had affected the staff and people's wellbeing in many ways. Through our conversations with the staff and the registered manager we heard about the personal impact this had. The registered manager was proud of the staff team and how they had pulled together.
- The registered manager was passionate about providing good care to people but equally cared for the staff team. We heard stories about how the registered manager and the organisation had supported staff at difficult times, not just at work but in their own personal lives.
- Staff felt that the working culture in the home was supportive. Comments included, "I cannot fault the

support I have been given. The managers have been really supportive", "I feel really supported here. Many of the staff have worked here for years which does tell you a lot. They are good to work for".

- Investing in staff and their professional development was always supported and encouraged. This was key to ensuring staff felt valued and had the opportunity to progress their careers either within the organisation or with other health and social care partners.

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

- Continuous feedback from people, their families and staff was sought. Regular resident and relative's meetings' were held. The registered manager told us the last meeting was really positive and that relatives were thankful for everything the home was doing for people. The meetings were an opportunity to discuss any forthcoming changes planned at the home and feedback about the care was sought.
- The registered manager told us they kept in regular contact with people's relatives by phone, email and in person. During the COVID-19 pandemic regular phone and video calls were made to people's family and friends. The home facilitated visits in its pod which had been installed specifically to allow safe visits. The video calls had continued even though the home was open to visitors. This had helped people to keep in contact especially for those who lived a distance away from the home.
- Effective systems were in place to ensure staff were kept up to date with key messages and updates. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing. Weekly heads of department meeting were held to discuss what was going on in the home and any updates that needed to be shared.

Continuous learning and improving care. Working in partnership with others. 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 worked closely with other homes within their organisation to share good practice. The home used agency staff to help support with covering shifts. For consistency and continuity, the home tried to use one agency. Agency staff who had not been to the home before were given the opportunity to visit the home and to complete shadow shifts. This was so the agency staff got to know people, the staff and to see if they liked working shifts at the home.
- The registered manager worked with various organisations. This included for example, 'Proud to Care' which is designed to promote jobs and awareness of the health and social care sector.
- Changes regarding the home and government guidance were communicated to staff at staff meetings, heads of department meetings and handovers.
- The registered manager was respected and empowered to make decisions and implement changes to improve the home. They were keen to continuously improve the care and experience that people received. Plans were in place to open a café at the home which people could use.
- The main focus for the registered manager was to move forwards and to continue to support people and staff to live through the COVID-19 pandemic whilst enjoying life's experiences.
- The home worked with health and social care professionals to provide joined up and consistent care for people. This included for example. the GP surgery, social workers, SALT team, physiotherapists, tissue viability nurse's, local pharmacist, local authority and the clinical commissioning group. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.