Somerleigh Court Ltd

Somerleigh Court

Inspection report

Somerleigh Road
Dorchester
Dorset
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
This service combines a nursing care home, known as Somerleigh Court and a domiciliary care agency known as Close Care.

The care home accommodates up to 40 people across three floors. The service is located in Dorchester and is a large purpose built building with rooms arranged over three floors. Each floor has a communal lounge and dining area. There is lift and stairs access to each floor. People are able to access a small secure outside space at the home.

Close Care is a domiciliary care agency. It provides personal care to people living in their own apartments in the purpose built apartment village surrounding Somerleigh Court. There are 68 apartments in the surrounding village. 'Close Care' provides a service to people living in the apartments. Not everyone living in the apartments receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of inspection, Close Care was providing support to fifteen people.

People's experience of using this service and what we found
Overall people's medicines were managed safely. However, improvements were needed to the systems to ensure people's creams were consistently applied as prescribed. The registered manager took immediate action to make changes to ensure this happened.

There was a friendly, welcoming and relaxed atmosphere at the home. Staff cared about people and were committed to providing them with quality care and support. The staff were kind and respectful.

People's care needs were assessed and met. Each person had a care plan which gave staff details about how to support them in a way that respected their individuality. People received personalised care from staff who knew them well. Staff understood how people communicated.

There were safeguarding systems and procedures in place and staff knew how to report any allegations of abuse.

There were enough staff employed to work at the home and the domiciliary care service. They were safely recruited and trained.

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. However, the records to support this practice were not readily accessible to staff.

The service was well-led. People, staff and visitors spoke highly of the registered manager's open and clear management style. Quality assurance and monitoring systems were in place to help drive improvements at the service.

People knew how to raise concerns and felt very confident the management team would address and rectify any problems.

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 3 April 2018)

Why we inspected
The inspection was prompted in part due to safeguarding concerns received. A decision was made for us to bring forward the scheduled inspection.

We found no evidence during this inspection that people were at any ongoing risk of harm from these concerns.

Follow up

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

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 effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Somerleigh Court

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.

Inspection team
The inspection was carried out by two inspectors and an assistant inspector.

Service and service type
Somerleigh Court is a 'care 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. This service is also a domiciliary care agency. It provides personal care to people living in their own apartments in the purpose built apartment village.

The service 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. The registered manager had been in post since July 2019.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners. We used this information to plan our inspection.

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.

During the inspection
We spoke with three people who lived at Somerleigh Court and seven people and their spouses who used the domiciliary care service and three visitors about their experience of the care provided. We spoke with 12 members of staff, including care, activities and nursing staff, department leads, the registered manager and deputy manager.

The majority of people living at Somerleigh Court were not able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and compliments and minutes of meetings were viewed.

After the inspection
We received information from the registered manager as agreed with them at the end of our inspection visits. This included information related to staff training, action plans, and end of life care. We received email feedback from two professionals and from four staff members.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People received their oral medicines as prescribed; however, the management of prescribed creams was not as robust. Several people were prescribed creams and required staff to assist them with their application. However, there were not always clear directions about when the creams should be used or where to apply them. Records did not confirm creams had been used as prescribed. This meant people could not be confident they were used as intended.

● We found creams, which had a limited efficacy once opened, had not been dated to ensure they were not used past their 'best before date'. Some labels were illegible, meaning it was difficult to confirm who the cream was for; when it was dispensed and how it should be used. The registered manager had recognised the shortfalls in relation to the management of creams and took immediate action to implement a new system to ensure people's creams were managed safely and applied as prescribed.

● Other aspects of medicines management were safe. Medicines were stored safely and at the temperature recommended by the manufacturer. There were effective systems in place for the receipt, administration and disposal of medicines. There were clear instructions for staff to follow when using as required medicines. Any medicines used covertly (that is medicines administered in a disguised format) had been discussed and agreed with the GP and pharmacist to ensure it was safe to crush or mix the medicine.

Assessing risk, safety monitoring and management

● Arrangements were in place to reduce the risk of harm to people. Risks to people's health and safety had been identified.

● Care records contained assessments, which identified individual risks and included actions for staff to take to reduce the risk of harm. For example, the support individuals required to prevent pressure damage. Where people were at risk, pressure relieving equipment was in place and regular reviews of people's skin were undertaken. Where people were at risk of falls, risk assessments identified equipment to be used. Some people were at risk regarding nutrition and hydration and risk assessments and care plans addressed these risks along with clear instructions for staff to follow to reduce the risk.

● Staff were aware of the risks associated with people's care and knew how to support them safely. Staff confirmed they had time to read care plans and were given up to date information at daily handovers.

● Overall equipment was safely maintained, serviced and ready for use. Where we identified risks in relation to suction equipment, trip hazards and risks from unsecured cleaning chemicals and personal protective equipment immediate action was taken. Actions were put in place by the management team and department leads to minimise the risks of reoccurrence.

● There were risk management plans in place for all aspects of the environment and building safety, including during the current refurbishment programme. The provider had robust contingency plans to make sure people continued to receive care in situations such as extreme weather or infection outbreaks.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and well cared for. One person told us, "I feel safe and there's always someone around to help me day and night." Another person told us, "My daughter and I feel that I'm safe here because I've got the care and attention I need."

● People's relaxed and positive body language indicated they felt safe. Although most people were unable to answer direct questions, they looked comfortable in the company of staff. Staff were friendly and reassuring when supporting people and they did not rush them.

● Staff confirmed they had received safeguarding training during their induction. They were all clear about the steps to take should they have concerns about people's welfare. They were confident the registered manager would listen to any concerns and act.

● Safeguarding incidents had been reported to the local authority, police and the CQC appropriately. The registered manager worked proactively with the safeguarding authorities.

Staffing and recruitment

● People and relatives told us overall there were sufficient staff for both the care home and the domiciliary care service. Some people and a relative told us they occasionally had to wait for staff, but they were always responded to quickly in an emergency. The domiciliary care staff were available to support the care home when they were not visiting people in the apartments.

● People's needs, and requests were met in a timely way. Staff were quick to respond to people's requests for assistance and were on hand in communal areas to support people. Staff had time to spend socialising with people, sitting and having a chat or doing activities with them.

● Staff confirmed there were enough staff on duty most of the time. Staff said if there was short notice sickness, the nurses and management team would help.

● Staff recruitment systems and records showed all pre-employment checks were completed to help protect people from staff who may not be suitable to work with them.

Preventing and controlling infection

● All areas of the home were kept clean which helped to minimise the risks of infection to people.

● Where there had been long standing malodours, the carpets were being deep cleaned daily and were planned for replacement as part of the ongoing refurbishment programme. A relative told us that recently any malodours were being better managed.

● Staff followed good infection prevention practices at the home and when caring for people in their apartments. There were adequate supplies of personal protective equipment, such as disposable gloves and aprons, to minimise the spread of infection.

● At the time of the inspection clear plans were in place for dealing with the COVID 19 pandemic.

Learning lessons when things go wrong

●All accidents and incidents were recorded and checked by the registered manager to see if changes needed to be made to prevent re-occurrence. Any learning from incidents was shared with the staff team to minimise further risks to people.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●Assessments were comprehensive and covered areas important to each individual including communication, health needs, risk management and how people liked to spend their time. Individual needs were regularly reviewed, and the associated care plans updated.

● Staff followed best practice guidance, to promote good outcomes for people. For example, they used nationally recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Action was taken to address any concerns.

Staff support: induction, training, skills and experience

● Staff received induction training to ensure they provided safe and effective care and support. The induction programme was being reviewed to ensure that staff had more opportunities to shadow experienced staff. Staff new to care were supported to complete the Care Certificate, a nationally recognised set of standards for care staff.

● Staff confirmed they completed a variety of core subjects such as safeguarding and moving and handling; fire safety; infection control.

● Nurses received clinical supervision and had been supported to complete learning and development to ensure their registration was maintained.

● Staff confirmed they received regular support from their line manager. Meetings enabled staff to discuss their work and receive feedback about their performance. One staff commented they had not had a recent one to one support session. The registered manager agreed to follow this up.

Supporting people to eat and drink enough to maintain a balanced diet

● People had access to a varied and balanced diet. Mealtimes were sociable and unrushed. Where people required assistance with their meal, staff provided one to one support.

● The chef was very knowledgeable about people's specific diets and personal preferences, and ensured suitable options were always available for people. Each person had a food passport which included details about their preferences and any specialist diets.

● Where people were nutritionally at risk the information was shared across the nursing, care and catering team. This meant that each person who was at risk of fluctuating weight had their own specialist diets and plan in place.

● Care plans contained appropriate guidance for staff about people's preferences and needs to ensure they maintained a balanced diet.

● Drinks and snacks were offered throughout the day.

Adapting service, design, decoration to meet people's needs

● The adaptation, design and decoration of the premises assisted people's independence and well-being. Colours, symbols and pictures were used to help people to recognise their bedroom, the lounges, bathrooms and toilets.

● The décor incorporated stimulating and interesting reminiscence areas along the corridors with photographs and memorabilia which people could enjoy and touch. The communal areas were accessible and spacious.

● There was a planned refurbishment of the communal areas and works were ongoing at the time of the inspection.

● Each bedroom had an ensuite shower room. However, there were not any working accessible baths at the time of the inspection. One person told us they preferred to have a bath and was not able to have one. The registered manager confirmed that a new accessible bath was being ordered the following week.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● The service worked with other agencies to ensure people received effective care and support. Care files evidenced appropriate referrals to outside professionals such as the speech and language therapy team and older people's mental health team.

● Any recommendations made by external professionals was included in individual care records. We saw guidance was followed by staff. For example, people received modified food in accordance with the recommendations made by the speech and language therapists.

● People were supported to manage any health conditions safely, for example diabetes. Most care plans provided clear details about actions to be taken if blood sugars levels were not within normal ranges. One care plan did not have a record of "normal ranges" however, nursing staff were aware of the person's usual range.

● There were positive working relationships with other professionals. One health professional told us, 'I have an excellent rapport with the friendly and welcoming staff.'

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were not any conditions on any person's authorisations.

● Staff sought people's agreement or consent before support and care was provided. Staff offered people choices and explained any interventions they needed to carry out. Staff gave people time to respond and picked up on non-verbal clues, for example when assisting them at mealtimes or supporting people with

social activities.

● Individual mental capacity assessments had been completed to determine a person's ability to make specific decisions about their care and treatment.

● When a person was considered to lack capacity to make a specific decision the best interests decision framework
had been followed in order to identify the most appropriate and least restrictive action for the individual.

● Appropriate applications for DoLS had been made to the local authority where necessary.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team led by example to make sure people were well cared for and treated with respect and kindness. During the inspection all staff were polite, friendly and respectful of people.
- People were very complimentary about the staff and said they were always kind and attentive. One person told us, "They are all of good quality, always cheery and reliable" Another person commented, "It's the same staff all the time I feel very well cared for." A relative said, "There's a lovely warmth from the carers."
- Interactions between people and staff were warm and friendly. Some people were not able to communicate their views verbally about the staff. However, we observed positive relationships had been developed. Staff's approach was attentive, kind and empathetic towards people. Staff greeted people as they came to communal areas, asking how they were feeling, whether they wanted a drink and generally commenting on their well-being.
- The atmosphere in the service was friendly, calm and inclusive. We saw respectful and meaningful interactions throughout the day between staff and people which was gentle and kind. People's body language and facial expressions showed they were fond of the staff members as they interacted, smiled and communicated with them.
- People's relatives and friends were able to visit at times that suited the people living at the home. Relatives commented that they always felt welcome.

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were able to express their views and preferences about their daily life. For example, people were asked where they wanted to sit and whether they wanted to join activities.

Respecting and promoting people's privacy, dignity and independence

- Staff handovers took place in areas that people's personal information could be overheard. We raised this with the registered manager who immediately identified rooms where staff could handover information without being overheard.
- People were treated with dignity and respect. Staff supported people discreetly. People told us staff were always respectful and maintained their dignity when supporting them with personal care. One person said, "They always shut the door and curtains when I need help."
- Staff were respectful when addressing people and knocked on bedroom doors before entering. People told us staff only entered their apartments with their consent. One person said, "Staff very much respect that this is our home."
- Staff encouraged people's independence, for example ensuring people mobilised using their walking aids

or ensuring they had adapted cutlery and crockery to be able to eat independently.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a plan of care that detailed the care and support they needed. These were personalised for each individual and set out how people should be supported in the way that best suited them and their needs and preferences.
- Care plans reflected people's likes and dislikes, which supported staff to deliver consistent care and support in the way that people wanted and needed.
- People received personalised care because staff knew them well and respected their wishes. People living in the care home had a personalised one page profile in their bedroom that detailed the people important to them, their important life history and how they liked to spend their time.
- Staff said communication was good between the care and nursing team. Staff received a handover before each shift to ensure they were aware of any changes and regularly interacted throughout the day to share information. They confirmed they had access to care plans and the time to review these to ensure they understand people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded. One person who was deaf used a white wipe board for staff to write on to aid their communication.
- Visual aids and prompts were used to provide information, for example, menus had pictures of the daily meals and there was a pictorial weekly activity programme displayed in the communal sitting rooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities that was based on people's interests and preferences. This was a mix of group and individual activities and these provided stimulation and social interaction for people living in the home and in the apartments.
- During the inspection in the home we observed an arts and crafts session; singing and music and a quiz. People engaged well with the art and craft sessions and the activities staff ensured people were supported throughout the session. The activities co-ordinator led an informal sing song in the afternoon, people were

given song sheets and they enjoyed singing and chatting about the music and the era it was from. The activities co-ordinator was skilled at ensuring everyone was included in the music session and quiz.
● As well as group activities the activities organiser made sure a member of staff spent time doing one to one activities, with everyone, every day. This meant people who liked to spend time in their rooms had regular opportunities for social interaction.
● Visitors were welcomed to the home and they were able to visit at any time. One relative said, "There always seems to be something going on for [name] staff always take a lot of time to talk with people."

Improving care quality in response to complaints or concerns
●The provider had a complaints policy which was available to people and visitors.
● People and relatives knew how to make complaints should they need to and told us they were comfortable to raise concerns.
● Complaints were recorded and responded to promptly. Any learning was shared to ensure improved outcomes for people and staff.

End of life care and support
● People received effective, compassionate care at the end of their life. The service had been reaccredited with the Gold Standard Framework (GSF) for the third consecutive time and had been awarded the quality hallmark award of platinum status. (This is a comprehensive national quality assurance system which enables care homes to provide quality care to people nearing the end of their life.) This demonstrated the sustained excellent practice and ethos within the service.
● People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject. For example, decisions about whether they wished to be resuscitated were documented. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
● Staff had worked with other health professionals and had appropriate medicines available for people nearing the end of their life, to manage any pain and promote their dignity.
● No one was receiving end of life care at the time of the inspection, but some people were receiving palliative care.
● People's relatives had praised the care given to people at the end of their lives. One relative had written to the staff saying, "I was overwhelmed by the love and support given to Dad and the family in the final days."
● There was a remembrance album in the reception area that included a photograph of the person.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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;
● People lived in a home where the management and staff were committed to providing person centred good quality care. People felt valued and listened to.
● People were cared for by a staff team who felt well supported and happy in their jobs. This created a happy and comfortable environment for people. A member of staff said, "Great new manager, does what she says she will do. The home is a much better place to work and residents seem very happy with her."

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 there had been any situations that required the provider to follow duty of candour guidance, they had understood their responsibilities and they had had transparent and open communication with people and their relatives.
● The registered manager was very visible in the home and to people using the domiciliary care service. People, relatives and staff reported good communication with the registered manager.
● The provider had notified the Care Quality Commission and other appropriate agencies of significant incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others
● There was a clear staffing structure in place and staff at all levels were clear about their roles and responsibilities. They said there was good team work at the service and that they were supported effectively as a team.
● The registered manager was well supported by the provider and had regular contact with their line manager. The registered manager told there was a good support network between the other managers in the provider's other services.
● People, their relatives, professionals and staff described the management team as approachable, professional, supportive and proactive when dealing with any issues. One person told us, "I think it's a very well run place." A relative said, "I have lots of confidence in the management."
● The staff team were clear about their roles and responsibilities. The registered manager was planning to strengthen the structure of the care team by appointing three "lead" care staff, who would be responsible for ensuring care staff were effectively managed on each shift.
● Effective quality assurance and monitoring systems were in place to help drive improvements and identify

shortfalls. For example, audits were carried out in relation to medicines, health and safety checks and care plans. In addition, the provider had arranged for a 'mock' inspections so the service was independently assessed. The registered manager had developed action plans in response to any shortfalls identified during audits, mock inspections and contract monitoring visits by commissioners.

● Staff worked in partnership with other professionals to make sure people received the care and treatment they needed.

● Feedback from professionals was positive about the leadership and working relationships with the service.

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

● People and their relatives were able to share their views and experiences about the service through regular satisfaction questionnaires.

● Staff spoke very highly of the registered manager. They told us they were listened to and the registered manager always acted on what they said. Staff comments about the registered manager included; "Super manager [name] the whole atmosphere has improved since she has taken over", and "I feel that the home has improved under our new manager."

● Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff reported that communication within the service was good.

● A member of staff was nominated by people, relatives and their colleagues each month for an 'Employee of the month' award. These certificates were displayed in the reception of the home.