

Porthaven Care Homes No 2 Limited

Savernake View Care Home

Inspection report

Priory Court
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SN8 4FE

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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

Savernake View Care Home is a care home providing nursing and personal care for up to 64 people. The service provides support to older people, people under 65 years and people living with dementia. At the time of our inspection there were 48 people using the service.

People had their own rooms on two floors with en-suite bathrooms. There were various communal areas available to people around the home including a cinema, café, hair salon, lounges, dining rooms and a private dining area. There were well established gardens available from the ground floor.

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

Incident management had improved, and systems were more effective in assessing and reviewing incidents and accidents. Forms recorded action taken in response to help prevent reoccurrence. Risks to people's safety had been assessed and there was guidance available to staff to give guidance on support needed.

People who experienced distress had detailed guidance in place so staff would know how to support them. The provider had also given staff additional training on supporting people living with dementia. Staff were also provided training on safeguarding and had systems in place to raise any concerns.

Staff were recruited safely and there were enough staff available to meet people's needs. Staff were seen to be wearing appropriate personal protective equipment (PPE) and there was plenty of stock available. Training on infection prevention and control good practice had been provided to staff, and we observed staff following guidance. The service was clean throughout and smelt fresh.

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.

People had visits from family and friends. We observed during our inspection people going out with their relatives and also having visits at the service. There was a café near the front entrance where visitors could help themselves to refreshments.

Medicines were managed safely, and staff had been trained and assessed prior to being able to administer medicines. Where people had medicines 'as required', there were protocols in place to give staff guidance on how to give the medicine. The provider had changed their pharmacist since the last inspection and told us they were already seeing improvements in the service provided.

The registered manager was visible at the service and kept systems under review. For example, staffing rotas were reviewed daily, incidents were kept under review until all actions were closed, regular quality monitoring checks were taking place and there were regular meetings with people and staff.

The provider had improved their oversight of the service and were confident quality safety checks were now effective in driving improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 October 2022) and there was 1 breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served the provider a Warning Notice for the breach of regulation. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had met a Warning Notice served following the previous inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Savernake View 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?

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.

Savernake View 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.

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 2 inspectors.

Service and service type

Savernake View 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. Savernake View 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people about their experiences of care and support received. We reviewed care records for 8 people, multiple medicines records, quality monitoring records, meeting minutes, health and safety records and staff supervision records. We also reviewed 2 staff files in relation to staff recruitment.

We spoke with 6 members of staff, the registered manager and the regional director.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health safety and welfare of people and staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, we served the provider a Warning Notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last inspection people who experienced distress reactions did not have detailed guidance in place to inform staff how to support them consistently. At this inspection we found this had improved. People who experienced distress had detailed guidance in place which gave staff clear strategies on how to support people when they were distressed.
- At our last inspection systems were not robust for incident management. We were not able to see action taken to prevent reoccurrence. At this inspection this had improved. All incident forms had been reviewed by management with action taken in response recorded.
- Further actions following incidents had been taken, such as reporting to the local authority. The registered manager told us they had added incidents and accidents as an agenda item to the daily staff meetings. This helped to make sure all incidents were reported and safely dealt with consistently.
- Risks to people's safety had been assessed and management plans were in place to give staff guidance. These had been reviewed and updated where needed.
- Checks to equipment and the premises were carried out regularly. Fire system checks were in place and external contractors visited to carry out servicing of fire systems when needed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with did not raise any concern about their safety. One person said, "Things are ok here."
- Staff had training on safeguarding and there were systems in place to safeguard people from the risk of abuse. Staff told us they were confident action would be taken if any concerns were raised.
- The registered manager worked with the local safeguarding teams to share any concerns and take action 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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- At our last inspection we found staff had been recruited safely and at this inspection we found this had continued. The required pre-employment checks had been carried out. This included obtaining references from previous employers and a check with the disclosure and barring service (DBS).
- During our inspection we observed there were enough staff available to support people in a timely way. The registered manager told us she reviewed staffing rotas on a daily basis and, if needed, agency staff were used to fill in gaps.

Using medicines safely

- People had their medicines as prescribed. Since the last inspection the provider had changed pharmacy suppliers to further improve their medicines management.
- The regional director told us they had seen improvement in the service provided by the pharmacy which was helping to improve outcomes for people. For example, medicines supplies had improved as the new pharmacy was making sure they obtained stock in a timely way.
- People who had medicines prescribed 'as required' had protocols in place to give staff guidance on administering this medicine.

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

Visiting in care homes

- People were able to have visits from friends and family without restrictions. We observed people receiving visits in their rooms and communal areas.

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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess, monitor and mitigate the risks relating to the health safety and welfare of people and staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection, we served the provider a Warning Notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last inspection quality monitoring systems had not been robust and identified shortfalls in incident management. This meant the provider had not included all incidents in their analysis and further actions such as referrals to safeguarding teams and notifications had not happened.
- At this inspection improvement had been carried out and systems had improved. Incidents and accidents were being recorded in the correct place on the providers electronic system and regularly reviewed by management. The regional director also had oversight and carried out additional checks to make sure systems were robust.
- At our last inspection we made a recommendation that the provider review their systems to make sure notifications to CQC were submitted in a timely way. At this inspection we found this had improved and notifications were submitted to CQC when needed.
- At our last inspection staff did not have information about people's current needs on their handover forms. At this inspection we found this had improved. People's current needs were reflected on handover information and discussed in daily staff meetings.

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

- People were able to share their views about the service in various ways. There were regular residents' meetings taking place for people to share ideas and give feedback.
- Staff meetings were held and there were daily handovers. Staff also had opportunity to talk about ideas and concerns in staff supervisions. One member of staff told us, "I feel well supported and I have no concerns."

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

outcomes for people

- People told us they continued to be happy living at Savernake View Care Home. One person said, "It is good here, there is plenty to do and the staff are nice."
- Staff told us they continued to enjoy working at the service. One member of staff said, "It is a good place to work." Another member of staff said, "Things are going well."
- The culture of the service was open, staff felt able to approach management at any time. The registered manager was visible at the service and would readily help staff whenever needed. The regional director also visited regularly and told us they were available to listen to people, relatives and staff whenever needed.

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 policy in place to respond to any incidents which were notifiable and required a response under duty of candour.

Working in partnership with others

- Staff worked with various healthcare professionals to make sure people's needs were met. This included GP's, community nurses and social workers.
- The registered manager told us they asked healthcare professionals to provide additional training and support if needed. For example, in the near future the tissue viability specialist nurse would be providing skin integrity training to the nursing staff. This would help develop staff knowledge and skills and improve outcomes for people.