Somerset Care Limited

Popham Court

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 2 and 3 March 2016.

Popham Court is registered to provide care and accommodation to up to 74 people. The home is spread over two buildings. One building 'The Court' provides personal care and the other building known as 'Popham House' provides nursing care. The home specialises in the care of older people. At the time of the inspection there were 62 people living at the home. 35 people receiving nursing care at Popham House and 27 people at The Court

The last inspection of the home was carried out in June 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they were able to make choices about their day to day lives but we found not everyone was fully involved in the planning or review of their care. This could mean that people were unable to voice their opinions or wishes about how they wanted their care to be provided.

People told us they received care and support from kind and caring staff. Throughout this inspection we saw people were supported in a friendly and gentle way. There were enough staff to make sure people were not rushed. Personal care was provided to people in a way that respected their privacy and dignity. One person told us "I couldn't be better looked after. All the staff are so good." Another person said "They are all so kind and nice to me. I am very happy here."

People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being.

People had their nutritional needs assessed and received meals in accordance with their needs. Where people required physical assistance to eat this was provided in a dignified manner. People were complimentary about the food served in the home. Comments included; "The food is good and I'm a fussy eater" and "There's always plenty to eat and drink."

People were able to take part in a variety of activities according to their interests and abilities. There was a monthly calendar of events which were reflective of special occasions to help people to continue to orientate themselves to the time of the year. People told us they were free to join in with activities which interested them but there was no pressure to do so. One person said "You can get involved if you want to."

Another person said "I think there's enough to keep you occupied."

There were systems in place to minimise risks to people and ensure they received care safely. There was a robust recruitment procedure and risk assessments were carried out where required. Medicines were only administered by senior staff who had been assessed as competent to carry out the task. People told us they felt safe at the home and with the staff who supported them.

People knew how to make a complaint if they were unhappy with any aspect of their care. People were confident that any complaints made would be taken seriously and action would be taken to rectify any shortcomings.

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.

The provider had systems in place to minimise the risks of abuse to people.

There were sufficient numbers of staff available to keep people safe.

People received their medicines safely from staff who were competent to assist them.

Is the service effective?

Good

The service was effective.

People received care and treatment from staff who were well supported and received adequate training.

Meals were provided to meet people's likes and dietary requirements.

People had access to range of professionals to meet their healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were assisted with personal care in a way that was respectful and dignified.

Is the service responsive?

Requires Improvement

Improvements were needed to make sure people were fully involved in the planning and reviewing of their care.

There were a range of activities available to avoid people becoming socially isolated.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

The management team were open and approachable which meant people felt comfortable to share ideas and concerns with them.

There were systems in place to make sure people received care and support in accordance with up to date good practice guidance.

Popham Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 March 2016 and was unannounced. It was carried out by two adult social care inspectors.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 27 people who lived at the home, three visitors and nine members of staff. We also received feedback from two health and social care professionals. Some people were unable to fully share their views with us due to their frailty. We therefore visited people being nursed in their rooms and spoke with staff supporting them. The registered manager was available throughout the inspection and a representative of the provider was available on the second day.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in all areas of the home. We looked at a selection of records which related to individual care and the running of the home. These included eight care and support plans, records of complaints and compliments and records relating to quality monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "Staff are always kind to you here. No worries on that score." Another person told us "It gives you a feeling of safety and security knowing there is always someone to help you." One person commented "I know I am safe here."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us staff responded to their requests for support promptly and they never felt rushed. One person said "They come quickly if you want anything." Another person said "Couldn't be better. They help you when you want help and do other things like take you to the park for a bit of fresh air." One member of staff told us "You have time to talk to people and get to know them. There's no pressure to get through tasks, you can take your time." Some staff said they thought people would benefit from additional staff but all agreed they had time to meet people's needs.

People had access to call bells to enable them to summon help if they required it. One person said "If I ring the bell they come as quick as they can." One person rang their call bell whilst we were visiting them in their room and a member of staff responded in under five minutes. During the inspection visit we did not hear call bells ringing for long periods of time. This meant people did not wait for extended periods of time when they needed help.

People's medicines were safely administered by registered nurses and senior staff who had received specific training and supervision to carry out the task. All staff who administered medicines had their competency assessed on an annual basis to make sure their practice was safe.

The home used an electronic system for administering medicines. A hand held monitor was used to scan people's medicines to ensure the correct drug and dosage was administered to the correct person at the right time. One member of staff said "It's a good system, it's safe. You can't give an extra dose it won't let you. I'm confident it's safe." One person told us "They are first class with you. Medications are very well done." Another person said "I get my medicines on time. They are very strict about that."

Medicines were given to people in a respectful, kind and unhurried way. We observed people were not given lunch time medicines until after they had finished their meal. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. These medicines were regularly offered to people to ensure they remained comfortable and pain free. One person said "I tell them when I want pain killers and they are very good."

Where people wished to administer their own medicines risk assessments were carried out to make sure they were safe to do so. People had secure storage in their personal rooms to enable them to keep their medicines safely.

Risk assessments had been completed to ensure people were able to receive care safely. For example where

people had difficulty with mobility, or were at high risk of falls, care plans outlined the measured in place to minimise risks. Care plans contained information about any equipment required and the number of staff needed to assist the person. One person required the assistance of a mechanical hoist and two staff to help them to transfer from their bed to their chair. This person told us "They hoist me into bed. There's two of them and they're pretty good at it." Another person had been assessed as being at high risk of falls. A pressure mat had been placed by their bed which was linked to the call bell system and alerted staff when they were moving around their room. This enabled staff to quickly respond and support them which minimised the risks of falls.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel records showed all checks had been carried out before new staff commenced work in the home.

Staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations had been made the registered manager had worked with the relevant authorities to make sure a full investigation was carried out and action had been taken to ensure people were protected.

Good

Is the service effective?

Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. People were very complementary about the staff who supported them and felt they had the skills required to effectively care for them. One person told us "The staff here are pretty well trained, that gives you confidence." Another person said "The helpers all know what they are doing. Couldn't find better."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. During their induction period new staff were allocated a mentor to support them and assess their competency with various tasks. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Additional training included nutrition and hydration, creative activity therapy, reminiscence and caring for people with dementia. Registered nurses were able to attend training which kept their clinical skills up to date. One member of staff said "The training is good. It makes you think and I do a better job because of it."

People were cared for by staff who felt well supported in their roles. Records showed staff received regular supervision and appraisals These were an opportunity for staff to discuss their jobs and highlight any training needs. It was also an opportunity for any poor practice to be addressed in a confidential setting. Staff told us "It's a satisfying job. I have had training and I do get supervisions and an appraisal every year."

In the part of the home known as Popham House there was always a qualified nurse on duty. This enabled people to have their health constantly monitored. One person told us "The nurses are very good; they keep a good eye on you." Another person said "You can talk to the nurses about things." There was a white board system in place in the nurse's office which highlighted any nursing duties, such as changing dressings or catheters and the dates this needed to be carried out. Once a nurse had completed each action they up dated the board with a new date and recorded the action in the person's care plan. This helped to ensure people received appropriate and timely nursing care.

We attended a handover meeting between staff working in the morning and those working in the afternoon at Popham House. This gave good evidence of how staff monitored people's health and well-being and passed any concerns on to the next group of staff to enable the monitoring to continue. For example some people were being nursed in bed and the morning staff told afternoon staff when they had last assisted the person to change position and when they needed to be helped again. This reduced the risk of pressure damage to people's skin.

Although staff were assisting people to change position this was not always recorded. We saw the chart for one person had not been completed for over 11 hours although it was apparent care had been carried out. We highlighted this to the home's clinical manager who took immediate action to review the systems in

place to monitor recording.

The home arranged for people to see health care professionals according to their individual needs. People told us staff arranged for them to see doctors and community nurses if they were unwell. One person said "They're not shy of getting the doctor out to you." Another person told us they had been visited by a chiropodist.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Catering staff told us communication between care and catering staff was 'mostly good.' There were information sheets in the kitchen outlining people's individual dietary needs and their likes and preferences. Some people required their food to be served to them at a specific consistency to minimise the risks of choking. Staff were aware of who required a specific diet and people received meals in line with their needs.

People were supported to maintain maximum independence with a range of aids such as specialist cutlery and plate guards. Staff were also trialling a range of heat retaining plates which meant people who ate slowly would still receive hot food.

The main meal in each part of the home was a relaxed and sociable occasion. People were able to choose where they sat and who they sat with. Many people commented that they went down to the dining room for their lunch because they enjoyed the company. People were offered choices of main meals and vegetables were served from hot dishes at the tables which enabled people to make choices about vegetables and portion size. There was a wide range drinks available which included fresh fruit juices and fizzy drinks. After the main meal people were able to choose desserts from a well-stocked sweet trolley.

Where people required physical assistance to eat their meal support was provided in a dignified manner. Staff sat with people and assisted them to eat at a pace which suited them. Staff supported people in a gentle unhurried way and chatted and socialised with the person they were supporting.

People were complementary about the food served at the home. Comments included; "The food is good and I'm a fussy eater," "There's always plenty to eat and drink" and "The food is good quality but not always that flavoursome but of course we all have different palettes. They do an excellent job really."

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. For example we heard staff asking people if they wished to be helped to get up, washed and dressed but where people said they would prefer to stay in bed this decision was respected. One person said "I still make my own choices and can voice my opinions."

People's legal rights were protected because staff knew how to support people who did not have the mental capacity to make a decision for themselves. 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. Where decisions had been made in a person's best interests these were recorded in their care plan showing who had been involved in the decision making process.

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. The application procedures for this in care homes and hospitals are

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 were being met. The registered manager had made appropriate applications where people required this level of protection to keep them safe.

Good

Is the service caring?

Our findings

People told us they felt well cared for by kind and caring staff. One person told us "I couldn't be better looked after. All the staff are so good." Another person said "They are all so kind and nice to me. I am very happy here."

The staff had received numerous thank you letters and cards which echoed the comments made by people during the inspection. One card said "My family and I are hugely grateful for the love and kindness she was consistently shown." Another compliment said "The care was marvellous. Thank you for your kindness and patience."

Throughout the inspection we observed caring, kind and supportive interactions in an unhurried environment. It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. Staff knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. We heard staff talking to people about their interests and their families.

People were supported with care in a gentle and friendly way. One person needed to be helped to move using a mechanical hoist. The staff assisting the person took time to explain exactly what was happening and offered ongoing reassurance throughout the procedure. They checked the person was comfortable at every stage of the process.

Where someone needed assistance to drink, a member of staff spent time assisting them. They chatted and made sure the person was happy. The person they were helping laughed and joked with them showing they were very happy with the assistance and attention. One person told us "They will do anything for you. Nothing is too much trouble and they all seem happy."

People said they had made friends with staff and other people who lived at the home. One person said "I've made friends here. I really feel I have a home here." Another person who liked to stay in their room told us "I like my own company, but I've made friends and enjoy their company at dinner time." One person commented "We have a bit of a laugh. I pull their [staff] legs a bit and they take it in good spirits. We are all friends really but they never overstep the mark."

People were able to have visitors at any time. One person said "Friends and family can come and go as they please." Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People had been able to decorate their bedrooms with personal items which gave them a homely feel. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said "My room is my own. No one comes in unless I invite them."

In Popham House one bedroom was located off an office area. During our inspection we noticed staff used the office to chat and to talk on the phone. This made it was quite noisy for the person in their room. It also meant there was a lack of confidentiality when staff were discussing issues or talking on the phone. This was

discussed with the registered manager during the inspection and they agreed to take steps to address this.

People were treated with respect and dignity by the staff who supported them. All personal care was provided in private and there were 'do not disturb' signs for bedroom and bathroom doors for when people were being assisted with personal care. If people asked for help staff made sure doors were closed before they assisted them. One person told us "They are always very respectful." Another person said "The care is lovely. Carers are so nice and sweet about helping you."

The home was able to care for people at the end of their lives and there were care plans which gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place.

The home was accredited to the Gold Standards Framework which is a comprehensive quality assurance system which ensures people receive high quality care at the end of their lives. People being cared for at the end of their lives were comfortable and warm. Mouth care and personal care was being carried out regularly and everyone had access to drinks and a call bell to summon help if they needed anything. The registered manager told us they welcomed family members to support their loved ones with care and were able to provide emotional and physical support to family and friends when someone was receiving care at the end of their life.

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to make sure people were fully involved in planning and reviewing their care and treatment. Some people told us they were asked about the care they would like to receive and who they would like to assist them. One person said "They ask you about everything. I definitely feel I matter and they care about me as a person and what I want." However other people did not always feel they had opportunities to discuss their care. One person said "They asked me about my likes and things when I came but they have never talked to me about it since." Another person said "My bed is very uncomfortable no one has asked me about it."

Although care plans were personalised to the individual and written in the first person there was no evidence that everyone had been involved in writing and reviewing their care plan. Care plans were reviewed and up dated by staff on a monthly basis but this was not always discussed with people. Staff told us most people were only involved in reviews of their care when a formal review was carried out with professionals from outside the home.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. People told us they had been asked about their wishes and preferences when they first came to live at the home.

Although it was not clear how people had been involved in the review of their care plans the ones we read were personalised to each individual and contained information about the person and their lifestyle choices. One person we met told us about their specific routines and this was clearly documented in their care plan.

People were able to make choices about all aspects of their day to day lives. One person said "I get up when I want. Some days I have a shower and other days I don't feel like it." Another person told us "I still make choices." At the staff handover meeting we heard staff passing on people's wishes for the afternoon. They explained how one person had wanted to stay in bed in the morning but had requested assistance to get up and have a bath in the afternoon.

The staff responded to changes in people's needs. One person told us how their mobility had decreased and they now required staff to assist them using a wheelchair. At lunch time we saw this person was assisted from their room to the dining room using a wheelchair. When people became increasing frail at the end of their lives care and support was adjusted to make sure they remained comfortable.

People were able to take part in a range of activities according to their interests. Activity workers were employed to provide social stimulation and organised activities in both parts of the home. There was a monthly calendar of events which were reflective of special occasions to help people to continue to orientate themselves to the time of the year. At the time of the inspection there were activities celebrating Easter and Mother's day.

People told us they were free to join in with activities which interested them but there was no pressure to do so. One person said "You can get involved if you want to." Another person said "I think there's enough to keep you occupied."

One activity worker explained they spent time with people finding out about their previous lifestyles and hobbies and tried to arrange things that matched people's interests. For example they told us the number of people who enjoyed crafts had decreased so there were now fewer sessions of this type. They said they now had several people who liked games and music so they had increased the availability of these types of activities. One person told us "There's something for everyone."

People who did not wish to join in with group activities received one to one support to make sure they had opportunities for social stimulation. One person enjoyed reading and the activity workers had arranged for the library service to bring and exchange books for them. Another person told us "I'm not a joiner but when people bring pets in they make sure they come up to my room which is nice."

The home was taking part in 'The Archie Project' which is an intergenerational community project designed to make towns and villages dementia friendly. As part of the project the home had made links with a local primary school. Activities with local children had included poetry writing and reading and singing. One person said "I have so enjoyed the poetry we have done with the children. It's been lovely."

People's cultures and faiths were respected. There were regular visits from church representatives for people who were unable to attend church but wished to continue to practice their faith. During the inspection we saw a member of the local clergy visited some people in their rooms. One person said "We have a church service here and I take part in holy communion. That's important to me."

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We Did' system to show how people's suggestions had been dealt with. One person had said that the menu choices identified in the home's welcome pack were not routinely offered to people. In response to this a meeting was held with kitchen staff to make sure this was improved.

There were some meetings for people who lived at the home and their relatives. However there had not been a meeting for over 12 months and this had been poorly attended by people using the service which meant only a small number of people had received up-dates about the home or had a chance to express their views in a formal setting. Further meetings had been arranged for March 2016.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. All complaints were recorded and there was information to state what action had been taken to resolve any issues raised. We noted where an anonymous complaint had been made the registered manager had held staff meetings and themed conversations to investigate the issues raised.

People told us they would be comfortable to make a complaint and were confident any concerns would be taken seriously. One person said "My relative made a complaint. They sorted it out and it hasn't happened again." Another person said "If I did have a complaint I would definitely speak with someone. If it was anything serious I would ask to speak with the manager."

Good

Is the service well-led?

Our findings

The registered manager was appropriately qualified and experienced to manage the home. They had qualifications in care, leadership and management. They were regularly supervised by a representative of the provider to make sure they kept up to date with company directives and initiatives. This ensured people lived in a home which was up to date in its thinking and practice.

The registered manager had opportunities to meet with other providers locally and with managers of homes owned by the same provider. This enabled them to share ideas about good practice. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager attended conferences held by the RCPA to make sure people received care and support in accordance with local guidelines.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a clinical manager based in Popham House and a deputy manager based at The Court. In the part of the home which provided nursing care there was always a registered nurse on duty to make sure people's health care needs were monitored and they received effective treatment. There were also care supervisors who organised staffing to make sure people's care needs were met.

People and staff said the management of the home was open and approachable. One member of staff told us "I like it here because the staff are friendly and the management are very approachable." One person said "It's nice because you always feel you can talk to them [management] about anything that's bothering you." The registered manager told us they aimed to be as open and transparent as possible and felt any mistakes made were an opportunity to learn and improve.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service. One healthcare professional told us they found the registered manager to be passionate about their work and very approachable.

The registered manager's vision for the home was to make sure people received the best care possible from staff who were prepared to 'go the extra mile.' Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. All new staff were allocated a mentor to make sure they had the support they required to carry out their role in accordance with the home's values. Comments from staff showed they understood and worked in accordance with the ethos. One member of staff said "We want people to have the best care possible." Another member of the team said "There are high standards here. But good support and good teamwork."

People received care and support in accordance with the registered manager's vision. People told us they felt well looked after and staff were very attentive. One person said "I'm well looked after and staff are marvellous." Another person told us "It's the ideal situation when you can't look after yourself. The care is

good and staff will do absolutely anything for you."

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service were identified the action needed to improve practice was recorded with timescales for completion. A representative of the provider visited on a monthly basis to monitor progress on meeting the action points identified.

All accidents and incidents which occurred in the home were recorded and analysed. Where people had a number of falls or other incidents advice was sought from professionals to make sure people received treatment and further risks were minimised. Care plans showed that where outside professionals had been involved, recommended plans of treatment had been promptly put into action.