

Heritage Manor Limited

Summerdyne Nursing Home

Inspection report

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15 January 2016

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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

This inspection took place on 11 and 15 January 2016 and was unannounced. Summerdyne Nursing Home provides accommodation and nursing care for up to 27 people. There were 21 people living there at the time of our inspection.

There was a registered manager in place at the time of our inspection. 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 who lived at the home and their relatives told us they had no concerns about the care provided. We were told staff were caring and promoted people's independence while they provided the support people needed to meet their individual care needs. People had choices available to them in how they were cared for and how they spent their time.

People told us they felt safe living at the home. Staff were aware of how to recognise abuse and knew how to report this. Staff were knowledgeable about how to manage people's individual risks and were able to respond to these needs.

People were able to make choices about their day to day care and staff supported people to make decisions. The registered manager was aware some people needed to be assessed by staff from the local authority to ensure their personal liberty was not deprived in an unlawful way.

People told us there were sufficient staff on duty to meet their needs. Staff knew people well and took people's preferences into account. People liked staff and were seen laughing with them as well as smiling while care and support was provided.

People were encouraged to eat and drink. People were shown food available to them and were able to make a choice. Drinks were available throughout the day.

We saw that people had access to healthcare professionals when they needed them and action was taken as needed to maintain people's well-being.

People were involved in planning their care and their views were taken into account. People felt listened to and knew how to raise concerns if they needed to do so.

The registered manager was well liked and demonstrated leadership skills. Staff were supported and trained in order to meet the needs of people. The registered manager and provider carried out checks and audits to explore people's experience of the care provided.

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.

People were cared for by staff who had the skills and knowledge to protect them from harm. People were supported by staff who understood how to meet their needs safely. People benefited from sufficient staff to meet care needs. People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People needing support in decision making had their human rights protected. People's needs were met by staff who were trained and supported by the management. People enjoyed their meals and were confident healthcare professionals were contacted when needed

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring. People were involved in how care was provided to them. People's right to privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People felt listened to and received care that met their individual care needs. People were supported to make choices and engage in pastimes they enjoyed. People were aware of their right to raise concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

People were aware of who the registered manager was. People and their relatives found the registered manager to be approachable The quality of the service was audited to ensure

standards were maintained.

Summerdyne Nursing Home

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 11 and 15 January 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service and the provider. We looked at statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send us, to inform us about incidents that have occurred at the service such as accidents or serious injuries.

We spoke with seven people who used the service and four relatives. We looked at how staff supported people throughout the time we were at the home. As part of our inspection we used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided.

We spoke with the registered manager as well as the deputy manager and seven other members of staff. We looked at the records relating to three people who lived at the home as well as medicine records. We also looked at staff records and quality audits completed by staff.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living there. One person told us, "They (the staff) keep me safe when I have a bath by making sure I don't fall over." Another person told us, "Staff make sure I am safe when hoisting me." A further person told us, "Staff make sure I am safe". Some people we spoke with were unable to verbally tell us whether they felt safe. However we saw people were relaxed with staff and smiled and responded well when staff provided care and support.

Relatives told us they felt their family members were safe living at the home. One relative told us their family member needed hoisting and that this was, "Done in a safe manner".

Staff we spoke with were able to tell us how they would protect people from the risk of abuse. Staff were able to describe different types of abuse people could be at risk from. Staff we spoke with were aware of their responsibility to report any actual or suspected abusive practice. One nurse told us, "If the manager was here I would discuss it with her" they knew the action they would need to take otherwise. A member of the care staff told us, "I would go straight to the manager" in the event of any abusive practices and added, "I would never stand for this."

One member of staff told us, "I have no concerns about people's safety. If I did I would get in touch with CQC (Care Quality Commission)". The same member of staff added, "I have never seen anything here which I have thought to be wrong." Information for staff regarding contacting the local authority was on display within the registered manager's office.

Staff told us they knew how to provide safe care to people due to attending handovers and from reading care plans as well as by talking with people about their personal wishes. Staff had an awareness of the risks associated with people's care and support and the measures in place to reduce these. For example we saw some people were assessed as at risk of developing sore skin. Special equipment was available to reduce these risks such as cushions to reduce the pressure on people's skin when they were sat. We saw risk assessments were in place for activities such as moving and handling and the use of wheelchairs. Throughout our inspection we saw staff transferred people safely using these items of equipment in a safe way. For example footrests were in place when people were transferred in a wheelchair. Equipment such as a hoist was serviced to ensure it was safe to use.

People told us they felt there was enough staff on duty to keep them safe. The registered manager told us how many staff were on duty each day. This number was confirmed by the staff we spoke with. One person who lived at the home told us "There are always plenty of staff to help look after me". A family member told us, "I believe there are enough staff to support my relative and other residents." The registered manager confirmed that agency staff were not used at the home. We were told staff who worked at the home would cover shifts in order to maintain continuity of care. Staff we spoke with told us they believed sufficient staff were available to meet people's needs. One member of staff told us, "We always have enough staff. We work well together. I have never seen an agency member of staff" since they had started working at the home.

People told us they received their medicines regularly. One person told us, "The nurses give me my tablets every day and they don't miss giving them to me". Another person told us, "If I am in pain or have a headache staff will give me some (name of medicine)". A further person told us, "I have to take medication every day" the same person added, "They (staff) stop with me to make sure I have taken it. It's at the same time every day." One relative told us, "Medication is given every day as prescribed by the doctor."

We saw the nurse on duty checked people's medicines against their records before they were administered. Medicines were stored safely and records were maintained to show when people had received their medicines. We checked people's medicines and found the correct amount remained except for one medicine prescribed for one person. Protocols were in place to guide staff when medicines were prescribed on an as and when basis. These showed indicators people could demonstrate if in need of their medicine such as facial expressions to indicate pain or discomfort.

We spoke with care staff and they were able to demonstrate knowledge of people who needed to have creams and ointments for differing skin conditions. The information given by staff was in line with the care documents we saw and showed people were receiving the care and treatment as prescribed.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One relative told us, "Staff are good at their job and are competent in the care they offer." People and their relatives believed staff were trained to provide care and support. Another relative told us, "Staff are good at their job and competent in the care they provide."

Staff we spoke with told us they believed they had received the right training to meet the needs of people who lived at the home. One member of staff told us, "We have a lot of training." Another member of staff described the training provided as, "Brilliant". Staff we spoke with confirmed they had received specialist training covering the needs of people who were living at the home such as peg feeding (an aid by which people receive the nutrition they need). One member of staff told us they had recently undertaken training in caring for people who lived with dementia. The staff member told us the training had, "Opened their eyes" and since the training had reviewed their practice around the care of people who lived with dementia. Staff confirmed they received regular updates and refreshers in their training. One member of staff told us they liked to receive refreshers in moving and handling due to changes in best practice to make sure they were moving people safely.

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 and made on their behalf must be in their best interest 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. 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 principals of the MCA.

We checked whether the registered manager was working within the principals of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection one DoL had been approved by the local authority. Other applications remained with the local authority and the registered manager was, at the time of our inspection, in the process of completing further applications.

People told us staff consulted with them before care and support was provided. One person told us, "When staff are doing things for me they tell me what they want to do for example when hoisting. That's okay with me." A family member told us, "Staff say to my relative what they would like to do and was that okay with them." We heard staff seek permission from people and gave clear guidance before they carried out any care and support. For example when using equipment such as a wheelchair people were consulted by staff while they provided care and support.

People told us they enjoyed the food and were given a choice of meals. One person told us "I really enjoy the

food that they (the staff) give me". The same person also told us, "It's hot and tasty and they give me more if I'm still hungry. Another person told us, "The food is lovely and plenty to pick."

We saw staff showed people a sample of the two choices available to them before lunch was served. People were able to visually see what was available to them and select which one they wanted. People told us they were able to have drinks throughout the day. During our inspection we saw staff offering people as well as their visitors hot and cold drinks. One person told us, "If I am thirsty during the day there's plenty of things about for me to help myself."

People told us they had access to their doctor and other healthcare professionals when they needed it. One person told us, "If I need to see my doctor or people like that staff arrange it for me." Relatives told us they were kept informed of any concerns and felt involved in their family members care. One relative told us, "Staff arrange all medical appointments and let us know what happened." Another family member told us, "Staff arrange for my relative to see the doctor when needed also the chiropodist." People's care records evidenced the involvement of healthcare professionals such as community nurses, dentists, opticians and chiropodists in people's care We saw one person was assessed as in need for a referral to a specialist due to them having a number of falls.

Is the service caring?

Our findings

All the people we spoke with told us they found the staff to be kind and caring. One person told us, "It's very nice here and the staff are very kind to me." Another person told us staff, "Speak to me kindly." A further person told us, "The staff are kind and considerate and have a passion for looking after the people here and nothing is too much trouble."

We observed the care and support provided for people throughout the inspection. We saw staff being kind and attentive at all times. When staff spoke with people we saw them knee down in order to maintain good eye to eye contact. Staff were seen to provide care which was in line with people's care plan to ensure their individual needs were met. We saw people laughing with staff throughout the day. People were seen talking with staff about everyday events such as the weather. When staff used equipment to provide care and support they were seen to provide people with reassurance throughout.

Visitors were seen throughout the day. We saw they were welcomed by staff and were relaxed with staff and their family members. Staff told us they believed the level of care provided to be good. One member of staff told us, "I would have a member of my family live here".

Staff had an awareness of people's likes and dislikes. Staff were able to access people's personal histories to give them an insight to what people liked, their family background and interests and hobbies. We saw staff spend time chatting with people about things people enjoyed. We saw staff introduce themselves to a person who had just arrived at the home. It was evident staff had ensured they knew some information about the person beforehand and had an awareness of their care and support needs.

People we spoke with felt involved in their care and told us they were listened to and their wishes taken in to account. People told us they could do what they wanted throughout the day. One person told us, "I can get up when I want and go to bed when I want." Another person told us they wanted to get up early each morning and staff assisted them to do this.

People told us they were treated with dignity and respect. People told us staff knocked their bedroom door and waited for a response before they entered. One person told us staff said who it was as they came in. During our inspection we saw staff knocked on bedroom doors. One person told us staff, "Make sure the curtains and doors are closed to make it private for me." Another person told us their privacy was maintained when staff washed them. A further person described how staff carried out personal care and told us, "It's dignified and done in a respectful way ensuring my privacy."

Staff had a good understanding of ways to ensure people were cared for with dignity and respect. Throughout our inspection we staff ensured bedroom and bathroom doors were closed before personal care was provided. We spoke with staff and they were able to describe their practise and how this ensured people's privacy was respected. One member of staff told us they believed staff offered, "A high standard of care" and "Treat people the way you would want to be treated."

Is the service responsive?

Our findings

People told us they were involved in planning their care. One person told us, "I know the staff look after me and know all about me and what care I need. They will only do what I can't." The same person also told us staff, "Sometimes sit and talk to me about what I would like and was everything okay." Another person told us, "Staff help me a lot. They are very good with me." Relatives told us they were involved in the care and support provided for their family member. One relative told us, "I was involved in the review of care and I felt listened too."

Plans of care regularly reviewed and updated showing changes in care needs. The care plans gave staff instructions as to how best meet people's identified needs. They also showed areas where people were able to be self-caring and independent in their care. Staff were aware of the need to encourage people to remain as independent as possible with their own personal care needs.

People told us staff responded well if they used their call bell. Throughout the inspection we heard and saw staff responded well in the event of people calling for assistance. We spoke with two people who were in their bedrooms and saw they had their call bell at hand. One relative told us, "Staff come and see our relative on a regular basis and come when the nurse call button is pressed and it's fairly quick too."

People told us they were able to do what they wanted to do each day. Some people told us they took part in hobbies and interests within the home while other people told us they liked to stay in their own rooms. One person told us, "There are activities from chair exercises to dominoes." Another person told us, "A lot going on" when we asked them what there was to do each day and, "People come in from the community to lead in singing and dancing." Another person told us, "I do read a lot and watch my television in my room." Another person told us, "I like to stay in my bedroom and do what I want to do." Staff told us there was usually something to do especially in the afternoon. People we spoke with who wanted to engage in hobbies confirmed this.

The provider issued satisfaction surveys to establish people's views about the quality of the care provided. One relative told us, "We received a questionnaire some time ago for our views of the home which we returned." We saw the provider had collated the results of the survey and had made the findings available. We found the comments received from people who used the service and their relatives were positive.

People we spoke with were aware of their right to complain about the service if they wished to do so. One person told us, "If I was worried about anything I would talk to the staff and they would help me". Another person also told us they would speak with staff if they were concerned about their care. A further person told us, "If I wasn't happy I would have a chat with the manager or the staff and I'm sure together we could put it right." A relative told us, "If I needed to raise any concerns I would speak to the staff who I know would help with the issue." Another relative told us, "If I have any concerns I will mention it to the manager who would respond in a positive way."

We spoke with the registered manager about complaints and they told us they did not receive any formal

complaints during the last year.

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person told us, "I know the manager" and added, "If I need anything they would do it for me."

A relative told us, "This is a wonderful home, with loving and caring staff and is well managed by the manager." The same relative added, "I have nothing but praise for them." Another relative told us, "There is nothing that I can think of that would improve the care and treatment that is provided by the management and staff." A further relative told us, "The manager and care staff are really good at their job. They communicate well and treat my relative as a person not as a resident."

Staff we spoke with told us they enjoyed working at the home. One member of staff told us, "I love working here" and "It's a lovely atmosphere, just like one big family." Another member of staff told us, "The friendliness of the staff is down to the management." A further member of staff told us, "The management are really good and easy to talk with. I can talk with the manager and talk with her at any time for any issues."

Staff told us they found the registered manager to be approachable, flexible and supportive. A member of staff told us, "Can always talk to her" and "Always there to support." Another member of staff told us "The management are supportive and brilliant. They care about the staff. They are the best management I have ever worked for."

The registered manager knew people well and was able to tell us about their care needs and the level of support people needed. We spoke with the deputy manager who also had a good understanding of people's needs. Both the registered manager and the deputy manager had a clear understanding of their role and responsibilities and worked as part of a team.

Staff we spoke with confirmed they received supervision and support from the registered manager. One person told us these covered different topics such as care planning as well as a means to discuss what was going well, not so well and any training needs. Staff also confirmed they were able to attend staff meetings every couple of months and that minutes from these meetings were taken. Staff were confident they could raise any areas of concern about the care and support provided. One member of staff told us, "I would be the first one to whistleblow if needed."

Regular audits took place to monitor the quality of the service provided for people. We were shown medicines audits undertaken by one of the nurses. The audits highlighted any shortfalls such as gaps in the records where staff had not signed for medicines. We saw systems were in place to bring to staff attention when shortfalls were noted. Other audits included care plans, infection control and accident monitoring.

No formal meetings which involved people who lived at the home were happening. The registered manager told us they tended to have discussions with individuals to see what they thought of the service provided. The registered manager was seen to be visible within home and seen chatting with people.

Meetings involving people's family members were not taking place at the time of our inspection. The registered manager told us they intended to introduce these as they had a new member of staff in post who was dealing with social events.