

Manor Care Homes Ltd

Summerville

Inspection report

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Date of inspection visit:
10 September 2019

Date of publication:
16 October 2019

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

Summerville is a residential care home providing accommodation and personal care for up to four people with learning disabilities and other needs. Some of their needs included behaviours that challenged, emotional and communication needs. At the time of the inspection three people lived at the service. They each received personal care, which is help with tasks related to personal hygiene and eating.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service could live as full a life as possible and achieve the best possible outcomes that included control, choice and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People told us they felt safe living at Summerville, we saw they were relaxed and confident with the staff who supported them.

Medicines were stored and managed safely. Policies and procedures supported the safe administration of medicines. People received their medicines when they needed them and staff who gave medicines were trained and their competency checked.

People were protected from abuse. When potential safeguarding incidents occurred, staff followed correct processes and reporting procedures and had received regular safeguarding training. Managers investigated concerns and informed the Local Authority safeguarding team and the Care Quality Commission (CQC) as required. A matter was being investigated by the Local Authority Safeguarding team and remained ongoing at the time of this inspection.

Staff were knowledgeable about the Mental Capacity Act 2005. They knew to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation and design of the service.

Care plans were up to date and contained the level of detail needed. Risks to people had been identified, detailed risk assessments were in place as well as guidance mitigate risk. Accurate records about people's care and treatment had been kept and were up to date.

People's care was based on their needs and preferences. People were supported to do things they enjoyed and independently choose how to spend their time. An appropriate accessible complaints system was in place.

People and their families were involved in assessments to ensure the service could meet their needs. Staff received training and support they required to enable them to fulfil their roles. 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 told or indicated to us they were happy living at Summerville and liked the staff team who supported them. They were supported to express their opinions about their care. People and staff had positive relationships. Staff understood people's conditions and needs well and responded to provide the support they needed. Managers understood and met their regulatory responsibilities.

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 Requires Improvement (published 4 October 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Summerville

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 one inspector.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. Once registered, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and 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 met and spoke with each person who used the service. 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 spoke with three members of staff including the manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider failed to ensure medicine records were completed accurately and PRN (as and when needed) medicines were always used appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Medicines were administered, stored and managed safely. Medicines records were completed accurately. People received their medicines when they needed them.
- Some people were prescribed PRN medicines to help them manage their anxiety. Guidance set out for staff when to give the medicine, how often and what to do if the medicine was not effective.
- Staff followed guidance given by GPs and the provider's procedures. Staff recorded how much medicine they gave people, the time they received it and records showed who had given the medicine.
- Staff received training to administer medicines and their competencies were checked regularly.
- Daily medicine checks ensured potential discrepancies were identified at the earliest opportunity and action was taken to address any concerns.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people had been identified and detailed risk assessments guided staff about how to reduce risk.
- Some people had behaviours which could be potentially challenging for themselves, staff and other people. Care plans contained strategies about how to support people when their challenging behaviour occurred. Records, completed by staff, provided a basis for health and social care professionals to assess any other support required.
- Where people needed prompting about what to do to remain safe, staff were knowledgeable about their needs and supported them well. For example, a person needed reminding to eat slowly and to swallow what was in their mouth before putting more in. A person needed frequent prompting about what to do because of a condition which made them stop breathing.
- Staff recognised and took pride in the importance of properly understanding the support people needed and the risks their conditions posed. Staff were kept up to date of changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- Positive risk taking was encouraged following detailed assessments of risk and review. For example, some

people attended venues and events in the community with minimal support.

- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required. The home was clean and well kept. Some people helped with household cleaning duties and their own washing.

Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the manager would take appropriate action when needed.
- The manager had built up a relationship and discussed with the local safeguarding authority any concerns they may have. Safeguarding concerns were recorded and appropriate action taken.
- The manager had recently reported a matter to the local safeguarding authority and the police; investigation was ongoing at the time of our inspection.
- Staff had received training and had access to local safeguarding guidelines.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff supported people when needed and responded to them quickly. People told us there were always enough staff. One person pointed to a board showing photographs and the names of staff and told us, "There are always enough staff, they are good."
- Staff told us there were enough staff to meet people's needs. Staffing was more than people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were not used.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the manager. They looked at how each accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- Policies about dealing with incidents and accidents and subsequent reviews of risk assessments were effective. Records showed there was a low rate of incidents and accidents.

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 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

- People's needs, and choices were assessed before they moved to the service. Where needed, this included input from people's families. This ensured care was effective and in line with guidance.
- Care plans and risk assessments created a holistic guide which enabled staff to support people in the best way possible.
- Assessments considered any needs people might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's life choices, disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Staff received a combination of online and face-to-face training, including first aid, fire safety and health and safety.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in epilepsy, mental health and behaviours that challenge.
- Staff told us they felt well supported and received regular supervision and an annual appraisal. Staff received the support they needed to enable them to develop into their role with the skills and confidence required to support people well.

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

- Staff supported people well with their physical and mental health needs. The service had introduced a 'Healthy mind, Healthy body' initiative, this supported and encouraged people to consider what they did and what they ate; promoting exercise and making healthy eating choices.
- People had access to healthcare to maintain their health and well-being. People's support plans showed they had accessed services such as GP, neurologists, mental health services, dentists and occupational and physiotherapists.
- People's health needs were clearly documented within their care plans. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- Appointments were clearly documented together with any outcome or actions that needed to be completed.
- Staff sought medical advice when they noticed change in people's needs and ensured annual health checks were completed. For example, where people experienced epileptic seizures, specialist neurological

and medicine reviews took place.

- There was information for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

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

- People were able to choose what they ate, and some people helped to prepare meals. Staff encouraged people to cook and eat healthy meals.
- One person told us, "The food is good." Another person sat at the table early for each meal because they looked forward to it. We saw them eating and they clearly enjoyed their meal.
- One person enjoyed shopping and took charge of the weekly food shopping. Menus were planned weekly and people told us they had a wide variety of food which they enjoyed.
- People sometimes ate the same meal or they all ate different things, which staff supported them to do. Some people were able to help with food preparation tasks.
- One person received close supervision and support to eat and drink. Their food and drinks were prepared in a specific way to reduce the risk of choking. Staff understood why this specialist guidance was in place and ensured it was always followed.

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 found that they were. Staff supported people to make decisions about how they spent their time and what to eat or wear. People's care plans contained guidance about how to support people to make decisions including using short, closed questions or offering only limited choices at a time.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests; this included people's families.
- People had DoLS authorisations in place. Where applicable, any conditions of the DoLS were being met.
- When people were able to make their own decisions, staff respected their decisions.

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

- The home was well decorated and well furnished. A program of ongoing decoration and repair ensured maintenance kept ahead of the rate of wear.
- A bathroom was due to be refurbished to coincide with a person's holiday. This was arranged to cause minimum disruption and anxiety for a person about the temporary prospect of sharing a bathroom.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- The garden was secure, accessible and well maintained. It provided additional seating and relaxation areas for people to enjoy, including an art and craft studio.

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.

Good: At the last inspection this key question was rated as Good. At this inspection, this key question 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

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. One person commented, "The staff are kind and friendly," another person smiled and nodded their head in agreement when we asked if they were treated well. Observation of interaction of people and staff showed people were welcoming and confident when staff engaged with them.
- During our inspection there was a calm atmosphere, people spent time as they wished. Staff interactions with people were positive and encouraging.
- Staff spoke kindly with people and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff and smiled often.
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans. Staff had received training about equality and diversity and there were policies and procedures to support this.
- Staff helped people to keep in touch with their family and friends and organised social events in the garden, at the home and other services owned by the provider.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported, their daily personal care, preferred name and preferred daily routine.
- People decided how they wanted to be supported. The manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. Some people needed complete support and other people were more independent. For example, people chose what they wanted to eat, whether they wanted a bath or shower and what activities they wanted to participate in.
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet or giving another person some space and reassurance when they became agitated.
- Staff told us how they protected people's dignity, giving examples of covering people with towels, only leaving the area exposed which was being washed.

- Staff were attentive and observant of people's needs, some people preferred to be supervised from a distance, while other people needed more intensive support.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- Some people carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.

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 remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individual care plan which detailed the support they needed, and how staff should provide that support.
- Care plans were regularly reviewed, and any changes were updated immediately.
- Care plans were written with people, taking into consideration information and advice from health professionals such as specialist nurses, occupational and physiotherapists as well as speech and language therapists.

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.

- Information in the service was available in a variety of formats to meet people's communication needs. For example, information was provided in easy read format and large print. Staff used these methods to explain things to people and find out what they thought of the support they received.
- Staff provided support to people who required it, for example staff supported some people with letters they received if they did not understand the content.

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

- People were encouraged to participate in a range of activities. They chose activities inside and outside of the service and in the local community. These included arts and crafts as well as going to various day centres including life skills, discos, drama club, swimming and trips to the shops. One person had work placement in a local pet shop. Other people went to special screenings at the local cinema, which were quieter and more suited for people with autism.
- People were supported to travel, some having been on holiday and to see their families. Staff arranged BBQs for people to which the local community and people from other services were invited.
- Staff supported people to take part in activities of their choice, often on a one to one level. Staff shifts patterns considered people's activities and were changed when needed to accommodate them. This provided consistency of support for people, for example, if they wanted to go out for a full day.
- Family and friends who were important to people were clearly shown in their care plans as well as the roles they played in people's lives. This helped staff understand people's support networks and their relationships, which helped people to maintain family bonds and friendships. Staff were aware how

important this was to people and their families.

Improving care quality in response to complaints or concerns

- The complaints procedure explained to people what to do if they wanted to make a complaint. It contained information about how a complaint would be dealt with by the manager and provider as well as signposting people where to take their complaint if people were not satisfied with the response. Such as the Local Government Ombudsman.
- The manager told us they encouraged people to complain and express their views when they were unhappy or wanted something to change.
- There was an easy read guide about complaints on display at the service. People knew how to complain and told us they would do so if they felt the need to.
- One person told us, "I have no complaints."
- Staff were familiar with the complaints process and told us how they would support some people if they needed to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- Staff had discussed people's religious preferences with them and had had discussions with some people and their relatives to develop end of life plans.
- Some people had funeral arrangements in place.

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 Requires Improvement. At this inspection this key question has now improved 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

At the last inspection, auditing and monitoring checks and processes were in place, but were not fully embedded. This was because where some issues were identified, action had not always been taken to rectify or address them.

- At this inspection there were effective systems in place to monitor the quality of the service. The manager, provider and key staff completed regular audits on all areas of the service. When shortfalls were identified, they were actioned quickly and signed off when complete. The manager completed spot audits, to check that staff were always working to the required standard.
- Systems were in place to make sure care plans and medicine records were accurate and up to date.
- Provider audits maintained an oversight of the quality of service provided and ensured manager checks were thorough and effective.
- The manager understood the responsibilities of their forthcoming registration.
- Registered bodies are required to notify the Care Quality Commission (CQC) of specific incidents relating to the service. We found where needed, notifications had been sent to us appropriately.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

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

- The provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires.
- Feedback reviewed from was positive; people were happy with the service and support they received. Relatives provided positive feedback in written messages of thanks to the staff.
- Some people were able to share feedback about the service, staff and improvements through regular one to one meetings and informally in their daily interaction with staff.

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

- People and staff spoke of a positive culture, which led to positive outcomes for people. For example, increased social activity and positive engagement for people. One person was particularly proud of their work placement.
- Staff were knowledgeable about people's needs. Staff and managers were passionate about providing people with an opportunity to become more independent and positively engage where possible with the community.
- Staff and people had built up a good rapport with local businesses and day centres and were proud to work at the service and of the support people received.

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 duty of candour policy, which outlined how they should respond when something went wrong.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- The management team were involved with several positive practice networks, and used any information shared to improve care and treatment for people living at Summerville.
- We received positive feedback from healthcare professionals who worked closely with the service.