

HC-One No.1 Limited

# Summerville Care Home

## Inspection report

Hill Top Road  
Stockton Heath  
Warrington  
Cheshire  
WA4 2EF

Date of inspection visit:  
22 February 2023  
23 March 2023

Date of publication:  
06 July 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Summerville Care Home is a residential care home providing nursing and personal care for up to 45 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 31 people using the service.

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

People told us they were safe at the home. One person said about the home, "Oh, its lovely. The staff are fine. I've never seen anything that would upset me." They told us they had confidence in reporting anything of concern to staff. Another person said, "They treat me nice; I'm quite happy here." We saw that people had positive, comfortable, and relaxed interactions with staff members. People told us they trusted the staff caring for them.

There was a calm atmosphere at the home and there were positive relationships between people at the home and staff members. We observed staff being attentive, kind, and respectful to people and their needs. One person told us, "The staff can't do enough for us." Another person said, "The staff are great."

Staff, some people and their families told us the culture of the home was not always open, inclusive, and empowering. There had been some improvement in culture and management engaging with other staff members. However, this had not always been effective, was not embedded and had not led to significant improvements in the culture amongst the staff team.

People's family members told us the new manager had not been visible, there had been minimal interactions with them, and they had not communicated effectively. They told us that frequent changes of management at the home has had a destabilising effect.

The provider was responsive to our feedback and took steps to address the culture of the service.

The service provided for people was safe; risks in people's care were monitored and well managed. Staff received appropriate training to support people safely. The provider had ensured the building and its services were well maintained and safe. People's medicines were safely managed.

There were enough staff at the home to meet people's needs safely. The provider had a system for assessing people's support needs and deploying staff to meet people's needs safely.

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 and their family member told us the home was clean, fresh and well maintained. One person told us,

"The home is immaculately clean."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 26 October 2021).

#### Why we inspected

The inspection was prompted in part due to concerns highlighted during our ongoing monitoring of the service in relation to the culture and leadership of the service. A decision was made for us to inspect and examine those risks.

The provider took action during the inspection window to mitigate these risks.

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.

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, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerville Care Home on our website at [www.cqc.org.uk](http://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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Summerville 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

The inspection was carried out by two inspectors.

#### Service and service type

Summerville 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. Summerville 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 not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 received feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and five people's family members about their experiences at the home and the care provided. We also spoke with provider's area director, home manager, deputy manager and 13 other staff members.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at the recruitment files for 3 staff employed since our last inspection.

#### After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of records relating to the safe management of the service including audits, safety checks and training records.

# Is the service safe?

## Our findings

### 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.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they were safe at the home. One person said about the home, "Oh, its lovely. The staff are fine. I've never seen anything that would upset me." They told us they had confidence in reporting anything of concern to staff. Another person said, "They treat me nice; I'm quite happy here." We saw that people had positive, comfortable, and relaxed interactions with staff members. People told us they trusted the staff caring for them.
- Staff received training in safeguarding adults from abuse. The provider had oversight of safeguarding alerts that had been raised at the home, any outcomes from investigations and lessons learned.

### Assessing risk, safety monitoring and management

- The service provided for people was safe; risks in people's care were monitored and well managed.
- Each person had a detailed assessment of risks that may be present when supporting them. These provided the information that staff members needed to care for and support people safely.
- There were systems in place to help ensure the ongoing assessment and updating of risk; especially of people who had a temporary concern or illness that may need particular attention. One way of doing this was with monthly organisational learning meetings.
- The provider had oversight of risk at the home and produced detailed monthly reports, this information was used for ongoing improvements and learning. For example, there were initiatives to help prevent unplanned weight loss and help prevent people having falls.
- Staff received appropriate training to support people safely. The provider had ensured the building and its services, were well maintained and safe.

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

- There were enough staff at the home to meet people's needs safely.
- The provider had a system for assessing people's support needs and deploying staff to meet people's needs safely.
- New staff were recruited safely. A series of checks took place on new staff members, including confirming people identification, conduct in previous employment and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were checks in place to help ensure that any temporary staff had the appropriate training and were safe to work at the home.

#### Learning lessons when things go wrong

- There was a system in place for recording and learning from accidents and incidents. This system helped ensure that appropriate investigations and actions took place and the provider was aware of each incident.
- The provider used this system for looking for trends and taking action if there was anything to indicate people were at risk of having a negative outcome.

#### Using medicines safely

- People's medicines were safely managed.
- Staff had all the information needed to ensure people received the right medicines safely, and accurate records of all medicines administered were kept. There was a new medication room which helped with the organisation of medicines. People were supported to manage their own medicines when it was safe to do so.
- Staff held regular medication reviews with people and their GP. This had led to some people having a reduction in medicines and others having more appropriate medication. This reduced the chances of people having adverse side effects from medicines.
- Staff had the skills and knowledge to ensure people received their medicines safely. Staff managing medicines received appropriate training and has their competencies checked. The number of staff trained to administer medicines was being increased, to ensure the team was robust.

#### Preventing and controlling infection

- The provider had ensured that the risk from COVID-19 and other infections was mitigated and any outbreak was effectively managed.
- The provider was admitting people safely to the service and was preventing visitors from catching and spreading infections. The provider's infection prevention and control policy was up to date.
- People and their family members told us the home was clean, fresh and well maintained. One person told us, "The home is immaculately clean."



# 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 for this key question has remained requires improvement. There had been improvements in aspects of the culture within the service, however they were inconsistent, and they had not always created positive or inclusive working relationships amongst the staff team.

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

- Staff, some people and their families told us the culture of the home was not always open, inclusive, and empowering. There had been some improvement in culture and management engaging with other staff members. However, this had not always been effective, was not embedded and had not led to significant improvements in the culture amongst the staff team.
- Staff members described some improvements in the culture at the home. However most still described poor interactions, feeling unsupported and a lack of confidence in the management of the home.
- People's family members told us the new manager had not been visible, there had been minimal interactions with them, and they had not communicated effectively. They told us that frequent changes of management at the home has had a destabilising effect.
- There was a calm atmosphere at the home and there were positive relationships between people at the home and staff members. We observed staff being attentive, kind, and respectful to people and their needs. One person told us, "The staff can't do enough for us." Another person said, "The staff are great."

The provider was responsive to our feedback and took steps to address the culture of the service.

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

- Senior staff were not always clear about how they influenced and had an impact on the culture of the service and did not have a clear strategy for improving the relationship between management and staff members.
- Staff were knowledgeable about their roles and understood quality of care, risks and effective record keeping. A daily update meeting was held each morning attended by staff from each department within the home. During this meeting staff were allocated tasks and gave updates to the management. Each person had a keyworker who took the lead with their care, people told us they knew who their keyworker was.
- An area manager representing the provider had made frequent visits to the home as part of their ongoing assessment of safety and quality.
- There was a daily work routine which was updated each day; this identified staff and their responsibilities and roles for the day. This helped ensure that staff members understood their areas of responsibilities and which people they were taking the lead in supporting each morning. Staff told us this helped them focus on their responsibilities and ensured people received the care and support they needed in a timely manner.

- The provider had systems to monitor risks in people's care and support. This information was used to mitigate risks and help prevent people being exposed to the risk of harm. This information was also used to ensure appropriate information sharing and referrals were made to health and social care professionals.

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 and senior management understood their responsibilities under the duty of candour. They had ensured that safeguarding alerts were raised appropriately and statutory notification to the CQC had been submitted.
- The provider and manager had been candid when informing people that something had gone wrong. However, some family members told us that it was at times difficult to obtain information and that confirmation of any actions taken, had at times taken too long.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Engaging and involving people, their families and staff had remained inconsistent.
- People's family members told us that communication from management of the home was inconsistent.
- Some people's family members told us they felt welcome at the home. One person told us, "My children can come and go as they likes; they feel welcome." Others told us they didn't always receive a warm welcome.
- The home had a wellbeing coordinator who included people as much as they wanted to in the social aspects of the home. The wellbeing coordinator spend some one-to-one time with people in their rooms to help ensure that their equality characteristics were met in every way possible.