Mr & Mrs M Covell

Summerleaze Residential Home

Inspection report

Summerleaze
79-81 Salterton Road
Exmouth
Devon
EX8 2EW
Tel: 01395 279349
Website: www.summerleazecare.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection on 14 and 20 August 2015. Summerleaze Residential Home provides care and accommodation for up to 31 people. On the first day of the inspection there were 30 people staying at the service.

We undertook an inspection in March 2014 and found the service was compliant in the one outcome inspected.

The service has two registered managers who share the role, only one was available at the inspection as the other was on leave. 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

Summary of findings

service is run. Everyone was positive about the registered managers and felt they were approachable and caring. The registered manager we met was very visible at the service and undertook an active role. They promoted a strong caring and supportive approach to staff as they felt this was then the culture in which staff cared for people at the service.

People were not protected from unsafe and unsuitable premises. In particular, we highlighted scald risks from the hot water supply and windows on the first floor which were not restricted to prevent vulnerable people from the risk of falling out. During the inspection, the registered manager took immediate steps to mitigate the risks of both the concerns regarding the hot water supply and the windows safety.

There were sufficient staff numbers of suitable staff to keep people safe and meet their needs. The staff and registered manager undertook additional shifts when necessary to ensure staffing levels were maintained.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. The majority of care staff had undertaken relevant qualifications in health and social care. Staff had the skills and knowledge to meet people's needs. The registered manager was implementing training which the provider had purchased to ensure all staff had undertaken the provider's mandatory training.

People were supported to eat and drink enough and maintained a balanced diet. People and visitors were positive about the food at the service.

People and relatives said staff treated their relatives with dignity and respect at all times in a caring and compassionate way. People received their prescribed medicines on time and in a safe way.

Staff supported people to follow their interests and take part in social activities. A designated activity person was employed by the provider and implemented an activity programme for everyone living at the service.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. However they had not identified the environmental concerns we highlighted. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had a clear understanding how to respond to concerns appropriately.

We found one breach of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The premises and equipment were not always managed to keep people safe. We highlighted scald risks related to the hot water supply at the home and windows on the first floor which had openings which put vulnerable people at risk.

Staffing levels were monitored to make sure there were always sufficient staff to meet people's individual needs and to keep them safe.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

The provider had robust recruitment processes in place.

People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, supervision and appraisals. The majority of care staff had a higher health and social care qualifications. The registered manager was looking to improve the implementation and recording of mandatory training at the service.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?

Good

The service was caring.

People, relatives and health and social care professionals gave positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect.

Staff knew the people they supported, their personal histories and daily preferences.

Staff were friendly in their approach and maintained people's privacy and dignity while undertaking tasks.

People were involved in making decisions and planning their own care on a day to day basis.

Summary of findings

Is the service responsive?

Good

The service was responsive to people's needs.

Staff made referrals to health services promptly when they recognised people's needs had changed.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were personalised and provided a detailed account of how staff should support them. Their care needs were regularly reviewed, assessed and recorded.

People knew how to raise a concern or complaint. The registered manager dealt with complaints appropriately and in a timely manner.

People were supported to take part in social activities. Activities were in place to ensure people were not at risk of social isolation.

Is the service well-led?

Good

The service was well led.

Although there were systems to assess the quality of the service provided, these were not always effective. The provider had not identified environmental risks through their quality monitoring. However the registered manager responded quickly and appropriately when the environmental risks were highlighted during the inspection.

There were two registered managers at the service. The staff were well supported by the registered managers and there were systems in place for staff to discuss their practice and to report concerns.

People and staff were actively involved in developing the service.

Summerleaze Residential 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 checked 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 14 and 20 August 2015 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed most of the people who lived at the service and received feedback from 18 people who were able to tell us about their experiences. We also talked with three visitors.

We spoke with 11 staff, which included senior care workers, team leaders, care staff, support staff and one of the registered managers.

We looked at the care provided to four people which included looking at their care records and looking at the care they received at the service. We also looked at care records for one of these people on the new computerised data base the provider was in the process of putting into place which would be going live on the 4 September 2015. We reviewed the medicine records of five people. We looked at four staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Before the inspection we contacted the local authority commissioner and eight health and social care professionals that supported people at the service to ask for their views about the service and received feedback from four.

Requires Improvement

Is the service safe?

Our findings

People were not protected from the risks of unsafe unsuitable premises. On the first day of the inspection we found seven windows on the first floor of the home without window restrictors in place, which had openings above the 100 millimetres maximum as recommended by the Health and Safety Executive (HSE). This meant vulnerable people had access to window openings large enough to climb through and fall out of, at a height that could cause them harm. On the second day of our inspection the registered manager had checked all of the windows on the first floor of the home. A window company had visited and put in window restrictors on some of the windows. The registered manager said there were a few windows which required specific window restrictors, which had been ordered and would be fitted by the end of September 2015.

On the first day of the inspection, hot water taps in people's bedrooms and communal bathrooms and toilets were too hot to hold our hands under after running for 30 seconds. This presented a serious risk of scalds for people who lived at the home. On the second day of our visit the registered manager had taken action to make people safe. They had put up hot water warning signs above every hot tap used by people at the service. The maintenance person had taken temperature readings of all taps in the home and had identified the temperatures exceeded the HSE recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). The registered manager had worked with an external plumber and the maintenance person to turn down the boiler temperature. The maintenance person undertook daily checks of each tap to make sure the water temperatures were safe. The registered manager was aware turning down the boiler was a very short term solution. They said after discussions with the plumber they were considering putting in place thermostatic mixing valves (TMVs). Following the inspection the provider informed us a detailed survey had been carried out by a local plumbing company and work was underway to install TMV's on all hot water taps in people's rooms and communal toilets. The work was expected to be completed by the 2 October 2015.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and stair lift and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record maintenance issues and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

People said they felt safe and were happy at the home. People were protected by staff that were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They knew how to report abuse both internally to management and externally to outside agencies when necessary. The registered manager raised concerns with the local authority when required and kept the commission informed of any safeguarding concerns.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, mobility, personal safety and manual handling. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People identified as at an increased risk of falling out of bed had an assessment undertaken and appropriate actions were undertaken, such as using bedrails and a high low bed. People assessed as at risk of developing pressure sores had equipment in place to protect them. This included pressure relieving mattresses on their beds and cushions on their chairs.

People received their medicines safely and on time. We observed people being given their medicines and talked with staff about people's medicines. People were happy with how they received their medicines. Comments included, "They are very pill minded here-they bring it and manage it, which is how I like it." And "They are quite regular with my tablets, I feel safe." The staff had undertaken risk assessments for people who wanted to administer their own medicines. They regularly reviewed the decision with the people and undertook a monthly medicines audit to ensure there were no discrepancies. Staff said if a person who was self-medicating became unwell they would undertake a review with the person and consider their options. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. Medicines were managed, stored and administered to people as

Is the service safe?

prescribed and disposed of safely where they were no longer required. The home had clear guidance and protocols in place and staff knew when it was appropriate to use 'when required' medicines.

Medicines which required refrigeration were stored at the recommended temperature and staff had guidance about what to do if the fridge temperature was outside of the recommended range. However there were gaps in the fridge monitoring chart where staff had not always followed procedure and monitored daily the fridge temperature. This had not impacted on people's medicines being unsafe to use as the fridge recorded the minimum and maximum temperatures since the last reading. This meant when the temperature had been monitored it had fallen within the recommended range. We discussed this with the registered manager who reassured us they were working with the staff to improve their recording.

The provider ensured there were sufficient numbers of suitable staff on duty to meet the needs of people living at the service. People's dependency levels were assessed by staff prior to admission and was reviewed monthly to ensure the service could meet their needs. People said they felt there were adequate staff levels to meet their needs and that staff responded to their call bells promptly. Comments included, "It feels sparse at times and others not but they come quickly when I ring my bell." Staff said they felt there were adequate staff levels to meet people's needs. The registered manager said if staff raised concerns about the workload increasing at the service they would work alongside staff and assess whether staff levels needed to be increased. The night staff and day staff overlapped in the morning by one hour. The registered manager said this was in order for staff continuity, to manage the higher requests from people who wanted to be supported and to improve teamwork between the night and day staff.

The registered manager said they did not use agency staff at the service as they felt they would not familiar with the routine at the home and people's needs. They said staff would undertake additional duties and they would also undertake shifts where there were staffing gaps. The registered manager had a system in place that a designated care worker was expected to work shifts in the event of an unexpected staff absence. The registered manager was aware they had a few staff leaving and were actively recruiting to these posts.

The service had clear disciplinary procedures in place. The registered manager had used the policy in consultation with the provider's legal advisors to take disciplinary action when they identified a staff member had demonstrated unsafe practice.

The registered manager oversaw the recruitment at the service. Staff files for the most recently recruited staff included completed application forms and pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider recorded in their PIR, 'Robust recruitment and selection process including using an online DBS system which is fast and trackable'.

Communal areas and people's rooms were clean with no unpleasant odours. People were very complimentary about the cleanliness of the service. Comments included, "The cleanliness here is very good, they work hard to keep everything clean". Staff said personal protective equipment (PPE) was available and there were ample supplies of gloves and aprons around the home. Staff wore protective tabards when dealing with food which were washed after every mealtime. There were hand sanitising unit throughout the home with guidance for people on how to use them. There were hand washing procedures displayed in bathrooms and toilets to promote good hand hygiene. Liquid soap and paper towels were available which helped to reduce the spread of infection. The laundry area although small was tidy with a system to keep clean and soiled linen separate to prevent the risk of cross infection.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. Night staff ensured the security of the service when they came on shift. The night staff used a 'check it' system which is an electrical device where they scanned a bar code as they enter a person's room and then recorded the presentation of the person and actions they had taken. The registered manager said the system was good as they were able to monitor if people were being checked at night. If staff recorded on this system that a person had fallen this would be alerted to the registered managers and provider so they were able to follow up the following day. The registered manager said the system was

Requires Improvement

Is the service safe?

good however staff did sometimes forget to use the system and the provider was considering whether they needed this system as well as the new computerised system they were implementing. Staff would have tablet devices with the new computer system and they would record their actions as they were undertaking tasks.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and knowledge to meet their needs. All of the care staff, with the exception of one, held a qualification in health and social care. However not all staff had completed the provider's mandatory training and there was no clear system to show the training staff had received. The registered manager said the provider had invested in a new training system which they were in the process of implementing with a senior staff member to ensure all training was completed. The registered manager said they would be adding staff training records to the new computer system which would keep them informed of training gaps.

The registered managers and most staff were undertaking a level two certificate in the principles of dementia care. The registered manager said the provider had focused on staff undertaking this training so they would have the required knowledge to provide support for people living at the service with dementia. Senior staff had been nominated as fire wardens and they ensured all staff undertook fire training. On the second day of our visit staff were attending a manual handling training provided by an external company. The training facilitator said they provided regular manual handling and first aid training at the service. They confirmed the manual handling training was a refresher course for many staff along with an introduction for some new staff. The training was well attended and involved both theory and practical training.

Staff received supervision and appraisals on a regular basis. Staff said they felt supported by the senior staff and registered managers. The provider undertook senior staff appraisals and supervisions; Senior staff said they worked alongside the registered manager and kept her informed of any issues they had or training they required. The registered manager said they would discuss taking over the senior staff supervisions so they could formally meet with staff and document their requirement and goals.

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Comments included, "I worked with (staff member) for three shifts, because I have done it before. I was quite happy with the induction I had." The registered manager said they were introducing the new Care Certificate which had been introduced in April 2015 as national training in best practice.

People who lacked mental capacity to take particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty.

There was nobody at the service subject to an application to deprive them of their liberties. The registered manager had completed the training provided by the local authority and were happy they could contact the local authority DoLS team for guidance when required. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. One visitor said, "I mentioned I was concerned about (friend's) eyesight, they acted really quickly - two days later they had arranged for an optician to visit." Referrals to specialist services were made through either the GP or, where appropriate, direct to the service. For example, community nurses, dieticians, physiotherapist, dentists, audiology and chiropodist. The registered manager said they monitored appointments using a visits and appointments form.

GPs of people who use the service said they had no concerns about the service and had confidence in the staff to make referrals promptly. One person said they hadn't felt very well that day and the staff had been brilliant; they had advised them to rest on their bed and had arranged for a doctor to visit. The registered manager gave an example of working in partnership with a person's GP. Staff had recognised one person was displaying particular behaviours which suggested a particular disease. They had spoken with the GP regarding their views and the outcome was that they were correct.

Good

Is the service effective?

Records confirmed the staff had worked with the mental health team to address people's mental health needs. The service monitored people's health and care needs, and acted on issues identified. For example, during our visit staff promptly contacted a GP because they had concerns about a person's poor urine output. This resulted in a community nurse attending to take action. The community nurse team said staff reported concerns quickly and feedback was prompt and appropriate.

People were supported to eat and drink enough and maintain a balanced diet. The service had a four week rotating menu which people at the home had been involved in developing. There was one main meal choice at the lunch time meal with two dessert options. People were very happy with the quality of food at the home. Comments included, "The food is very good" and "Some you like some you don't like, sometimes sufficient sometimes not depends on my appetite. The quality is quite good." However there was mixed feedback regarding the single meal option. One person said, "The food is quite good, no choice, if I don't like something it is difficult to get something different. If you refuse the first offer you end up not getting anything." A second person said "The food is very good, no we don't get a choice but we do get a good variation. If we didn't like something we would tell them they would get us something else." People were given a choice regarding their evening meal. One person said, "They will ask you in the afternoon what you would like the following evening for supper. We have choices like soup and sandwiches."

We observed two lunchtime meals at the inspection and people were having different meals. For example, one person said they didn't like fish, "I have sausages when we have fish." Another person was not having the fried fish option they had poached fish. On the second day a third person was happily eating a vegetarian option with quorn. We observed a person who rejected the food offered; they said to the staff, "I can't eat this." Staff asked the person if they would like something else, a sandwich or something and an alternative was found. People were offered a choice of two desserts and when one person did not fancy either of the options staff offered them a yogurt which they then enjoyed. The registered manager said "We find out what people like when they first come in and ensure they have an alternative option when something is on the menu they do not like."

The majority of people had chosen to have their lunch in the dining room at the home. People who had chosen to have their meals in their rooms had received their meals before those served in the main dining room. The cook served meals from a servery and staff ensured each table were served in turn and could adjust meals sizes as requested. The lunchtime experience was different on the two days. On the first day pop music was playing on a radio and the majority of staff were task focused and chatted amongst themselves and forgot to include people sat at the tables. This was particularly noticeable for two people who were sat alone and the only communication was to ask them if they wanted condiments and their drink and dessert choices. However on the second day more appropriate music was playing in the background which a person was happily singing along to. There was a pleasant atmosphere with staff engaging with people and general socialising and chatting. Staff appeared calm and unrushed, staff were offering people support discreetly and appropriately. People said they were happy with their mealtime experience at the service. The registered manager said they felt the second day was more of a reflection of the normal mealtime experience and felt our first visit had impacted on the staff's confidence.

On the first day of the inspection there was a very small white board displaying the menu which was difficult for people to see. One person said, There is no menu at lunch time, we don't know what is for lunch until it comes." On the second day of our visit the registered manager and a staff member had put in place menus on each table in the dining room. The menus were illustrated on the back with photographs of flowers taken by the staff member. The staff member said they had produced menu cards for the four week cycle and that they intended to keep the photographs updated to reflect the seasons. People were very pleased with the new menu's and were seen chatting about the photographs.

Good

Is the service caring?

Our findings

The majority of people were very positive about staff. Comments included, “99% are kind and caring, there are some real gems here.” “They are all lovely” and “I am quite safe here, they look after me very well.” However one person said, “It is them and us, the staff attitude is alright but no friendly connection.” The registered manager said they had spoken with a person at the service who had made a similar comment and they were looking at ways to improve staff interaction.

Staff talked with us about individuals in the home in a compassionate and caring way. They said they spent time getting to know the person and demonstrated a good knowledge of people’s needs, likes and dislikes. Care plans were focused on the person and their individual needs, choices and preferences and contained personal histories.

People were given support when making decisions about their day to day preferences and planning their own care. One staff member said, “We have a chat about what they would like to wear and I make suggestions, we have a good laugh together”. A person said, “They always ask me what I want to do, I am quite easily pleased really.”

People were as independent as they wanted to be, they were able to choose whether to remain in their rooms or use communal areas which were on each floor. People used the stair lift to go down to the dining room when they were ready for lunch but chose not to use the communal area on the same level. The registered manager said they had tried unsuccessfully to encourage people to use the communal area more by their new office. They said they thought people preferred the other lounge because it was busier with staff popping through and being so close to the kitchen and laundry. Another person used the outside decking area to have a cigarette. Staff had ensured they were protected from the weather by using a rain mac and a parasol. The person said, “I am quite happy out here, I can make my own way back, I can ask for help if I need it.”

Staff responded to people’s needs quickly and showed concern for their wellbeing in a caring way. One person was feeling unwell; they said “I am under the weather today” and had decided not to go to the dining room for lunch. Staff were very attentive and kept checking they had everything they needed.

Staff treated people respectfully and maintained their dignity. Staff knocked on people’s doors before entering, however on a few occasions they did not wait to be invited in. The registered manager said she would remind staff of the importance of gaining consent but also felt staff were aware of which people were able to respond to their knock. One person said when asked whether staff maintained their dignity: “They say to me we must cover you up, I tell them I am not bothered. They are meticulous.”

People at the service built up strong friendships, this was seen clearly in the dining room where people had their designated seats and knew each other well. The registered manager said they felt it was very important to keep people informed about friends at the service who might have passed away. They said they dealt with each person’s death on an individual basis but would go and speak with relevant people to make them aware and allow them to discuss their feelings. The registered manager said staff would also get together to be able to discuss their feelings and how they had dealt with the person’s death. They went on to say that staff stopped and paid respects to a person who had passed away as they left the building and on numerous occasions staff would attend people’s funerals.

The provider recorded in the PIR they submitted, visiting times at the service were between nine in the morning and nine in the evening. The registered manager said this had been put into place to protect people. They said they were not strict on the times and did not ask visitors to leave. They said visiting times were flexible on an individual basis depending on people’s wishes.

Good

Is the service responsive?

Our findings

People were happy they could raise a concern if they needed to and were confident the registered manager's would listen and take action if required. One person said, "I would be quite happy to tell someone if I wasn't happy, on the whole I am alright here, not happy but content with what I have."

There was a complaints procedure displayed in both entrances to the service. The procedure included information about the external agencies people could contact if they were not satisfied with the response from the service. There were also complaints forms for people to complete if they had a concern or complaint. The provider recorded on the PIR they submitted, 'As we operate an "Open Door Policy" we feel this encourages people to come forward with any concerns they may have, enabling us to deal with issues before they turn into a complaint. One person said they had raised a concern about missing laundry and were happy the staff had found the majority of it and returned it to them. There were no complaints recorded at the time of our inspection. The registered manager said in the event of a complaint they would ensure it was recorded and responded to quickly.

People received personalised care that was responsive to their needs. Before people came into the service a registered manager or a nominated senior carer would undertake a pre-admission assessment and dependency assessment to ensure the service could meet their needs. A care plan was developed when people arrived at the service. Care plans were written from the perspective of the person, were personalised and reflected how the person wanted to receive their care. People were involved in developing their care plan and each month staff met with them to discuss any changes they would like. People had been asked to sign their reviews to show they had been consulted. One person said, "I was surprised by how much history they knew about me.. my life from the age of five."

Care plans were in place to meet people's needs. These included their cultural and spiritual needs, oral hygiene requirements and sleeping routine. One person's care plan for their sleeping routine ensured their independence and recorded, 'Do not disturb (the person) at night, she will ring if she needs anything'.

Staff also undertook monthly assessments of people's on-going needs which were reflected in people's care plans as required. For example, when a person had lost weight, staff had recorded the actions they had taken and the monitoring of the person's weight had been increased.

The provider was in the process of implementing a new computerised system which included care records. Some people's care records had already been transferred across to the computer system. The registered manager had met with these people and had gone through their information on a lap top computer and looked at their care plans. The registered manager said, "I have found out a lot about the people I have spoken with." The information recorded on the system included the person's individual preferences, hobbies, likes and dislikes, relatives and friends. People's daily routines were recorded which staff were able to refer to as needed using a computer tablet as they were working.

Staff said they had read people's care plans and were responsive to people's needs. This was evident when we asked staff about the care they provided to specific people. They were able to say what they needed to do for these people which was consistently the same as what was recorded in their care plans. For example where a person experienced indigestion, staff knew what action to take to help relieve their symptoms. A second example was their understanding of a person's bowel habits and that they needed to have prunes when they had a problem. Staff had recognised a person was not drinking enough and was at risk of becoming dehydrated. Staff were seen encouraging this person to drink and were monitoring their intake and were knowledgeable about why they were doing so. The person's care plan had been updated to reflect the concerns identified.

People were supported to follow their interests and take part in social activities. The provider employed an activity person who worked five afternoons a week. There was a program of activities developed with people at the service on the notice board which included exercises, quizzes and bingo along with outside entertainers who visited. People had developed strong relationships. For example a group of seven ladies were sat in the lounge, knitting and chatting with the television on in the background. One lady said, I am knitting blankets for the local hospital another was knitting a jumper. Records demonstrated the activity person undertook one to one visits to people who had chosen to stay in their rooms and chatted with them. The

Good

Is the service responsive?

registered manager said they monitored the records of people's activities and met with people to discuss the activities provided to ensure they felt the sessions were appropriate.

Good

Is the service well-led?

Our findings

There were two registered managers working at the service. One of the registered manager said they each had their designated responsibilities. The registered managers were supported by senior care workers, team leaders and care staff to support people's care needs.

People were very positive about the registered managers. Their comments included, "The one that is on today is alright, I like her, she will always listen and sort things out." "I see quite a bit of (registered manager), I haven't had any problems since I have been here, everyone seems happy, I think she sorts things out." Staff said they felt supported by the registered managers and knew which one to approach with different concerns and were confident they would take action. The provider recorded on the provider information report (PIR) which they submitted, 'At Summerleaze the management operate an "Open Door Policy" where staff, residents, visitors and other health professionals can come in and speak to us anytime.' One visitor said, "I go and see (the registered manager) if I notice something different about (relative) or I want to make her aware of something, she is always available and gets things done."

The registered manager had worked with staff to put in place solutions to the points we had highlighted on the first day of our inspection. This included putting in place new menu cards, updating training records, making the service safe with regards to the hot water and non-restricted windows on the first floor. Staff were engaged in the process and told us about the improvements they had been involved in.

The registered manager worked alongside staff and had a good understanding of the day to day running of the service. The registered manager knew each person's needs and who their GP was. The registered manager said, "My job is to make sure the residents are safe." She promoted a positive culture and was aware of the ability of staff and was willing to challenge poor practice.

The registered manager monitored and acted appropriately regarding untoward incidents. The registered manager said she checked each incident personally and would visit the person involved to ensure staff had taken the necessary action. The registered manager said she analysed trends over time to establish whether there were any patterns to help reduce the risk of recurrences.

The provider's quality assurance systems were not always effective. They had failed to recognise environmental concerns which put people's safety at risk. The provider did not have a system to monitor water temperatures at the service, to ensure people were not put at risk of scalds. They had a procedure in place for staff to check that window restrictors were in place. However the checks undertaken had not identified the windows we highlighted. During the inspection the registered manager had taken appropriate action to address the concerns identified by the inspector. The registered manager's undertook a number of audits, for example, medicine audits and infection control. They had taken the relevant action for issues they had identified in respect of these. The newly recruited maintenance person said they were working with the provider to undertake checks which they had previously carried out. For example, wheelchair and mattress checks. The registered manager said the new computerised system which was in place would enable the records of these checks to be more closely monitored.

People and staff were actively involved in developing the service. The registered manager and provider hold regular resident's meetings to discuss with people about changes within the service and to ask their views about the service. The provider had met with people individually and in small groups in June 2014 to ask their views on the service. The registered manager said they were intending to repeat the meetings this year as they had found the meetings very informative and useful. For example, people had expressed difficulty in understanding the staff roles and seniority so the provider had introduced additional uniform colours to help identify the different staff levels. In one room this had been reinforced by a poster reminding a person of the different staff uniforms denoting their roles.

The provider had introduced an employee of the month, which people, visitors and staff were able to nominate. A staff meeting was held monthly, at these meetings the employee of the month was announced and presented with a prize. Examples of comments recorded on the nomination cards included, 'Nothing is too much trouble, always willing to go the extra mile' and 'I am pleased to have her attend to my needs'. Staff were able to contribute at these meetings and make the provider aware of concerns and put forward ideas.

The provider had decided they needed a new system to record people's care needs along with monitoring and

Good

Is the service well-led?

service records. They had purchased a computerised system. The registered manager said they chose the new system because it could be used for medicines as well as care records and assessments. Staff would be trained how to use the system and they would be getting computer tablets for staff to enter information. The computer system was planned to be put into operation on 4 September 2015.

The registered manager was very aware of the risks associated with the changeover and was working on the system to ensure people were not put at risk. The registered manager described how the new system would generate alerts to concerns which she would receive, for example, a person's weight loss.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured the premises were safe for people using the service. They did not have systems and processes in place that followed national guidelines. Regulation 12(2)d