

HC-One No.1 Limited

# Summerville Care Home

## Inspection report

Hill Top Road  
Stockton Heath  
Warrington  
Cheshire  
WA4 2EF

Date of inspection visit:  
03 September 2021

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26 October 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Summerville Care Home provides accommodation, personal and nursing care for up to 45 people over two floors with lift access to the upper floor. At the time of our inspection 25 people were living at the service.

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

Whilst the provider told us staffing numbers were based on people's dependency levels, staff told us they did not feel there were enough to meet people's needs and keep them safe from harm. Staff told us low numbers of staff often meant certain tasks, such as bathing and showering, could not be completed. Most people living in the home required two staff to support with tasks associated with mobility and personal care. This meant that at times there were not enough staff available to support other people where needed. Despite this, people told us staff responded quickly to requests for support and felt they received the care they needed in a timely manner.

Staff reported low morale and told us they felt unsupported and unappreciated by managers. They told us they did not feel able to discuss any work or personal concerns with the registered manager and felt previously reported issues had not been listened to or addressed. The provider had taken steps to address issues raised by staff and the registered manager provided records to show their recent engagement with staff. People and family members told us they had had limited communication with the registered manager and therefore were unable to offer any feedback. However, one person raised concerns about the registered managers conduct and attitude whilst communicating with staff.

Whilst cleaning schedules were maintained, some gaps were identified in daily cleaning tasks due to lack of housekeeping staff. The registered manager assured us this was being addressed with recruitment of further staff. The home and equipment used appeared clean and hygienic and staff received adequate training and guidance in relation to infection prevention and control.

Risks to people's health, safety and welfare had been assessed and plans were in place to manage these and keep people safe from avoidable harm. Staff knew how to identify and respond to concerns of abuse and safeguarding records showed appropriate action was taken where concerns were reported. People told us they felt safe and family members were assured of their relatives safety whilst living at Summerville.

Care was planned in a way that was person-centred and people and family members spoke highly of the staff and the level of care and support they provided. Family members told us staff kept them updated with any concerns and felt staff responded quickly to any changes in their relative's needs. Positive relationships had been developed between staff, people and their family members.

Regular checks on the quality and safety of the service were completed by the registered manager and provider. The registered manager had created a development plan to show improvements they planned to make to the service.

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 good (published 20 June 2019).

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).

#### Why we inspected

We received concerns in relation to staffing levels and manager conduct. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

#### 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?

This service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Summerville Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with three people who used the service and six family members about their experiences of the care provided. We also spoke with the registered manager, area director, seven care staff and one member of housekeeping staff. We reviewed a range of records. This included people's care records and multiple medication records. We looked at the recruitment files for staff employed since the last inspection.

#### After the inspection visit

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. We requested records and documentation to be sent to us and reviewed these following 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

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- We could not always be assured that the service deployed enough staff to keep people safe and ensure their needs were met.
- Staff told us low staffing levels sometimes meant they were unable to provide people with the support they needed; such as personal care. Comments from staff included; "We are massively under-staffed, the ratio is wrong," "Staffing levels are too short, we are doing the job of two people" and "We can't always give people a wash because there aren't enough staff."
- Some staff told us they felt the low staffing levels sometimes placed people at risk of harm. Comments included; "Most people who live here need two staff to support them. We don't have enough staff to do that safely," "Last week we only had two care staff in the whole home for a full shift" and "Most of the high risk residents get placed in the sun lounge but there aren't enough staff to stay in there with them. It's not safe."
- The registered manager and provider told us staff numbers were based on dependency levels of people in the home. They told us these were reviewed by their clinical lead to ensure enough staff were deployed.
- People and family members told us staff were quick to respond to requests for support. Therefore it was unclear whether there were adequate staff or if staff were providing support safely in accordance with people's needs.
- Safe recruitment processes were in place and appropriate safety checks were completed to check an applicant's suitability to work with vulnerable people.

### Preventing and controlling infection

- Whilst the home and equipment used was observed to be clean and hygienic, cleaning records and schedules identified some gaps in regular cleaning tasks. These gaps were due to a shortage in housekeeping staff. The registered manager assured us recruitment was on-going.
- Staff and people living in the home were regularly tested for COVID-19 and the registered manager kept a record of all staff who had received the COVID-19 vaccination. We discussed with the manager the importance of keeping more accurate and up-to-date records in relation to agency staff.
- Staff were provided with training and information about infection prevention and control and we were assured they followed good practice to minimise the spread of infection.
- Staff were observed following current best practice guidance in the use of PPE.
- Robust systems were in place to prevent visitors from catching and spreading infections.

Systems and processes to safeguard people from the risk of abuse; learning lessons with things go wrong

- Staff received safeguarding training and knew how to identify and respond to concerns of abuse.

- Systems were in place to record incidents of concern, such as falls or concerns of abuse. The registered manager had regular oversight of any incidents recorded to ensure that appropriate action was taken.
- The provider had systems in place to review and analyse incidents or accidents to look for patterns or trends to help prevent them occurring in the future.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and welfare were appropriately assessed and managed.
- Where people required additional equipment to support with mobility or to alert staff to any concerns or requests for support, these were made available.
- People told us they felt safe with staff and family members were assured their loved ones were well-looked after. Comments included; "The staff are amazing, I feel really safe with them. The nurses were amazing at helping my pressure sore to heal" and "She [relative] is most definitely safe. They [staff] will contact me if they're concerned and seek medical advice when they need to."
- Medicines were safely stored, administered and disposed of.
- Staff responsible for the management and administration of medicines completed the required training and underwent regular checks to ensure their practice was safe.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We could not always be assured that the registered manager promoted a positive culture that was open and inclusive for all staff.
- All staff we spoke with told us they felt unappreciated and unsupported by the registered manager. Comments included; "The managers are unapproachable. They have no people skills," "You can sense the atmosphere when the managers walk in. We work all these extra hours and get no thanks or acknowledgement" and "The managers attitude towards staff is horrific. So abrupt."
- When we reported this to the provider, they immediately acted upon staff concerns and organised sessions to allow them to speak openly and confidentially.
- The registered manager provided evidence to show how they believed they had positively engaged and interacted with some staff since commencing in post. However it was apparent that this was not the experience of all the staff team.

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

- Staff told us they had recently lost a large number of long-term staff due to the low morale under the current manager. One staff member told us; "I have seen a few managers since working here but it has never been this bad. We are feeling stressed, morale is low, and we don't feel listened to."
- People and family members were unable to provide any feedback about the registered manager due to their short time in post. However, one person raised concerns about the registered manager's conduct and attitude towards staff.
- We received positive feedback from people and family members about the care and support they received from staff. Comments included; "[Relative] was adamant she wasn't going in to care but she's happy and settled. That's a credit to the staff" and "It's perfect. I couldn't believe how quickly she settled. The staff are amazing."
- The registered manager took up post in June 2021 and they had a clear understanding of their role and responsibilities. They provided us with a development plan to show what they were doing to improve the service.
- The provider had systems and processes for checking the quality and safety of the service in order to bring about improvements. However, this needed to be improved in relation to staff engagement.

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

- Whilst the registered manager held regular staff meetings to provide updates and share important information, staff told us they felt unable to share their views. One staff member told us "Yes we have meetings, but we don't get listened to and nothing ever changes."
- Family members told us they received regular updates through letters and e-mails and felt involved in their relative's care. However, they felt communication was at times poor due to recent changes in administration staff.
- The registered manager was in the process of setting up zoom meetings with family members to allow for better communication and engagement.
- Managers and staff made appropriate referrals to other agencies where it was required for people.

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 registered manager and provider understood their roles and responsibilities in relation to duty of candour.
- The registered manager notified relevant others as required of any changes to the service, incidents and events.