

Raycare Limited

Summerhill

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Summerhill is a residential care home providing accommodation and personal care for up to 29 people. The service provides support to older people, some of whom may be living with a dementia. At the time of our inspection there were 25 people using the service.

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

Care records were not always accurate, complete or detailed. Personal emergency evacuation plans were not specific to the person and not written in line with guidance. Risks to the health and safety of people had not always been effectively assessed and mitigated. Systems were not effective in assessing, monitoring and improving the quality and safety of the service. Quality assurance systems had not identified the shortfalls in care records.

Practices in relation to IPC and the management of COVID-19 were in line with government guidance. However, the provider's Covid-19 policies were out of date. We have made a recommendation about this.

Overall, recruitment practices were safe. However, the provider needed to make sure all applicants provided a full employment history. We have made a recommendation about this.

Records were not fully available to demonstrate how the provider was meeting their responsibilities under the duty of candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising. We have made a recommendation about this.

Following the inspection site visit, we wrote to the provider requesting an improvement plan and details on action that would be taken to improve the service. This was received.

People's needs were assessed before they moved to Summerhill and staff said they had no concerns about people's care. People told us they felt safe and relatives confirmed they felt their loved ones were well cared for. 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.

Staff told us the morale at the home was good and they felt well supported by the registered manager and deputy manager. Staff completed a range of training to enable them to understand people's needs. We observed patient and compassionate relationships between people and staff.

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 good (published 18 November 2021).

At our last inspection we recommended the provider keep infection control guidance under review to ensure best practice was followed. At this inspection we found some improvements had been made, however, we have made a further recommendation.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We had received some concerns in relation to the culture, care and management of Summerhill. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 good to requires improvement based on the findings of this inspection. We found no evidence of concern in relation to the culture of the home however the provider needs to make improvements. Please see the safe and well-led sections of this full report

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We identified breaches of Regulation 12 and 17 in relation to risk management, the maintenance of records and quality assurance at this inspection. We have made recommendations in the safe and well-led key questions.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an update on the action plan from the provider to understand how they will continue to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Summerhill

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 completed by one inspector.

Service and service type

Summerhill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Summerhill is a care home without 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 a registered manager in post.

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 contracts and safeguarding teams. We also contacted the local Infection Prevention and Control team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

During the inspection

We spoke with three people and four relatives to gain feedback on their experience of the care provided. We observed staff engaging with people. We spoke with nine members of staff including, the registered manager, deputy manager, senior care staff, care staff and ancillary staff. We spoke with one visiting healthcare professional.

We reviewed electronic records relating to four people's care and the management of medicines. We reviewed training records and a range of records relating to the management of the service.

Following a review of our findings, we identified concerns in respect of the provider's compliance with the Health and Social Care Act (Regulated Activities) Regulations 2014. We wrote to the nominated individual and registered manager under Regulation 17(3) of the Health and Social Care Act (Regulated Activities) Regulations 2014, requesting they submit a detailed improvement plan stating how they proposed to fully address the areas of concern. This was received within the required timeframe. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

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 good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- An effective system to assess, monitor and mitigate risks had not been fully implemented.
- There was contradictory information in some care records which posed potential risks to people in relation to their health and safety. For example, one person's plan contained conflicting information in relation to whether they had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) and another in relation to allergies.
- Care records were not always sufficiently detailed in relation to the care and support people needed with personal care and mobility. This lack of detail left people vulnerable to the possibility of receiving inconsistent and potentially unsafe care. One staff member said, "I don't really bother with the care records, I rely on the handover to make sure I'm up to date with people's needs."
- Oral health was assessed, and steps taken to minimise risks. However, records stated that it was not known when people had last seen a dentist.
- Personal Emergency Evacuation Plans (PEEPs) were in place, however, they were not person centred and did not provide specific detail on the support people needed to evacuate the building. We have shared this information with the fire authority.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. They advised that all PEEPs had been checked and changed to reflect both the policies of the home and the individual needs of each person.

- Staff had completed fire warden training which included the use of fire extinguishers. One person who had been a fire officer had also completed this training alongside the staff.

Preventing and controlling infection

At our last inspection we recommended the provider keep infection control guidance under review to ensure best practice was followed. At this inspection we found some improvements had been made to the use of PPE and admissions to the service.

- We were not assured that the provider's infection prevention and control policy was up to date. Practices in relation to IPC and the management of COVID-19 were in line with government guidance. However, the provider's policies were out of date.

We recommend the provider review current government guidance in relation to COVID-19.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

Visiting was being managed in line with government guidance in place at the time of the inspection.

Staffing and recruitment

- There were enough staff deployed to meet people's care needs. This was determined by a dependency tool.
- Staff said that on the whole there were enough staff to meet people's needs. We did not observe anyone waiting for extended periods of time for staff support.
- Overall, recruitment practices were safe. However, the provider needed to make sure all applicants provided a full employment history. The registered manager and deputy manager said they would review recruitment practices to make sure this was in place.

We recommend the provider seeks and implements best practice guidance in the exploration and documentation of essential employment information.

Systems and processes to safeguard people from the risk of abuse

- A system was in place to safeguard people from the risk of abuse.
- Staff had attended safeguarding training and did not raise any concerns about people's care.
- People said they were well looked after and felt safe. Relatives spoken with also told us they felt their loved one was safe and well cared for.

Using medicines safely

- Medicines were managed safely.
- An electronic system was used for the administration of medicines which alerted staff if they attempted to administer medicines incorrectly.
- Audits were completed which had, at times identified areas for improvement which had been actioned.

Learning lessons when things go wrong

- Lessons had been learned and improvements implemented including new communication systems for sharing information about people's health and well-being. A senior diary had also been introduced.
- Accidents, incidents and safeguarding concerns were analysed for learning.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Staff completed preadmission assessments to make sure people's needs could be met before they moved to Summerhill.

Staff support: induction, training, skills and experience

- Induction, supervision and appraisals were completed to support staff in their role.
- Staff completed a wide range of training to make sure they had the knowledge and competency to meet people's needs.
- Career conversations were being rolled out which included conversations with staff about their aspirations and career progression.

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

- People were supported with maintaining a healthy diet.
- The chef said they were provided with information on people's dietary needs and preferences.
- People commented, "The food is lovely" and "I always get too much but it is really nice."
- Meals were fortified if staff had identified weight loss and referrals were made to the dietitians.

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

- Staff worked with other healthcare professionals to make sure people received timely care.
- A visiting healthcare professional said, "I'm happy with the communication and level of involvement." They explained how staff referred people appropriately and made sure they were aware of who to see during their weekly visits.
- Relatives said they were kept up to date with regards to their loved ones health and felt staff worked well with healthcare professionals.

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

- The design and décor of the home met people's needs.
- The registered manager and deputy manager spoke to us about some ongoing refurbishment work, including flooring which would improve the environment. There was also ongoing discussion in relation to improvements to the laundry room.
- Areas had been created within the home to support people's sensory needs. Including an indoor garden area and a rummage area.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been submitted to the local authority in line with legal requirements.
- Records included whether people had a Lasting Power of Attorney (LPA) and whether this was for health and welfare and/or financial matters. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.

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 good. At this inspection the rating has changed 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.

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

- An effective system to assess, monitor, mitigate and improve the quality and safety of the service was not fully in place.
- A range of audits were completed, however, they had not identified the shortfalls we found during this inspection in relation to PEEPs, care records and employment records.
- Not all care records had been audited to ensure the quality and content was reflective of people's needs.
- The registered manager said they were aware improvements to care records were needed and the team lead was working on them. However, no action had been added to the home development plan in relation to improving care records.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our visits to the service we asked the provider to send us an improvement plan which detailed the actions they had taken/were going to take in relation to the issues identified during our inspection. The provider detailed a range of actions were to be completed including reviewing all care records and reviewing and adapting audit systems.

- The home development plan included areas for improvement which had been allocated to a specific person with target dates for completion. This included action from medicine and infection prevention and control audits, as well as environmental improvements.

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 duty of candour was understood. The registered manager described it as being open and honest, apologising for the incident and acting to improve things.
- Written records were not maintained in line with duty of candour. The registered manager said this would be put into place immediately.

We recommend the provider ensures records are available to demonstrate how they are meeting their responsibilities under the duty of candour.

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

- Staff and relatives said the culture was positive and they described a warm and welcoming atmosphere. Staff described the morale as being good. There was some acknowledgement that recent anonymous concerns could impact on the culture of the home. We did not identify any concerns relating to culture or staff support.
- Staff completed a values workbook and signed a pledge agreeing to follow the values of the organisation. This included a personal statement on how they intend to meet the values in their day to day work.
- We observed warm and caring engagement between staff and people which was open and personalised.

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

- Processes were in place to involve people, relatives and staff in the service.
- Surveys had been completed and action was taken in response to feedback.
- Staff meetings were held. 'Residents and relatives' meetings also took place.

Working in partnership with others

- The registered manager attended local authority provider forums and was a member of the Skills for Care registered manager network.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of people had not always been assessed and mitigated. Systems and process were not always compliant with national guidance.</p> <p>Regulation 12 (1)(2)(a)(b)(d)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not fully established and operated effectively to ensure compliance.</p> <p>There were failures to assess, monitor and mitigate risks relating to health and safety and people's welfare. Care records were not always accurate or complete.</p> <p>Reg 17(1)(2)(a)(b)(c)</p>