

Ideal Care (North) Limited

Summerfield House Nursing Home

Inspection report

Gibbet Street
Halifax
HX1 4JW
Tel: 01422 351626
Website: none

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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 inspected Summerfield House Nursing Home on 30 July 2015 and the visit was unannounced.

Our last inspection took place on 10 April 2013 and, at that time, we found the regulations we looked at were being met.

Summerfield House Nursing Home is a 106-bed purpose built service and is registered to provide accommodation and personal care for older people and people living with dementia. Nursing care is provided. At the time of our visit there were 99 people using the service.

Summerfield House Nursing Home is a purpose built care home with nursing situated approximately 1.5 miles

Summary of findings

from Halifax town centre. The accommodation is arranged over three floors. All of the bedrooms are singles with an en-suite toilet, some also have a shower. There are lounges and dining areas on each floor.

The service has a registered manager. 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 service is run.

Although people told us they felt safe we found we found when people had reported missing property staff had not followed the procedure to ensure a thorough investigation.

Recruitment processes were not robust as thorough checks were not always completed before staff started work to make sure they were safe and suitable to work in the care sector.

There were enough staff on duty to make sure people's care needs were met and activities were on offer to keep people occupied and stimulated. We saw people enjoying a book club meeting and music for health session during our visit.

Staff told us they felt supported by the manager and that training opportunities were good. People and relatives we spoke with told us they liked the staff.

The home is well appointed, well maintained and comfortably furnished. People's bedrooms were personalised and we found everywhere was clean and tidy.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was well managed and people received their medicines at the right times.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet people's care needs.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People told us the meals were good. There was a choice available for each meal and the chef was aware of people's preferences.

Visitors told us they were always made to feel welcome and if they had any concerns or complaints they would feel able to take these up with the manager.

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People using the service were asked for their views and the registered manager was in the process of responding to their requests.

We found two breaches of regulations and you can see what action we told the provider to take at the back of the full version of the 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?

The service was not always safe. Recruitment procedures were not robust and staff had been employed without their suitability being fully explored. The home's procedure had not been followed when people's personal property had been reported missing.

The accommodation was spacious, well maintained, comfortable furnished and clean.

There were enough staff on duty to meet people's needs and people received their medicines at the right times.

Requires improvement



Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service. The service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

The menus we saw offered variety and choice and provided a well-balanced diet for people who used the service.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists.

Good



Is the service caring?

The service was caring. People using the services told us they liked the staff and found them patient and kind. We saw staff treating people in a dignified and compassionate way.

Care plans were easy to follow and contained information about people's life histories and personal preferences. This information was used by staff to provide person centred care.

Relatives told us they were made to feel welcome and could visit at any time.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed. Care plans were in place and had been reviewed on a monthly basis.

There was an activities programme in place to offer people occupation and stimulation and we saw people involved in activities during our visit.

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led. People using the service, visitors and staff told us the registered manager was a good leader and had high standards.

Audits were carried out to make sure the systems that were in place were working as they should be. People using the service, relatives, staff and visiting professionals were asked for their views about the service and for any improvements they thought could be made.

Good



Summerfield House Nursing 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 was planned to check 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 30 July 2015 and was unannounced.

The inspection team consisted of four adult social care inspectors and an expert by experience in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. Before the inspection, we did not

ask the provider to complete 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.

On the day of our inspection we spoke with 20 people who lived at Summerfield House Nursing Home, eight relatives/visitors, three nurses, one senior care worker, nine care workers, one chef, the handy person, two housekeepers, two activities co-ordinators, the deputy manager and registered manager.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included ten people's care records, four staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

We looked at the recruitment records for four staff members. We saw that each staff member had completed an application form and staff had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. In each of the files we checked we found that the staff member's identity had been established and a health questionnaire completed.

In two of the recruitment files, we found that references from the last employer noted they would not choose to re-employ this person again. In one of those files, both references for the same person stated they would not re-employ the person. We were unable to find any records to show that further checks had been made to establish the suitability of the candidate before an offer of employment was made. A conversation was held with the registered manager who provided assurances they would conduct further enquiries when needed in future.

In three of the files we found that references had been taken from individuals who were not nominated by staff on their application forms. We were unable to find any records to explain why the nominated referees had not been contacted. We checked another recruitment file and found that the person who provided the last employer reference was recorded on the application form as a manager, but this differed from the reference which showed they had not managed this person and were therefore not qualified to provide a professional reference.

We found that the record of the interviews contained minimal notes which made it difficult to evidence that staff had demonstrated adequate knowledge before being made an offer of employment. This meant thorough checks of people's care practice were not being recorded to ensure they were suitable and safe to work with people who may be at risk. The registered manager advised us this issue would be addressed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe in the home. One person said, "I have no worries." We saw there were safeguarding

policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. One person told us, "If I had any concerns I would report them to the manager." However, one visitor told us their relatives' purse had been stolen from a drawer in their bedroom. This had occurred about 12 months ago but they said they had heard nothing further of it nor to their knowledge had anything been done. Another visitor told us about three weeks ago their relatives' handbag and purse had gone missing and nothing had been done. We asked the manager about the most recent incident. They told us a search of the building had been made but the missing items had not been found. No record had been made about the missing items or the action that was taken. We looked at the "Managing lost and missing items policy" and saw if there was a suspected theft this had to be reported to the proprietor, police and to the Care Quality Commission. This meant the registered manager had not followed the organisations policy and taken appropriate action to deal with the loss of people's property.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the duty rotas and saw, during the day, they were arranged to provide one senior care worker and four care workers on the residential unit, two nurses and seven care workers on the nursing unit and one senior care worker and six care workers on the unit for people living with dementia. At night we saw there was one senior care worker and one care worker on the residential unit, one nurse and three care workers on the nursing unit and one senior care worker and one care worker on the unit for people living with dementia. Staff we spoke with told us there were enough staff on duty to meet people's needs. The care staff team were supported by housekeeping, laundry, kitchen and maintenance staff. The registered manager and manager for the residential units worked in addition to these staffing numbers. People using the service told us that staff usually came promptly when they called for help although one person said sometimes they had to wait a quarter of an hour which they thought was too long. Another person said staff came straight away

Is the service safe?

during the night but sometimes it was a bit longer during the day but this was not a big problem. One person said, “I think there are enough staff.” One relative told us when they visited the unit for people living with dementia they sometimes only saw one member of staff. We spoke to the registered manager about this who felt this was about the deployment of staff as the staffing numbers were sufficient to meet people’s needs.

People we spoke with told us their medicines were delivered on time although one person said they had to keep reminding staff about getting their paracetamol. During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording, we noted medicines were recorded when received and when administered or refused. This gave a clear audit trail for us to see. We checked a random sample of stock balances for medicines and these corresponded with the records maintained. We observed people were given their medicines in an efficient yet caring way and those who required more encouragement and

support received it with an explanation of what the medicines were and why they were needed. This demonstrated people were receiving their medicines in line with their doctors’ instructions.

Staff we spoke with told us they had received fire training and were able to tell us what action they would take in the event of a fire breaking out. This meant staff knew what to do in the event of an emergency.

People who used the service and relatives told us how much they liked the building and accommodation. People told us they were very happy with their bedrooms and described them as “lovely”, “nice”, “comfortable and clean”. All of the bedrooms were single occupancy with en-suite toilets. Some en-suites also had a shower. The accommodation was spacious and there were plenty of sitting areas either in the main lounge/diners or quiet rooms. There was a nice area of garden for people to use in fine weather and car parking at the front of the building.

One person using the service said, “I’ve worked in care homes where they run a tight ship so I had high expected standards when I got here, I have not been disappointed... it’s spotless.” A relative told us, “The home always smells lovely and clean.” We spoke with the housekeeping staff who were able to tell us about the infection prevention controls that were in place. All of the people we spoke with told us the home was always kept clean.

Is the service effective?

Our findings

Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. One of the nurses told us their induction training was brilliant and “I’ve got to do more training in the last few weeks that in the last few years in my old job.” Another member of staff told us, “I really enjoy the training.” We looked at the training records and these confirmed what staff had told us.

One of the senior care workers told us about the “Dementia Care Matters” course they were taking with four other members of staff. They told us their learning from this course was making the care of people living with dementia more person centred and was changing practices in the home. For example, they were involving people more in daily life at the home.

All of the staff we spoke with told us they felt supported by the manager. They confirmed they received formal supervision where they could discuss any issues on a one to one basis. They also told us the manager was always available for more informal discussions about any issues they wished to raise. We looked at eight staff surveys which had been completed in May 2015 and saw the following comments; “I feel a valued member of the team and know if I have a problem I can approach management and get support and advice. I love my job.” “I feel valued and supported.” This showed staff felt supported in their roles.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

We saw three DoLS authorisation which had been put in place. We saw on a recent survey, May 2015, a social worker had made the following comment, “They make sure conditions are action appropriately.” The records kept showed the manager had taken appropriate action to meet the requirements of the law.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed staff were making sure people were in agreement before any care was delivered.

Generally people who used the service told us the food was good. One person said, “The food is very good in terms of quality and taste, I complimented the cook after one meal.” Another person told us they enjoyed the meals. One relative said they had tried the food and thought it was very good. One person said they would prefer more fresh fruit being available as they only got tinned now and again but they wanted fresh and more often.

People could take their meals in their bedrooms or in the dining rooms. We saw a cooked breakfast was being served in the morning when the menu displayed on the board offered a choice of hot food at lunch and at teatime. We observed the lunch time meal and noted that meat and fresh vegetables were served and a pudding. Fruit juice was served during the meal. We saw staff were kind and attentive, ensuring people ate their meals and encouraging others to eat when necessary. Care workers who were assisting people with their meal did so with patience and kindness. Care workers were tactile and people were spoken to in soft and gentle tones. One person was persuaded to sit and eat his meal by staff offering verbal reassurance and gently stroking their back.

We spoke with the chef who told us about the different diets they catered for, for example, diabetic and vegetarian. They told us they got information about people’s individual preferences and were kept informed if people were losing weight so they provide additional fortification to their diet.

Summerfield House was taking part in an initiative called ‘Quest for Quality.’ This is a service provided by Calderdale and Kirklees NHS Foundation Trust to provide an increased level of support to people living in care homes. Care workers have been provided with new technology and training so they can, for example, take people’s blood pressures. The results are sent automatically to a clinical team and if anything untoward is identified a healthcare professional would be alerted.

In the ten care plans we looked at we saw people had been seen by a range of health care professionals, including, community matrons, GPs, district nurses, opticians and podiatrists. We noted one of the senior care workers was concerned about one person’s and contacted the GP who attended during our visit. One visitor told us staff were quick to involve the GP if their relative’s health care needs changed. We spoke with a visiting tissue viability nurse who told us staff made appropriate referrals and followed any

Is the service effective?

instructions they were given. They also said they had no concerns regarding the care provided and felt the staff knew people in their care well. This showed people's health care needs were being met.

Is the service caring?

Our findings

People using the service told us, “Staff are always nice to me.” “I have a bit of fun with them (the staff). (Name) brought her new baby in to show us.” “The staff are great.”

Relatives told us, “The staff have got to know my relative even though (name) can’t communicate verbally.” “It’s the best home in Halifax.” “We looked at 16 homes before we choose this one; the staff are so nice and always cheery.” “I’ve already booked a room for myself!”

One of the nurses said, “It’s a good home – I’ve worked in a few and there’s a good standard of care here.” One of the care staff said, “This is one of the best care homes I have worked in.”

We looked at the care files for 10 people who used the service. They all contained life histories and information about people’s food preferences. Staff we spoke with knew about people’s preferred routines, likes and dislikes. One person told us they could get up and go to bed when they wanted and one of the care workers said they served a late breakfast for people who wanted a lie in.

We heard one member of staff talking to one person in Italian. The staff member told us they had learnt some phrases to help them communicate with one person using the service. They had also listed some simple phrases and words so other staff could use them.

We observed staff treating people with dignity and respect throughout our visit with one exception on the nursing unit. We saw from the nurses meeting minutes that some issues

had been identified and that the nurses were to lead by example. We spoke with the clinical lead who told us they had noticed some staff conversing with each other when assisting people at mealtimes, rather than with the person they were assisting and had addressed this by speaking to individual staff. This meant issues about maintaining people’s dignity and making sure staff were respectful were being picked up and dealt with.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

Although staff were busy we saw they were patient and kind with people, taking time to explain things and offer choices such as where they would like to sit and what they would like to eat and drink. We saw staff had developed good relationships with people and there were a number of good humoured exchanges.

When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings.

Visitors we spoke with told us they visited at all times of the day and were always welcomed by friendly staff. The home provided a kitchen area where visitors could make drinks if they wanted them. One relative said, “I visit every day have never been made to feel unwelcome, never turned away, staff are always helpful.”

Is the service responsive?

Our findings

We looked at 10 care files and saw people were assessed before they moved in to make sure staff could meet the person's care needs. We also saw they were assessed again on admission to make sure the information was still correct. On the day of our visit a new admission was expected. The senior care worker was able to tell us about them and had read the assessment information to make sure they were prepared. When the person arrived they were greeted by the registered manager and made to feel welcome. This showed staff used the assessment information to understand people's care needs.

We found the care files were easy to navigate and all followed a standardised format. We saw risk assessments had been completed in relation to, for example, people's moving and handling needs, nutrition and tissue viability. Where a risk had been identified we saw action had been taken in order to reduce the risk. For example; we saw one person had a history of falls.

A risk assessment had been completed and a pressure mat, chair sensor and falls pendant had been put in place, which would alert staff if this person was walking or had sustained a fall. The care plan also noted that staff should provide a wheelchair if the individual needed to travel over a longer distance. This showed us staff were responding to individual risks and putting measures in place to eliminate or reduce those risks.

We saw care plans were reviewed on a monthly basis to check if any change was needed to be made to the way people's care and support was being delivered.

People we spoke with told us there were activities on offer. One person said, "The activities are good here but not for

me." At the time of the inspection there were two activities co-ordinators on duty. One of them told us a third person had been recruited so there would be a member of activities staff available on each floor.

During the morning we saw 14 people involved in the 'Book Club.' The activities co-ordinator leading this session was very skilled at involving every member of the group in the discussions. The material being used generated a lot of reminiscence and staff told us this group was very popular. On the top floor a 'Music for Health' session was being led by an external facilitator. We saw 20 people were involved in this session. Some people were singing, one person was dancing and others were using the various props that were supplied. For example, conductor's batons and pom-poms to wave. We also saw a member of staff engaging people in a quiz, which generated discussion about people's memories and experiences. This meant people were being provided with occupation and stimulation.

People using the service and relatives told us they would feel able to raise any concerns or complaints with a member of staff or the registered manager. Relatives told us they found the staff and management approachable and helpful. Everyone knew who manager was and some people, also said they could take problems to one of the providers if they needed to. We looked at the complaints log and saw two complaints had been recorded since January 2015. We saw a meeting had been held with one of the complainants and they had been satisfied with the action taken by the registered manager. During our visit three people told us they had experienced problems with getting their laundry back. We asked the registered manager if they recorded this type of concern. They told us a lot of low level concerns were dealt with straight away and were not recorded. This meant although concerns were being dealt with the absence of records meant it would not be possible to spot any common themes or trends.

Is the service well-led?

Our findings

People told us the registered manager was a good leader. We found they were well known amongst everyone we spoke to who mentioned them in positive terms. People using the service said they stopped for a chat sometimes, called them by their first names and one person said they “mucked in serving meals sometimes”. Staff told us the registered manager was very fair and liked things to be done properly. Two staff members described them as being ‘strict’ because they wanted everything to be nice for the people living at Summerfield House. People using the service also told us one of the providers was around to speak to from time to time.

We looked at the surveys people using the service and relatives had completed in May 2015 and noted the following comments; “Very pleased with the care and would highly recommend Summerfield House. It’s clean and so well run.” “Staff and management are brilliant and are always welcoming and smiling. Overall a great place for (name).”

We saw the registered manager had a high profile and was visible around the building this helped them keep an overview of the day to day operation of this large service, knowledge of the care provided, people using the service and staff. We noted their manner was informal and approachable. One relative told us when they first viewed the home the registered manager came out to meet them and showed them around the home and this gave them, “A good feel about the place.”

At 11:00am we attended the ‘catch up’ meeting. This is a meeting which is held every weekday morning and is

attended by the registered manager, clinical lead nurse, unit manager, senior care worker, housekeeper, chef, laundry assistant, administrator and maintenance person. This meeting has a set agenda which covers, for example, admissions, discharges, deaths, visits, health and safety, housekeeping, catering, laundry and any other business. We found the meeting informative and it gave a good over view of what was happening throughout the service that day. This meant staff knew what was going on throughout the service and not just about what was happening on the individual units.

We saw completed surveys which had been sent to people using the service in May 2015, relatives, staff and external professionals asking them for their views about the service. We saw people expressed a high level of satisfaction with the service and some had suggested areas for improvement. We asked the registered manager if they had prepared a report as to the findings of the survey, including how they would address people’s suggestions for improvement. They told us this had not been completed yet but they would be making a report available to people using the service, relatives and staff.

We saw there were a range of audits taking place on a monthly basis. These included audits of the environment, infection prevention, medication and care plans. We saw when issues had been identified action had been taken to taken to resolve them. For example, on one audit discrepancies with ‘as required’ medication had been found and noted that eye drops were not always dated when first opened. This meant issues were being identified and action taken to make sure improvements were made and sustained.

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Service users were not protected from abuse and improper treatment as systems and processes were not established and operated effectively to investigate any allegation or evidence of abuse. Regulation 13 (1) & (3).
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Recruitment procedures were not operated effectively to ensure that persons employed are of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (2)
Treatment of disease, disorder or injury	