ARMSCARE Limited

Summerville House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 February 2017 and was unannounced. Summerville House is a care home providing personal care for up to 26 people, some of whom live with dementia. On the day of our visit 24 people were living at the home.

The home has had the current registered manager in post since before January 2011 when they were registered under the Health and Social Care Act 2008. 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.

At the last inspection in February 2016, we asked the provider to take action to make improvements to staff training, to safeguard people from unlawful deprivation of their liberty and to quality assurance processes. These actions have been taken.

Staff members received training, which provided them with the skills and knowledge to carry out their roles.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had acted on the requirements of the safeguards to ensure that people were protected. Where someone lacked capacity to make their own decisions, the staff made these for them in their best interests.

Good leadership was in place and the registered manager and provider monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible and to improve the quality of the care provided.

There was not enough for people to do during the day and they were sometimes bored. We have made a recommendation about the provision of activities.

Staff were aware of safeguarding people from the risk of abuse and they knew how to report concerns to the relevant agencies. They assessed individual risks to people and took action to reduce or remove them. There was adequate servicing and maintenance checks to fire equipment and systems in the home to ensure people's safety.

People felt safe living at the home and staff supported them in a way that they preferred. There were enough staff available to meet people's needs and the registered manager took action to obtain additional staff when there were sudden shortages. Recruitment checks for new staff members had been made before new staff members started work to make sure they were safe to work within care.

People received their medicines when they needed them, and staff members who administered medicines

had been trained to do this safely. Staff received adequate support from the registered manager and senior staff, which they found helpful.

People enjoyed their meals and were able to choose what they ate and drank. They received enough food and drink to meet their needs. Staff members contacted health professionals to make sure people received advice and treatment quickly if needed.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. They responded to people's needs well and support was always available. Care plans contained enough information to support individual people with their needs. People were happy living at the home and staff supported them to be as independent as possible.

A complaints procedure was available and people knew how to and who to go to, to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with them at any time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff assessed risks and acted to protect people from harm. People felt safe and staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were obtained before they started work to ensure they were appropriate to work within care.

Medicines were safely administered to people when they needed them.

Is the service effective?

Good

The service was effective.

Staff members received enough training to provide people with the care they required.

Mental capacity assessments and best interests decisions had been completed for decisions that people could not make for themselves. Deprivation of liberty safeguards applications had been submitted for some people who were at risk of being unlawfully deprived of their liberty.

Staff contacted health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and support to make sure they ate enough.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People thought staff were caring, kind and they liked being in

staff member's company.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were bored and did not have enough activities available to prevent this.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required to meet all aspects of their needs.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

Good

The service was well led.

Staff members and the registered manager worked well with each other, people's relatives and people living at the home to ensure it was run in the way people wanted.

Good leadership was in place and the quality and safety of the care provided was regularly monitored to drive improvement.

Summerville House

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 13 February 2017 and was unannounced. This inspection was undertaken by one inspector and an Expert by Experience whose area of expertise was dementia. 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, the provider completed a Provider Information Return. 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 this and other information available to us about the service, such as the notifications they should sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with five people using the service and with three visitors. We also spoke with the registered manager, the deputy manager, four care staff and the provider's representative during our visit.

We spent time observing the interaction between staff and people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for four people, and we also looked at the medicine management process. We reviewed the records maintained by the home in relation to staff training and how the provider monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "I feel safe here. Everything is here for me and there's help when I need it." Another person echoed this feeling by saying, "Things are good for me and I get help if I need it, so that's why I feel safe." Visitors also told us that they thought their relatives were safe and that this was because of the care they received and the contact visitors had from staff if there were any concerns.

The provider had taken appropriate steps to reduce the risk of people experiencing abuse. Staff members demonstrated an understanding of the different types of abuse and provided explanations of the actions they would take if they thought abuse had occurred. They knew where to find information on how to report any concerns to the local authority, who lead on any safeguarding concerns, if they needed to report an incident of concern. Staff confirmed that they had received training in safeguarding people and records we saw confirmed this.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us how people became upset, the possible reasons for this and the actions they needed to take to reduce the person's distress. We saw that staff approached people quickly if they needed to and this reduced situations where people became upset. Care records for people showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. This also included how people should be approached so that they did not become upset. We saw that staff put this guidance into practice.

People received care in a way that had been assessed for them to do so as safely as possible. Staff members assessed risks to people's safety and documented these in each person's care records. These were individual to each person and described how to minimise any risks they faced during their daily routines. These included any risks with their mobility, the risk of falling and reducing the likelihood of any damage to their skin, which could develop into a pressure ulcer. Staff members were aware of these assessments and our conversations with them showed that they followed the guidance that was in place that told them how to reduce any risks. We saw that one person was supported so that they could continue to use the stairs, which was their wish.

The equipment people used was well maintained. Staff made sure that this was serviced to ensure it was in good working order. We found that the fire alarm system was properly maintained and the required checks and tests were completed to ensure this was in good working order. Personal emergency evacuation plans (PEEPs) were available to guide staff or emergency services what support people required in the event of an emergency, such as a fire.

Other environmental risks, such as hot radiators and windows on upper floors, had been reduced through the use of covers or restrictors. We also looked at information about risks associated with the use of bed rails. There were very few people living at Summerville House who used bed rails and staff had identified most risks. However, there was not enough guidance around the size of gaps between the rails and the bed.

We spoke with the registered manager about this and they told us that they would adapt the risk assessments to include this.

Most people gave us positive reactions in relation to staffing numbers and said that they were looked after well. Although most people told us that they received the care they needed when they needed it, one person said that they sometimes had to wait. They told us, "This can happen with my buzzer, it can take ages and sometimes I feel I've been forgotten." However, another person said, "They answer my buzzer quickly."

Staff members said that they thought there were enough staff available to meet the needs of the people when all staff were on duty. They told us that they were busy when there was unexpected leave, such as sick leave, when additional staff could not be obtained at short notice. However, they were able to cover planned leave. There were dedicated kitchen and housekeeping staff, so that care staff were able to concentrate fully on their role.

We saw that people received a prompt response when using their call bell to request assistance and that staff members were available in communal areas at all times. We also saw, however, that there were few activities or things for people to do, apart from watch the television. Staff told us that they were able to spend time with people in the afternoons but that they were too busy in the morning. We observed this to be the case and staff were available in the afternoon to spend time with people. One visitor told us, "I don't need to worry. If she (relative) needs it, someone will walk around with her, holding her hand."

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We checked staff files and found that recruitment checks and information was available, and had been obtained before the staff members had started work. These included obtaining Disclosure and Barring Service (DBS) checks. The DBS provides information about an individual's criminal record to assist employers in making safer recruitment decisions.

People were provided with the support they needed to take their medicines as required. People said that they received their medicines when they were due and that these were never missed. One person told us, "They come round and give me my medicine when I should have it three times a day." Another person said, "Yes I have diabetes but they look after me and make sure I have my injections and watch what I eat." Staff members confirmed that they had received medicines training before they were able to administer medicines to people.

We observed that people received their medicines in a safe way and that medicines were kept securely while this was carried out. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them.

Where people were prescribed their medicines on an 'as required' (PRN) basis, we found that there was some guidance for staff on the circumstances these medicines were to be used. However, additional information was needed in regard to when to give these medicines. We looked at two people's records for covert administration of medicines and found that there was information about this. However, there were not enough details about how these medicines should be given. We spoke with staff, who explained in detail how they administered medicines covertly to these two people. They explained why each person received medicines in this way and how the decision had been made to do this. We concluded that there were satisfactory systems in place for covert medicines but that details of how to give them should be better recorded.

Good

Is the service effective?

Our findings

At our last inspection in February 2016 we identified a breach of Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because Deprivation of Liberty Safeguards (DoLS) applications had not been submitted when people were not able to leave the home or move around freely. Staff training was also not up to date or had not been received by all staff. Following our inspection the provider told us that they would make sure all staff had received necessary training, that they would check staff competency and keep training records up to date. In relation to DoLS applications the provider told us that they would give staff members training and check to make sure staff members understood the Mental Capacity Act and acted appropriately.

People told us that they were cared for well and that staff members knew how to meet their care needs. Staff members told us that they received "quite a lot of training." Some of this was hands on training, such as when they practised transferring people with equipment, and some was computer based. They told us that they were able to get additional training if this was needed. One staff member described how they had been given guidance from a district nurse about one person's specific health care needs. This had meant that staff were able to attend to this specific part of the person's care needs with more confidence. They also told us that they were encouraged to complete national qualifications, such as NVQs or Diplomas. One staff member said that they had completed a level three qualification and was now in the process of completing a level four in care.

The registered manager kept a staff training matrix that showed when staff members had last undertaken training and when updates were due. We saw that staff kept up to date with training, which provided them with up to date knowledge and opportunities to develop their skills.

Staff members told us that they received support from the registered manager in a range of meetings, both individually and in groups. These meetings allowed them to raise issues, and discuss their work and development needs. One staff member told us, "It's quite nice, we can sit and chat." Staff felt well supported to carry out their roles and any issues that arose were treated as a positive learning experience.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. The registered manager had submitted applications to the local authority for people living at the home.

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 Act 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.

We checked whether the service was working within the principles of the MCA. We found that staff completed mental capacity assessments where they had concerns that people may not be able to make their own decisions. Information was available to show the assessment had been completed but it was not always clear how the process to determine that a person was not able to make decisions had been made. Care records showed that staff had written guidance about how to help people to do this for their everyday lives and routine activities, such as which clothes to wear and how to choose what to eat at mealtimes. There was information in records to show how decisions about administering medicines covertly had been made and who had been involved in these this.

Staff members had received training in the MCA and there was information in the staff office and people's care records about the five principles of the MCA. Although they were not able to explain to us what this meant, we saw that staff helped people to make decisions by giving them options. Some people were given limited options, if this helped them to make a decision. We saw that staff members told people what they were going to do before carrying out any tasks. We observed staff transferring a person using a hoist. They explained what they were going to do and made sure the person was happy with this and wished to continue. This gave the person the opportunity to agree or decline the help.

People told us that they were happy with the meals that they received. One person told us, "The cook's good. She does nice, tasty food and meals are something to look forward to." Another person said, "The food is good, especially the salmon. We get a choice which is good. The kitchen staff are very obliging." They told us that they could get alternatives if they did not want either of the meals offered on the menu.

We saw that the midday meal was a social time with most people living at the home eating in the dining room. People sitting at the same table were served their meals together. There was a pleasant atmosphere where people were able to have conversations with each other, which encouraged them to eat well. Staff members helped people to eat when this was necessary. They sat with people to help them and described the meal before helping them to eat. We saw that staff helped people who ate in their own rooms and gave them the same support and time to eat and drink. People had a choice of drinks during their meal and staff described the meal choices that were available, before people made their decision.

Staff weighed people regularly to monitor them for any unplanned change in their weight. The staff took any necessary action if there were any concerns about unintended weight change. We found that staff completed people's nutritional assessments accurately, which meant that they monitored the risk of people not eating enough. People who required a special diet, such as soft or pureed food, received this and where necessary they had fortified meals with extra calories added. We saw that food records were not always written in enough detail to make an assessment of people's nutritional intake, although this was measured in other ways. If staff had concerns about anyone's nutritional intake they made a referral to an appropriate health care professional for support and guidance.

People told us that they saw healthcare professionals when they needed to and that staff arranged this quickly. One person told us, "I had a tummy bug and I asked for the doctor and he came in." Another person's visitor also said that staff were quick to contact health professionals and that they were also contacted. They told us, "If mum needs a doctor, you can be sure they will respond."

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. Records showed that people received advice from

a variety of professionals including their GP, district nurses, specialist nurses, community mental health nurses, and speech and language therapists. We concluded that staff helped people to access the advice and treatment of health care professionals.

Good

Is the service caring?

Our findings

We received some really complementary comments about how people were cared for at Summerville House from people who lived there and visitors. One person told us, "They like me and I like them. It's nice to feel they care about me. They mess about a bit which makes me laugh." Another person said, "It makes me happy when they laugh and joke with me." One person's visitor told us, "Yes the carers do care. They like my (relative) and she likes them too." Another visitor explained, "They anticipate her (relative) needs and there is love between her and the carers. She is tactile and they will hold her hands. They are so gentle and stroke her hand. They explain why they are doing things. I heard the carer with her in the shower being so patient and thoughtful."

We spent time watching how staff interacted with people and found that they were kind, gentle and considerate towards people. They spoke to them with affection and respect, and knew people's names. The atmosphere in the home was relaxed and we overheard laughter numerous times during our visit. Staff members' interactions with people were thoughtful and designed to put people at ease. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw during lunch that people were able to sit where they wanted and they could spend time in any part of the home. One person chose to spend most of their time in the dining area and staff told us this was because they liked watching the birds in the garden.

People told us that they were able to do what they wanted and that staff always gave them care and support in the way that they wanted. People told us that they were involved in making decisions about their care on a day to day basis. One person told us, "I go to bed when I like, which is usually late." They said that staff always asked them how they wanted the staff member to give their care. One visitor told us, "I am involved with her (relative) care plan and we updated it a month ago due to a medication change."

People told us that staff respected their privacy and dignity. We were told that, "They are gentle and treat me with respect" by one person. Another person said, "They are so nice and treat me with respect." Staff members provided appropriate explanations of how they would maintain people's privacy. They confirmed that they had received training in this area. We saw that this also happened in practice. We saw that staff knocked on people's doors before entering rooms and personal care was given behind closed doors. People were dressed in clothing that was appropriate for the weather and staff were discrete when talking about personal subjects.

We saw people were encouraged to be as independent as possible and there was guidance in their care records about ways of encouraging this. There was information in relation to each person's life history, their likes and dislikes and any particular preferences they had. We saw that staff members explained to people

what they were going to do. They did this in different ways, such as by telling people or showing them a limited choice. We also saw that staff watched for clues in the people's body language that might indicate when the person was not happy.

Visitors told us that they could see their relatives when they wanted. Other than when people had asked for their information to be shared, staff members maintained people's confidentiality by not discussing personal information, such as medical details, in public areas or with other people. People's care records and personal information was stored securely in a lockable room.

Requires Improvement

Is the service responsive?

Our findings

People told us that they did not have enough to do during the day. One person told us, "I wish there was more to do as I do get a bit fed up sitting here. I do walk around but it's not a very big place." Another person said, "There are things put on but not very often. You might get a quiz or a bat and ball game or knitting or painting or someone coming to sing, but then there's big gaps. We all need things to keep our brains exercised." Yet another person told us, "I just sit here all day and have to put up with it. It can be boring here as there's nothing to do."

Visitors that we spoke with echoed people's concerns about how little there was to do. One visitor told us, "It is not good to see people sitting around so much. There are little moments where things happen. Maybe a carer will paint someone's nails, there is a special afternoon tea … once a month they used to play skittles." Another visitor said, "I have noticed things going on, but not necessarily regularly. They've done music and movement, bulb planting, cream teas and so on. It's difficult to get residents (people) to engage. They need bodies in to help them. ...I do see this as an area to improve on."

We saw that there were few activities available for people in the morning of our visit and many people were inactive during that time. Staff members told us that they were too busy to provide activities in the morning but that they usually managed to do this in this afternoon. We observed that of the 24 people in the lounge area in the afternoon, ten were asleep or withdrawn from what was happening around them. Only five people participated in activities, such as nail painting, reading a book or talking with visitors or staff.

We recommend that the service seek advice and guidance from a reputable source, about the delivery of meaningful activities for people.

People told us that staff looked after them well and they received the care they needed when they wanted it. One person told us, "I feel comfortable here because everyone is kind and looks after me well." Another person said, "Yes every member of staff seems to know exactly what my needs are." One person's visitor said that their relative received a bath frequently through the week. Another visitor told us that, "The carers are brilliant." They went on to tell us how they had overheard staff caring for a person with dementia and that, "They are superb" at helping people with this condition.

We spoke with staff members about several people and their care needs. Their descriptions showed that they had a good understanding of people's individual care needs and their preferences. They explained about people's physical care needs, how long term conditions affected people and what they would do if people became unwell. We spent time observing how staff cared for people and found that staff anticipated people's needs and were aware when people needed their attention more urgently. We saw that staff interacted with people in a positive way.

People's care records contained information about their lives, preferences, likes and dislikes and details about what they liked to do to keep themselves occupied. Staff had written most of this information in enough detail that they provided a description of the person for whom it had been written.

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, nutrition and mobility needs. We saw that there was generally a good level of detail and staff had enough information to guide them in caring for people. Two people's care plan showed the care needed for staff to manage people's diabetes. There was information to tell staff what to do if the person suffered from high or low blood sugar levels, as well as the signs and symptoms that they should be aware of. However, these were general guidelines rather than specific guidance about these people and how their diabetes affected them. We looked at other records for these two people that showed their diabetes was well managed and staff members took appropriate action if this had been necessary.

People and visitors told us they would be able to speak with someone if they were not happy with something. However, people said that they did not have any complaints about the home or the care they received. One person told us, "I don't complain because things are all right here and I am happy." Two visitors commented that they had spoken with staff when they were not happy with something and staff had responded appropriately.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that there had been no formal complaints since 2015.

Good

Is the service well-led?

Our findings

At our last inspection in February 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because quality assurance systems were not sufficiently effective to protect people from poor care. Records showing how systems in the home were checked had not been maintained. Following our inspection the provider told us that they would review these systems and make sure that they were recorded.

During this visit we found that there had been an improvement in the records kept to show how these systems worked. The registered manager completed monthly audits of the home's systems to identify any areas that needed improvement. They told us that these audits fed into the provider's auditing system. We looked at audits for medicines, the environment, infection control, care records and health and safety for the two months prior to our visit. These showed that there were no issues identified. However, there was no information to show which care or medicine records had been examined and therefore an audit trail was not available. This is important so that different records can be audited each time.

We looked at how people, their relatives and staff were able to give their view of the home and how it was run. There were regular meetings to obtain their views and to pass on information. We looked at the minutes of these meetings and saw that there had been a lot of discussion around the provision of activities in the most recent meetings. One set of minutes showed that the responsibility for arranging and carrying these out had been passed on to care staff members. However, we saw during our visit that this lacked direction and resulted in many people not receiving the required stimulation.

People told us that they were happy living at the home and they thought it was generally well run. One person said, "I have a comfortable room and I know they are here for me." Another person told us, "As a home I would judge that this place is all right- it's clean and comfortable." Visitors gave us the same opinion and they told us, "I have been impressed by [registered manager] and his team. I would be comfortable going straight to him with any concerns. He already said, 'Don't worry we'll look after (relative).' That gives me great comfort."

Staff members told us that although they had different roles, they all worked as part of the same staff team and their goal was to care for people well. They said that working at the home was very teamwork orientated. Staff members told us that the registered manager was very approachable and that they could rely on them for support and advice.

The registered manager has been registered with the Care Quality Commission since June 2015. They confirmed that they were supported by the provider organisation's operations manager and by the provider organisation in general in the running of the home.

People told us that they knew who the registered manager was and that they saw them around the home to say 'hello' to. They knew the registered manager by name and told us they were approachable. One person told us, "The manager makes an effort to do his best for us. He is so easy to talk to." Another person said,

"[Registered manager] is nice to me. He will come over and have a chat. Nothing seems too much trouble." While another person echoed both of their comments when they said, "[Registered manager] is so nice. He talks to me and everyone else. It makes me happy that he takes the time to do that." Visitors also valued the registered manager's approach, one said, "He is a man with humanity- someone quite special and he is always around."

Staff told us that they had regular meetings, such as team meetings, to discuss changes around the home. They said they were able to raise concerns and that the provider organisation took action to resolve issues. A whistle blowing policy was available and copies were available so that staff were able to look at it in private if this was required.