Mr Colin Robbins

Summerfield Care Home

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?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 and 13 November 2014 and was unannounced.

Summerfield Residential Home is a care home providing accommodation and personal care for up to 15 older people some of whom may be living with dementia. At the time of the inspection there were 12 people living in the home. There was a registered manager in post. 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.

People using the service, their relatives and local authority commissioners told us they were happy with the service provided at the home. Care was focussed on individuals and designed to meet the specific needs and preferences of people living in the home. There were systems in place to manage risks to people and staff were

Summary of findings

aware of how to keep people safe by reporting concerns promptly through procedures they understood well. The provider had robust recruitment procedures in place to ensure only staff of suitable character were employed.

People who could not make specific decisions for themselves had their legal rights protected. A best interests meeting involving relatives and healthcare professionals had been held for one person and a decision made in accordance with the principles of the Mental Capacity Act 2005.

Staff were trained appropriately to meet people's needs. New staff received induction, training and support from experienced members of staff. Staff felt well supported by the registered manager and provider and said they were listened to if they raised concerns. Staff made positive comments about communication and team working.

There were activities available for people on an individual or group basis. People told us they could choose to join in or opt out and their decision would be respected. Links with the community were maintained through contact with schools, local church ministers, the mobile library and volunteers from local colleges.

People and their relatives told us that staff treated them with kindness and compassion. People told us they were respected and they were asked for their views on the service. The quality of the service was monitored regularly by the registered manager. Feedback was encouraged from people, visitors and stakeholders which was discussed at management meetings and used to improve and make changes to the service.

People's needs were reviewed regularly and up to date information was communicated to staff. Healthcare professionals spoke positively about the way their advice was used to meet people's needs and commented on how quickly staff reported and responded to situations regarding people's health.

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?

Good

The service was safe. Risk assessments were carried out and effective systems were in place to manage risk.

People were kept safe by staff who knew the correct procedures to follow if they thought someone was being abused and had relevant skills, experience and knowledge.

People received their medicines safely.

Is the service effective?

Good

The service was effective. People had their needs met and were supported by staff who received effective training. Staff met regularly with their line manager for support and to discuss any concerns.

People and where appropriate, their families were involved in their care. They were asked about their preferences and their choice was respected.

People were supported to have enough to eat and drink. Staff were aware of people's individual dietary support needs. People had access to healthcare professionals and staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service was caring. People told us they were treated with kindness, respect and compassion.

We observed people responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People told us they were encouraged to maintain independence. Staff knew people well and responded to their individual needs promptly.

Is the service responsive?

Good

The service was responsive however, a relative suggested there could be more opportunity for activities outside of the home.

People's views were listened to and acted upon. There was a system to manage complaints and people felt confident to make a complaint if necessary. Complaints were investigated. However, people's satisfaction regarding the outcome was not recorded.

People's preferences were recorded and staff were provided with information to enable them to meet people's wishes.

People had things of interest to occupy them and a programme of activities was provided.

Is the service well-led?

Good

The service was well-led. Staff, relatives and professionals found the provider and registered manager approachable and open. They were confident the service was well managed.

People and their relatives were asked for their views on the service and they felt confident to approach the registered manager with concerns.

Summary of findings

Regular audits were conducted to monitor the quality of the service provided and actions taken when issues were found.

Summerfield Care 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 12 and 13 November 2014 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received feedback from one local authority commissioner and the local GP surgery, practice manager who had spoken with and gathered opinions from the GPs involved with the service. We also spoke with a chiropodist who visits the home regularly.

During the inspection we spoke with eight people who use the service, four members of staff, two relatives, the registered manager, a training provider and two visiting healthcare professionals. 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. SOFI was used during the lunchtime activity. We observed people in the communal lounge taking part in a group exercise activity and attended the shift handover between morning and afternoon staff. We reviewed four people's care plans, four staff recruitment files, staff duty rotas and a selection of policies and procedures relating to the management of the service.

Good

Is the service safe?

Our findings

The atmosphere in Summerfield Care Home was calm and relaxed and people we spoke with told us they felt safe. One person said, "oh yes, very safe "whilst another said, "I love it here and I do feel very safe." A relative told us, "It's small and safe, like a family."

The lift was out of action and had been broken for a number of weeks. The registered manager explained a risk assessment had been conducted for each person in regard to using the stairs and additional staff had been made available to assist and support people to use the stairs if they wished. Some people had chosen to remain in their rooms whilst the lift was broken and therefore arrangements had been made for them to have their meals and activities in their rooms. The provider and registered manager informed us the lift was old. They had been advised to undertake extensive work to ensure its safety and restore it to working order. This work had involved building an outbuilding to house wiring and sourcing parts. The work on the outbuilding had been completed before the inspection and we were shown documentation indicating that arrangements for the remaining work had been made and were due to start imminently. Two people said they had found it difficult at times with the lift out of order but understood the work needed to be done. One commented, "They do their best to make sure we are safe using the stairs, they have three staff with you."

The home was well maintained by the provider and regular checks were carried out to ensure safety. The need for remedial work was routinely assessed and the staff could request maintenance work to be undertaken. Staff told us work was usually completed in a timely fashion and if delays occurred they were kept informed. Fire safety equipment was regularly tested to ensure it was in working order and other checks including those made on equipment used to move and position people were carried out according to relevant policy and legislation. An emergency folder was available containing a contingency plan which included arrangements for alternative accommodation should the building be out of use, for example, in the case of fire. The folder also contained personal evacuation plans for each person which identified the help they would need to safely leave the building in an emergency.

Guidance was available to staff about safeguarding. This helped them identify abuse and respond appropriately if it happened. Staff told us they had received safeguarding training and records confirmed this. Staff demonstrated their knowledge and described the correct procedure to follow if they were concerned that abuse had taken place. They said they would have no hesitation in reporting abuse and they felt confident their concerns would be taken seriously and acted on. Staff were also aware of the whistle blowing policy and other agencies they could report concerns to if they felt they were not being addressed by the provider.

There was a system to record and review accidents and incidents. Trends were identified and discussed with people and staff which led to reviews and amendments to risk assessments and care plans. For example a person who had fallen several times had been referred to a physiotherapist and supported to consider taking regular medicines for a medical condition causing the falls. Individualised risk assessments were carried out and informed the person's care plan, they included risks associated with such things as medicines, bathing, falls and using the garden. Risk assessments were reviewed annually or whenever a change occurred.

People's medicines were stored safely and we observed staff administering medicines in a safe manner in-line with the provider's policy. A weekly audit of medicines was carried out to ensure safe practice was being followed. An annual audit of medicines management was also conducted by a pharmacist. Where problems had been found they were addressed. For example, an issue with medicines ordering had been identified for one person which had been dealt with promptly and recorded appropriately. Those staff with responsibility for administration of medicines had received annual training and their competency had been checked by the registered manager.

Staffing levels were based on the people's needs. For example, additional staff had recently been employed to provide care at peak times of the day. We observed how these members of staff were used flexibly to provide additional support and activities for people living in the home. There were sufficient staff available during the inspection and people told us they never had to wait long for help when they needed it. One person said, "It feels safe and there are enough staff." Staff confirmed they

Good

Is the service safe?

considered there were enough of them on duty and they had sufficient time to meet people's needs. They told us agency staff were used only as a last resort to cover sickness and absence, this was so that as far as possible continuity of care could be maintained for people living in the home.

Recruitment practices were effective. This ensured people were supported by staff who were of suitable character and experience. The recruitment procedures included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Other recruitment checks carried out included seeking information from past employers with regard to an applicant's previous performance and behaviour and ensuring a full employment history was taken and any gaps explained.

Good

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. Care staff knew people well and understood their needs and preferences. Two healthcare professionals commented on the ability and knowledge of staff, one said, "care staff are on the ball; they know what they are doing." The other explained staff reported concerns quickly and acted on advice to deliver effective care.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Staff understood their responsibilities under the MCA and were able to state how relatives, healthcare professionals and care staff had been involved in making best interests decisions for people. The records confirmed a mental capacity assessment had been carried out before the decision had been made and the best interests decision had been recorded in line with legislation. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the legal requirements in relation to DoLS.

Staff had received an induction when they began work at the home. They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. They told us they felt they had received sufficient training to feel confident and they said they could ask for further training if necessary. Records confirmed staff received training in relevant areas related to the support needs of the people they cared for. There was a dedicated trainer who oversaw and monitored staff development as well as providing support for the registered manager on a one to one basis. The registered manager confirmed these meetings gave her guidance and enabled action plans to be drawn up with the aim of improving the service. The trainer explained they could tailor training to the specific needs of the people living in the home and refer directly to the provider's policies. This helped staff to deliver personalised and effective care.

Individual meetings were held between staff and their line manager every three months. These meetings were used to discuss progress in the work of staff members. Training and development opportunities and other matters relating to the provision of care to people living in the home were also addressed. Staff also received guidance from their manager in work practices and discussed any difficulties or concerns they had. Staff had annual appraisals of their work to review and reflect on the previous year and discuss their future development. Staff told us career development was actively promoted. For example, one member of staff had recently been asked to take on a more senior role with additional responsibilities. They said they were looking forward to the challenge and felt they could contribute to developing the service. They were confident they would be supported by the senior management in this new role.

Staff meetings were held regularly and provided opportunities for staff to express their views as well as discuss ways to improve practice. The minutes of staff meetings showed discussions took place with regard to managing laundry, support at meal times and staff training. Topics such as moving and handling and safeguarding were also discussed at these meetings.

People told us the food was good and said they enjoyed it. At lunchtime people were relaxed and made conversation in a sociable manner. Staff supported people with their food if necessary, for example one person was offered a cushion to make their position more comfortable and another was assisted to eat as they were cared for in bed. People were asked if they wanted their original choice of menu or if they would like something different. We were told that choices were made in advance but people could always change their mind and alternatives were available. One relative told us "the food is extremely good" and said they were invited to eat with their family member when they visited. Another said "[name] had lost a lot of weight before coming here but the food is excellent and [name] is eating well now, it's been the making of [name]." The food was freshly prepared, hot and well presented. Fresh fruit and vegetables were available. The cook came into the dining room and checked people had had their choice of food and had enjoyed it. People responded positively and laughed and joked with the cook. Drinks were available throughout the day and people were offered choice.

People's healthcare needs were met and they were able to see healthcare professionals when they wished. People told us that their GP would visit whenever they wanted them to and staff would call them if necessary no matter

Good

Is the service effective?

what time of day or night. A Community Psychiatric Nurse and a District Nurse both visited people during the inspection. They spoke favourably about how staff responded to people's health needs and sought advice when necessary then acted on guidance given. Records showed people had seen healthcare professionals in response to changing needs and management of existing conditions. Referrals had been made to specialist health care professionals for example, mental health professionals. People had also seen dentists, opticians and chiropodists regularly and appointments were made to follow up any concerns.

The provider and registered manager told us there were plans for future development of the home and an application had been made to extend the home. We asked the provider about the décor of the home which was tired and dated. They explained the usual decorating programme had been put on hold whilst the planning application was in progress as the planned work would impact on the usual redecorating programme.

Good

Is the service caring?

Our findings

People told us staff were caring and considerate. One person said, "[staff] are very, very kind, very, very good, nothing is too much trouble and they are always there when you need them." People moved around the home freely and were relaxed and calm. Impromptu jokes and conversations took place throughout the day and people were seen laughing and smiling. Staff spoke to people in a polite manner and people told us staff knocked on their room doors before entering and always asked before doing anything for them. People said they felt respected and told us staff always used the name they preferred when addressing them. A relative told us, "the staff are amazing, they find time to chat with [name] about things [name] likes and they take a real interest."

People said staff respected their privacy and dignity. They said that curtains and doors were closed when they had personal care, their choice was respected and they felt staff knew them and their personal preferences well. A relative told us, "the care and atmosphere is always pleasant whenever you visit." They went onto say the provider knows people well and always tries to accommodate their wishes. They said, "[name] is lovely, he's so good, the residents order him about and he always does what they ask."

Staff had detailed knowledge of the people living in the home. They told us what people liked to do, the type of thing that may upset someone and people's individual care needs. These details matched those recorded in people's individual care files and staff applied their knowledge in the way they provided care for people during the inspection. For example, one person was reminded about an exercise activity and assisted to come downstairs because staff knew the person liked to make sure they had exercise each day for health reasons.

People responded to staff in a positive way and we saw they were relaxed and comfortable when asking for help or seeking reassurance. One person told a member of staff they felt there was a draft in the room and they felt cold. The staff member responded immediately, closed the window and offered to get a cardigan for the person. We saw a number of examples of people approaching staff and receiving patient, kind responses. Staff took their time and never hurried people when assisting them and communicated throughout the time they were with people.

The registered manager told us nobody in the home used an advocacy service at the time of the inspection but information and advice on advocacy services was available for people. People told us they were involved in decisions and planning about their own care and when appropriate relatives had also been involved. One person said they had been fully involved in planning their care from choosing their room, filling it with items that made it feel like home and deciding on how they wished to be cared for. They said, "I love it here; I wouldn't want to go anywhere else. Staff are kind and always willing to help. I can keep my independence here and I'm encouraged to do so."

People were encouraged to bring important things with them into the home to personalise their rooms and have familiar objects around them. People had brought furniture, photographs, art work and other items which they told us made them feel at home and settled. People and their relatives told us they were able to visit at any time and could spend time with their family member in private if they wished or they could spend time in the lounge or dining rooms with them. Relatives told us they were made to feel welcome and they were listened to by staff and the registered manager.

People and their relatives told us they valued the celebratory activities organised at the home such as the annual garden party and the Christmas celebration. On these occasions people, staff and relatives had an opportunity to meet and get to know one another in a more informal setting. People showed us photographs of these occasions and talked about them with enthusiasm.

People and/or their relatives had been able to discuss their wishes in relation to how they would like to be cared for at the end of their life. Where advanced decisions had been made they were clearly recorded. Staff were aware of the processes that needed to be followed to ensure people's decisions were respected and their rights protected. A healthcare professional commented, "Summerfield provides excellent TLC (tender loving care). The care given is personalised, the staff really know their patients and their individualised needs."

Good

Is the service responsive?

Our findings

There was a complaints procedure and each person had a copy to refer to in their room. Everyone told us they were aware of how to raise concerns but said they had not needed to do so. People and relatives said they were confident they would be listened to and things would be put right as soon as possible if they needed to complain. Where a complaint had been raised the records confirmed an investigation took place and action had been taken. For example, the provider information return described how action had been taken to discuss seating in the dining room when a complaint had been received. Although we were told people were now happy with the arrangements, records did not show if the complainant had been asked if they were satisfied with the outcome.

People had their needs assessed prior to them moving into the home. The registered manager told us the care plan was developed using this information and adjusted as the person settled into the home and staff got to know them. People told us they had discussed their care and where appropriate people's relatives had been involved and consulted. Staff told us people were asked about their past lives, how they liked things done and what their personal preferences were. They said this information was used to ensure people received the care they wanted and if people themselves couldn't remember things the family would be asked.

Care plans were detailed and focussed on the individual. The care plans were reviewed regularly on a monthly basis by key workers and amendments made when changes occurred. For example, the introduction of physiotherapy exercises and new mobility equipment. People's care plans recorded what was important to them as well as their cultural and spiritual preferences. Each person had a document in their care plan which detailed important information about them. This was designed to be used in other care settings should the need arise, for example, in the case of admission to hospital. Having this information available would help to ensure people continued to receive care in the way they wanted and help staff in another setting to understand their needs.

A programme of activities was provided and the registered manager told us extra staff had recently been employed to ensure a full activity programme could be managed. The activities included physical exercises which usually took place in the lounge and people were encouraged to join in. However, we saw if they did not wish to take part this was respected. We observed this activity on the day of the inspection and people were smiling and enjoying it, they interacted with staff other people throughout. Other activities were provided such as quizzes, bingo, memory games, musical activities and card playing. A minister visited from a local church for anyone who wished to see them and one person told us they were supported by a local neighbourhood group to attend church services when they wished. We were told about "drinks on Sunday" by people who use the service and staff. This was a regular social session of people gathering to have a drink together and was clearly a valued activity within the home.

People told us they had plenty to do and one person said, "activities are fine and I am encouraged to do things I enjoy." Individual activities were offered to people who chose to stay in their room which helped to prevent them from being socially isolated. Staff visited people's rooms regularly to chat and ensure they had everything they needed. One person had been encouraged to do a jigsaw whilst others had music playing. Although people told us they were happy with the amount of activities available, one relative said, "if I have one improvement to suggest it would be perhaps a little more stimulation." Another commented that there were few opportunities for people to go out of the home.

A board in the hallway displayed information for the day such as weather, day of the week, date, activities and staff on duty. People told us and records confirmed that regular meetings were held for people in the home to express their views about how the home was run. Topics such as suggestions for changes to the menu, types of activity, planning for the garden party as well as fire safety and raising concerns and complaints were all included. If people were unable to attend the main meeting records showed they had been consulted and their views had been recorded in the minutes. People were given individual copies of the meeting minutes and often displayed the latest ones on the noticeboards in their rooms.

Good

Is the service well-led?

Our findings

There was a registered manager in post. Until recently the registered manager had been supported by a deputy manager. Since the deputy manager had resigned discussions had taken place with regard to a replacement. A decision had been taken to abolish the role of deputy manager and replace it with three experienced senior care workers who shared the responsibility of supporting the registered manager. Additional training and support had been organised to ensure these members of staff knew their responsibilities and felt confident in their role.

People said they found the registered manager and provider approachable and they told us the registered manager was always available if they need to speak with them. We observed people asking the provider about the broken lift and updates on the situation being given. Relatives told us they would have no hesitation in talking about anything with the registered manager and they said they felt confident in their ability to ensure the home was well-led. One relative said, "I find her amazing, she keeps everyone informed. She is the making of this home." Healthcare professionals told us there was good communication between the management and the care team which they felt meant difficult situations were managed well.

People and their relatives told us they were asked for their views on the service and they had completed questionnaires. Records showed positive responses were received, one relative had written, "many thanks for your kindest support and the care you have provided to [name] she is the happiest she has ever been." Stakeholders such as healthcare professionals and commissioners were also asked for their views and again positive responses were received including comments such as, "attention to detail whenever I visit."

We found there was an honest and open culture in the home. Staff were aware of the values and aims of the service and spoke about them with conviction. For example, one staff member said, "the home aims to give good care and support, maintain dignity and treat people like they are their mum or dad." We saw these values being put into practice during the inspection. Staff told us they felt well supported and they could seek advice at any time. They said there was an open door to the registered manager and they did not have to wait for an arranged meeting to be able to voice their opinions or seek advice and guidance. Staff said they were listened to by the registered manager and the provider, they said any concerns they raised were dealt with. One member of staff said, "it makes the work easier to have a manager who listens and lifts you if you are having difficulties." They gave an example of experiencing a difficulty with a colleague where the manager had acted to deal with misunderstandings. Another said, "there's a nice atmosphere here, a good working team, we all work and pull together."

Links to the community were maintained through activities organised with the local schools, the mobile library and volunteers from local colleges. A hairdresser and chiropodist visited the home on a regular basis and there was also involvement from a group of neighbourhood friends. People told us they valued these links and enjoyed the entertainment and services provided. They said they looked forward to seeing different people coming to the home.

A robust programme of audits was completed by the registered manager and provider. Monitoring of the premises, equipment, accidents and incidents enabled them to have a clear picture of the service at all times and to take appropriate action. For example, when radiators were found not to be working, valves were replaced and where trends were found in accidents or incidents root causes were identified.

The registered manager took part in continuing professional development to ensure their knowledge and skills remained up to date. They received regular information from authorities such as the Health and Safety Executive and the Local Authority Safeguarding Board. They also made use of information and guidance available from professional bodies including the Care Quality Commission. They stated in the provider information return they were registering with the National Skills Academy for Social Care to enable them to access resources to help them drive improvement in the service.

During the inspection we observed the registered manager and the provider working together for the benefit of the service. There was a good working relationship evident through the way they responded and sought information from each other. Management meetings were held and audit results were discussed to plan for future improvements. Other items discussed included plans to

Good

Is the service well-led?

introduce technology to provide better ways for people to keep in touch with their families. Positive feedback with regard to the management of the service was received from healthcare professionals who commented, "(we) feel the home is a safe and pleasant place for residents which is very appropriately managed and run."