

N H Care Limited

Summerfield 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Summerfield House is a residential care home providing personal care for up to five people who have a Learning Disability or Autistic Spectrum Disorder. At the time of the inspection, the service was supporting five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe as staff knew how to identify and report any concerns of abuse. Risks to people's safety were managed well. Staff had been recruited safely and there were enough staff to meet people's needs. Medicines were given in a safe way.

People were supported by staff who had received appropriate training. People's needs had been assessed and their dietary needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The design and décor of the premises met people's needs. People had access to healthcare services where required.

People were supported by staff who knew them well. People had access to activities that met their individual interests. There was a complaints procedure in place and people knew how they could share complaints.

People felt the service was well led. The registered manager had a visible presence around the service and staff morale was high. There were systems in place to monitor the quality of the service and people were given opportunity to provide feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Summerfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Summerfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who lived at the service and two relatives. We also spoke with two members of

care staff, a team leader and the registered manager. We looked at two people's care records as well as records held on medication, staff training, staff recruitment and quality assurance.

After the inspection –

We spoke with one relative via telephone on the 19 July 2019 to gain their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse as staff knew how to identify the signs and report concerns. One member of staff told us, "I would go to the manager and report everything. We are always keeping an eye out".
- Although the registered manager had not needed to report any concerns, they demonstrated a good understanding of the processes they should follow if an allegation of abuse was made.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well. There were risk assessments in place that were individualised and provided guidance to staff on how they should manage risk. Staff knowledge reflected the information that was in the risk assessments. For example, where people displayed behaviours that could challenge, staff understood how they should redirect the person to prevent their behaviour escalating. Staff took a consistent approach to this which meant people were kept safe.
- Staff knew the actions they should take to keep people safe in the event of an emergency such as fire.

Staffing and recruitment

- Staff had been recruited safely. Records showed that staff had been required to provide references and complete a check with the Disclosure and Barring Service prior to their employment starting.
- People told us there were enough staff to meet their needs. One person told us, "Yes, there is always someone here to help". Staff told us they were not rushed in their work and got opportunity to spend meaningful time with people. One member of staff told us, "We do well with the staff we have. I would like one more but who wouldn't? We go out with people most days".
- We saw that staff were always visible around the home and the availability of staff meant that people were supported to go out when they wished.

Using medicines safely

- Medicines were managed safely and a relative told us, "I am happy with how they do [person's] medication".
- Medicines were stored in a safe way and records indicated that medication had been given as prescribed.
- Where medicines were prescribed on an 'as and when required' basis, staff had a clear understanding of when these medicines should be given.

Preventing and controlling infection

- There were effective infection control practices in place. Staff had access to personal protective

equipment such as gloves and aprons. The home had been kept clean, tidy and odourless.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning where things go wrong. For example, the registered manager maintained a record of accidents and incidents that occurred at the service and had acted following each one to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them moving into the home and their needs were then reviewed regularly. These assessments considered any protected characteristics under the Equality Act such as religion or sexuality.

Staff support: induction, training, skills and experience

- New staff received an induction to the service that included completing training and shadowing a more experienced member of staff. Staff had also been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere too.
- Staff had access to regular training updates. The training provided included training in people's specific health needs. Staff told us that their training provided them with the skills needed to support people effectively. One member of staff told us, "I have learnt a lot [from the training] and the other staff are always supportive".

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

- People were happy with the food and drink available to them and told us they got a choice of what they would like to eat and when. One person told us, "The food is alright. We have a meeting every week about what we would like to eat and then the staff go and buy it for us".
- Where people had specific dietary requirements, this had been clearly recorded and staff were aware of this.
- We saw people were encouraged to eat at a time and place to suit them, and where people did not want to eat at a specific time, their food would be prepared when they were ready.

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

- People had access to healthcare services where required. Records we looked at showed that people had access to their GP where required and referrals had been made to NHS services to support people's health where needed. For example, we saw psychiatry referrals had been made.
- We saw that appointments had been made to support people to maintain their health. This included visits to the optician, dentist and annual health checks.

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

- The design and décor of the building met people's needs. People were able to access all areas of the home independently and there were clear signs and pictorial aids to support people to do this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff sought their consent prior to supporting them and we saw this in practice. Staff understood people's communication needs and asked for their consent in a way that would support the person to understand the question. One member of staff told us, "For [person] we do ask them, but if they do not understand, we have pictures we can use".
- We saw that where people required a DoLS authorisation, these had been applied for appropriately and staff were aware of who had an authorisation in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke highly of staff and the relationships they had formed with them. One person told us, "[staff members names] are more like a brother and sister to me". A relative added, "They [staff] are very good. Everything is spot on".
- It was clear that staff had taken time to develop friendly relationships with people. Staff were seen spending time with people throughout the day, talking about the television, their plans and reminiscing about past activities. People were visibly happy with staff company and were seen to be smiling, laughing and engaging in conversations throughout the day.
- People's diversity was respected. For example, one person enjoyed Bollywood films and music and staff were seen to be encouraging this and joining in with their enjoyment of the music. A staff member told us, "We respect [person's] beliefs".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. One person told us how they would choose what time they wished to get up each day and how they were involved in meetings to agree the following weeks menu.
- We saw evidence of weekly meetings where people would sit together with staff and discuss their care. These meetings covered activities, meals and their current feelings.
- Relatives spoken with told us they were supported to remain involved in their family members care. One relative told us "I get kept informed of everything".

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged. We saw people preparing their own drinks and snacks in the kitchen. People were also seen preparing drinks for other people living at the service. A staff member told us, "[Person] is independent in many ways. We encourage them to take their own laundry down to the laundry room and wash themselves".
- People's privacy was respected. Where people wished to spend time in their room, staff respected this and left the person alone. Where they needed to speak to the person, staff were seen to knock the bedroom door and wait for permission before entering the room.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that staff knew them well. One relative told us, "They know [person] very well".
- Where people had specific hopes and goals for the future, staff were supportive in helping them achieve these. One person told us, "I do want to live on my own, and the staff are helping me learn the skills I need to do it".
- Care records held personalised information about people's likes and dislikes. This included, their life history, important people and their hopes and dreams. Staff knowledge of people reflected what was in the care records.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard. Where people had specific communication difficulties, there were pictorial aids to cover several topics. These pictures were used to support people to understand what was being communicated to them and to communicate back in return.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were keen to talk about the variety of activities they had taken part in. We were told about trips to London, Weston Super Mare and Blackpool. One person told us they had been supported to write a letter to the queen and had attempted to hand deliver this to Buckingham Palace. The person was visibly proud and excited to have done this and spoke highly of their trip.
- People were supported to pursue learning and employment opportunities where possible. One person told us, "I go to college three days a week". We saw pictures of people's recent graduation ceremonies where they had successfully gained qualifications in several subjects. Some people had undertaken voluntary work in local charity shops to gain employment experience.

Improving care quality in response to complaints or concerns

- People and their relatives told us that although they had never needed to complain, they had been informed how to do so. One relative told us, "I have never needed to raise anything, but I would know how too".

- The registered manager was open to feedback from people and had a procedure in place for dealing with complaints should they arise.

End of life care and support

- No-one at the service required end of life support. The registered manager informed us that as people living at the service were all young adults who had parents heavily involved in their care, the parents would be the first point of contact should someone be at the end of their life. An end of life care plan would be developed from that point. The registered manager advised that she would record this information in people's care records so that staff were aware to contact parents for any end of life queries.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the registered manager and told us the service was well led. Comments include, "[Registered manager] is nice, she is kind to me" and "[Registered manager] is more like a friend to me". People felt empowered and encouraged to work towards personal goals to achieve independence. This was a culture spread throughout the service with staff actively supporting people to learn new skills and achieve positive outcomes.
- Staff felt supported in their role and it was clear that staff morale was high. One member of staff told us, "Yes I am supported, [registered manager] is very good".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. Although no incidents had occurred, and no complaints had been made, the registered manager understood their responsibilities in relation to sharing information and being open and honest where incidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to monitor the quality of the service. This included monthly audits of areas such as care records, the environment and people's mealtime experience. Where areas for improvement were identified, these had been acted upon. For example, where people had expressed wishes to gain further education, this was included as an action within the audit and responded to in a timely way.
- The registered manager understood the regulatory requirements of their role. They had submitted their PIR as required and the information given reflected what we found on inspection. The registered manager had also displayed their most recent inspection rating as is required by law.

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

- People and their relatives were actively engaged in the service. Weekly meetings took place with people to give them opportunity to feedback on the care provided. We saw that these meetings were well attended, and that feedback given in these were acted upon.
- One relative told us, "[registered manager] will ask me what I think and then act on what I have said". We saw that although there were no formalised methods of gathering feedback from relatives, there was an

open culture in the service and all relatives told us they were encouraged and supported to give feedback where they wished.

Continuous learning and improving care / Working in partnership with others

- The registered manager displayed a commitment to improving care where possible and had worked with other agencies to improve people's support. For example, working alongside a local college to enable people to attend independently.