

Four Seasons (No 10) Limited

# Summerdale Court Care Home

## Inspection report

73 Butchers Road  
London  
E16 1PH

Tel: 02075402200  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
18 August 2020

Date of publication:  
21 October 2020

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Summerdale Court Care Home is a care home providing personal and nursing care. It is registered to provide care and support for up to 110 people in one purpose-built building. However, the top floor units were closed for refurbishment and the service had a limited capacity to provide care to 58 people. Fifty four people were living at the service at the time of the inspection. There was one unit which specialised in supporting people living with dementia. There was one nursing unit which provided care to people with nursing care needs. Both of the units were on the ground floor.

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

The service was not always well-led. The service had completed a range of audits however these had not always led to improvements with medicine management, care planning and managing the risk of falls. Contrary to the provider's written statements, the service had not embedded good practice about assessing whether people's health was deteriorating. The management team had improved the service in other areas.

The majority of people's relatives told us the service was safe and there were enough staff to meet people's needs. The service had assessed the risks people faced and developed plans to help reduce them. People had access to healthcare support.

Care plans were personalised and reflected people's preferences, likes and dislikes. Relatives told us staff were caring and treated their loved ones with respect and dignity. Most relatives told us they knew how to make a complaint if they needed to and felt the service would respond appropriately. Staff and relatives told us the management team were approachable and there had been recent improvements at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 March 2020) and there were multiple breaches of regulations and the service remained in special measures. The service has been in special measures since July 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been noted but not enough improvements had been made around good governance and the provider was still in breach of one regulation.

### Why we inspected

We undertook this targeted inspection to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been

sustained. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. The service remains in special measures following this targeted inspection.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified one ongoing breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures:

The service remains in special measures following this targeted inspection.

The overall rating for this service is 'Requires improvement'. However, the service is remaining in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place/keep services in special measures. This means we will keep the service under review and we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures, which includes the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service caring?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Summerdale Court Care Home

## **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.

We undertook this targeted inspection to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection team consisted of three inspectors, two assistant inspectors, a nurse specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Summerdale Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced. We gave the service 24 hours' notice of the inspection. This was because we need to assess the (COVID-19) infection prevention and control risks to people living at the service, the staff at the service and the inspection team before the inspection took place.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection we spoke with four relatives of people living at the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the clinical lead, the regional manager, two nurses, two senior care workers, three care workers and the head chef. We spoke with a health and social care professional who regularly visited the service. We reviewed a range of records. This included seven people's care records and various medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We did not speak to people using the service or conduct a 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. This was because it was assessed that this posed a risk to people's health due to the risk of the spread of infection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six relatives of people who use the service about their experience of the care provided.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to report allegations of abuse to the appropriate authority. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us the service was safe. One relative said, "[Relative] is safe here." Another relative told us, "It's a safe environment." A third relative commented, "I don't think [relative] is unsafe."
- Staff had received training in safeguarding adults from abuse and knew how to report any concerns that people were being harmed. Staff understood their responsibility to blow the whistle if their concerns were not reported to the appropriate authority in order to keep people safe. One staff member said, "I would need to stop the incident straightaway and speak to the residents and keep them calm. Then I need to speak to the lead nurse, write a report of the incident. The types of abuse: physical, mental, emotional, financial and sexual."
- Records demonstrated the provider was reporting allegations of abuse appropriately and the local authority no longer had any concerns about the service in this regard.

At our last inspection the provider did not have enough staff to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- We did not look at recruitment as this was not part of our targeted inspection.
- Relatives and staff told us there were now enough staff to meet people's needs. A relative said, "I was at

the last inspection and spoke to the inspectors and read the report. Since then, there are more members of staff, and they're not using agency staff. They have enough staff to cover if one is off. They're not bringing [agency staff] in."

- The service had undertaken a large recruitment drive and reported they had not used agency staff members since May 2020. We observed staff supporting people in a timely fashion during the inspection and the number of staff on duty matched those on the rota. There were enough staff to meet people's needs.

#### Using medicines safely

- Medicine management required further improvement. The service had a medicines policy and managers had carried out an audit in the previous month. The audit found that actions for improvement were required. For example, some people receiving medicines on a 'when required basis' (PRNs) did not always have the reason that the medicine was given, and its effect recorded. This was identified in previous inspections. During this inspection we found that reasons and effects for giving PRNs were not always recorded.

- Managers had communicated the audit actions required to staff during a meeting. However, there was no specific action plan in place and there had not been a further audit. This meant that we could not be certain that actions were completed.

- People living with long term conditions, for example diabetes, had care plans for staff to know how to meet their needs. Staff recorded when diabetic medicines were not given, although there were discrepancies in the dose prescribed and what was omitted. Blood glucose results were not always recorded clearly; this was identified in the last inspection.

- Staff had a process for ordering people's repeat medicines so that they were available when needed.

- Staff were trained in the safe administration of medicines. Medicine errors were reported and investigated. Staff received supervision if errors were made.

- Staff completed medicines administration records (MARs) when medicines were given and recorded appropriately if medicines were declined.

#### Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing. People's relatives told us staff understood how to care for their family members safely. The provider had assessed people's individual risk of falls but had not implemented a robust system of service-wide oversight regarding falls following recent serious incidents at the service.

- The provider had assessed areas that could pose a risk to individual people and had developed comprehensive guidance for staff about how to mitigate them. The provider had addressed risks such as pressure ulcer development, choking, and behaviour which may pose a risk to the person and others.

- Relatives told us the provider had taken steps to update their loved ones care following changes to their support needs. Records confirmed assessments were regularly updated following incidents and multi-disciplinary team recommendations were fully embedded in the delivery of care. Staff we spoke with understood the care they needed to provide in order to keep people safe from harm.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had not ensured staff had the right knowledge to meet people's needs. This was a breach of regulation 18(2) (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People's relatives told us staff had the right knowledge to support their loved ones. One relative said, "From my impression, [the home] is very good. My [relative] is being looked after. Staff know what they are doing. They take care of things."
- Staff discussed the training they had received and explained that during the COVID-19 pandemic they had continued to receive training via online videoconferencing systems.
- New staff members told us they had received a good induction to understand how to help people and that they could get support about how to carry out their roles from the clinical lead at any time and during structured supervisions and appraisals.

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

- The provider had told the CQC that they had provided all care staff with best practice training relating to monitoring signs that people's health was deteriorating and when to contact emergency services, and that this training had been followed after a serious incident. However, none of the staff we spoke to were aware of this specific best practice training. Nevertheless, a visiting health professional did not have any current concerns about the service working with a range of healthcare professionals including district nurses and the GP.
- Staff we spoke with told us they would monitor people for any changes in behaviour and make relevant referrals if people appeared unwell. A staff member told us, "If I think they're not safe I would call the doctor,

if weekend I would call the out of hours [GP]. If they're really unwell I call 999 ambulance or Rapid Response.

- Records confirmed that referrals were made to relevant healthcare professionals such as speech and language therapists, dentists and district nurses and their recommendations were captured in people's care plans and carried out by staff to ensure people received appropriate support to meet their health needs.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained. We will assess all of the key question at the next comprehensive inspection of the service.

Respecting and promoting people's privacy, dignity and independence

- We did not look at the support regarding people's independence as this was not part of our targeted inspection.
- Relatives of people using the service told us their loved ones were treated with dignity and respect. A relative told us, "Yes, I think [relative] is treated with dignity and respect now, but not before." Another relative said, "Yes, they treat [relative] with dignity and respect." A third relative commented, "It is good care and the [staff] are nice. They all love her."
- Staff told us what they did to promote people's privacy and dignity. One staff member said, "These [people who used the service] are not children, they live with conditions but they are grown people. For me and my colleagues it's important for them to maintain their dignity and privacy. We make sure shutters are shut, allow them some privacy. There is also loss of inhibitions so we give a blanket on their legs and make sure no one can see them, we pay attention to things like that."
- Care plans captured the way people liked to be treated and how to staff should greet them. We observed that staff spoke to people calmly and people were supported to look presentable.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had not always recorded complaints accurately. We made a recommendation in relation to regulation 16 (complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and there is no longer a recommendation in relation to Regulation 16.

Improving care quality in response to complaints or concerns

- The majority of relatives told us they were confident their concerns would be listened to and addressed. One relative said, "First of all, my [relative] is heard. When she talks to [staff], at least they hear her and listen to her. They act upon what she complains about." Another relative said, "If I did have any concerns, I'd speak to [the clinical lead]. I think they've been responsive. I haven't had any complaints."
- Staff knew how to record and escalate concerns. One member of staff told us, "Yes when they are admitted every resident is made to know there is a complaints procedure. If you're not happy with something, if you tell the carer they put it in the staff notes then tell the clinical lead who can take it up with the manager. The complaints are documented and investigated."
- Two complaints had been recorded since the last inspection and records confirmed they had been dealt with in line with the provider's policy. There was an easy read policy available to assist with communication.

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

- Care plans were comprehensive and personalised with information about people's likes, dislikes and preferences. More details had been added since the last inspection such as people's choice of toiletries and the equipment needed to support people.
- People's relatives told us they were asked to help plan their loved ones care. One relative said, "The staff are caring. When [relative] first went in on Friday, one of the managers called me and asked me extensive questions about what [relative] likes, even down to what soap and body cream [they] like, and food, they wanted to know about [their] life. I was impressed."

- Staff told us they knew people well and understood how to tailor their support to each individual. One staff member said, "The care we are giving is person-centred, we have to ask them for their likes and dislikes, we have to ask them to have input in the care plan, so we can meet their needs. We speak to the families, but residents' preferences are important, we want to do person centred care." A second staff member told us, "I feel confident that I'm doing what I'm supposed to do when residents are happy. Usually they will tell you I'm happy and I'm good. We make sure the care around the residents is tailored for the residents."
- Records were updated following changes in a person's need and were regularly updated to give an accurate picture of care.

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check whether the previous breaches in relation to Regulation 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Furthermore, we needed to check whether the previous recommendation in relation to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also undertook the inspection to check that previous improvements in relation to Regulations 9, 10 and 12 had been sustained. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had not ensured governance systems operated effectively to identify and address issues with the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The registered manager and clinical lead had sustained and made a number of further improvements at the service since the last inspection. The service has a history of poor governance and has been in breach of regulation at the previous five inspections. The service was still operating at less than half capacity and therefore we could not be assured the improvements could be maintained if the number of people living at the service increased in a short amount of time.
- The service had a system to monitor the quality of care provided, however these did not always highlight the concerns we found during the inspection or create means to improve them. Concerns we found at the last two inspections regarding monitoring people's blood glucose levels and accurately recording the reasons why people received medicines on an 'as needed basis' had still not been addressed putting people at risk of not receiving their medicines safely.
- The majority of care plans were sufficiently details and personalised however, one care plan contained inconsistencies around their continence and skin care and a meeting with a health professional regarding the person's treatment had not been followed. The provider had recognised the care plan needed to be improved but had not done so while the person was living at the service.
- There had been a serious incident at the service involving falls. There was not a cohesive plan at the service to look at falls and learn how to minimise the risk of falls across the home. Each incident was investigated but there were no service wide actions such as further training or tailored falls audits to help prevent further falls at the service.

- A small number of relatives experienced difficulties when trying to communicate with the home, for example one next of kin told us they were not made aware that their loved one was unwell and receiving specialist treatment.
- The provider reported that staff had received specialist training, however staff we spoke with were not aware of the training topic. This meant the provider's monitoring systems had not highlighted this area needed improvement.

Governance systems did not operate effectively to identify and address issues with the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive and open culture at the service and the management team had worked hard to increase the quality of care for people since the last inspection. Relatives, staff and the local authority told us the service had continued to improve and there was positive feedback about the service's response during the COVID-19 pandemic. A relative said, "Before the management was so bad. The manager now is fantastic. I haven't heard any complaints from my [relative]."
- Staff told us they liked working at the service and the registered manager and clinical lead were highly accessible and happy to help them. One staff member said, "The home at one point was a bit all over the place, we were all concerned, since [the registered manager] and [clinical lead] have taken over I feel comfortable. I call and they always answer the phone. I've seen [the registered manager] come in the night shift, we feel much more supported, I can speak for myself and colleagues." Another staff member said, "I feel really supported at the moment, we were really confused but at the moment the clinical lead is brilliant and the registered manager as well... always listening, always trying to fix everything. They will call every time of the day and will always talk to you I do try to be myself like that."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not established a robust system to assess, monitor and improve the quality and safety of the services provided. Regulation 17(1)(2)(a)(b)(c).

**The enforcement action we took:**

Impose conditions.