

Mrs Luisa Backhouse

# Summer Wood Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Summer Wood Residential Care Home is a semi-detached property close to Bexhill-on-Sea train station. It provides care and support for up to four adults who have learning disabilities and/or autism. Its focus is to provide a supportive family environment and home. There were four people living at the service at the time of our inspection. They varied in age and included a mix of females and males. Two people were out most days attending voluntary jobs and spending time with relatives and friends. People were able to tell us of their experience of living at Summer Wood.

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. The registered manager was also the registered provider and they lived on site.

At our last inspection in November 2014 we issued a requirement notice as there was no effective recruitment and selection procedures in place and relevant checks on staff had not been completed. We received an action plan from the provider that told us how they would make improvements. At this inspection we found that the provider was still in breach of this Regulation.

We identified further areas that required improvement. Risk assessment documentation for one person had not been fully assessed including the person's capacity to make decisions about their safety. This had the potential to leave the person at risk of harm.

There was a lack of monitoring to identify that record keeping in many areas such as care plans, daily records, staff recruitment files and fire drill records, were accurate and up to date. Whilst there were safe procedures for the management of medicines there was no formal system in place to assess staff competency before allowing them to give medicines.

Whilst the home sought assessment documentation as part of the pre admission process they had no system in place to carry out their own formal assessment of need to ensure the person's needs could be met at Summer Wood and to assess compatibility with other people living at the home. When reviews were carried out there was no effective system to ensure that information was cross referenced to the current care plan and assessed in terms of impact for the person. We made a recommendation to the provider in relation to improving documentation in these areas.

Despite these shortfalls people told us they were happy with the care they received. People were treated with kindness and compassion in their day-to-day care. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. Bedrooms had been personalised to reflect each person's individual tastes and interests. People were supported by staff who knew them well as individuals and they were able to tell us about people's needs, choices, personal histories and interests. We observed

that staff talked and communicated with people in a way they could understand and people were encouraged to make decisions.

Staff understood what they needed to do to protect people from the risk of abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People had access to healthcare professionals when they needed specific support. This included GP's, dentists and opticians. Where specialist healthcare was required, for example, from a community nurse, arrangements were made for this to happen.

Staff told us they felt supported and that the registered manager was very approachable. They had received regular supervision. As the home was small they had regular time with the registered manager.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The provider had not ensured appropriate recruitment procedures were followed.

Systems for ensuring the management of risks for one person were not always effective.

There were safe systems for the management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There were systems for ensuring all staff had the knowledge and skills necessary to carry out their roles effectively and that staff attended regular supervision meetings and felt supported in their role.

People were supported to attend a range of healthcare appointments.

**Good** ●

### Is the service caring?

The service was caring.

People's privacy and dignity was respected.

People's bedrooms had been personalised to their individual tastes.

Staff knew people well and displayed kindness and compassion when supporting them.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

People's care plans were not always accurate and up to date.

There were systems to ensure that people's social and recreational needs were met.

People knew who to speak with if they had any concerns or worries.

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

The service was not always well-led.

There was a lack of accurate and up to date record keeping and quality monitoring systems were ineffective.

Statutory notifications were submitted to the Care Quality Commission when appropriate.

**Requires Improvement** ●

# Summer Wood Residential 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.

The inspection took place on 30 March 2017 and was unannounced. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector.

Before our inspection the provider had 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 reviewed the information we held about the home, including previous inspection reports. We looked at notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff files, training and supervision records, medicine records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at three support plans and risk assessments along with other relevant documentation to support our findings.

During the inspection, we spoke with two of the people living at Summer Wood. We also met with the registered manager and one staff member. In addition, we requested feedback from healthcare professionals who had contact with people living at Summer Wood but we received no response.

## Is the service safe?

### Our findings

One person told us, "We feel safe here, there's always someone about to help us if we need it."

At our last inspection in November 2014 the provider was in breach of Regulation 21 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, which now correspond to Regulations 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because effective recruitment and selection procedures were not in place and relevant checks on staff had not been completed. Following the inspection, we received an action plan that showed how improvements would be made. At this inspection we found that the provider was still not meeting this regulation.

Staff recruitment checks were undertaken before staff began work at the home, including Disclosure and Barring Service (DBS) checks to help ensure staff were safe to work with adults. However, in respect of one staff member although their previous employment was listed, there were no dates given which meant that there was a potential for a gap in employment that had not been explored. There were two references but neither stated the capacity to which the person was known to the applicant. In respect of a second staff member there was only one reference present and this was not from the staff member's last employment in line with the provider's recruitment policy. Although the provider stated that they used set questions when interviewing prospective staff there were no notes of the responses. The provider had not carried out effective checks to ensure staff were of suitable character to work at the home.

The above is a continuing breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We were told that one person stayed away from the home a couple of nights each week but staff were not sure who they stayed with. The registered manager told us that the person had a mobile phone and would be in touch if there was a problem. Although records showed the person could manage public transport and taxis they also showed that the person regularly lost their keys and mobile phone. This area had not been assessed fully within the care plan along with the person's capacity to make decisions about their safety. The support systems did not ensure all risks had been identified and mitigated and this had the potential to leave the person at risk of harm.

The above is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There were enough staff working in the home to meet people's needs safely. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Regular health and safety checks ensured people's safety was maintained. Fire alarms were tested weekly and a contract had been set up to have the system tested every three months. Within each person's care plan it stated, 'It is difficult to know how (person) will react in an emergency.' However, records showed that

a fire drill had been held in March 2017 and that people responded appropriately when the alarms sounded. Whilst one staff member told us they had not been involved in a fire drill since working at the home they were able to tell us what they would do if the alarms sounded.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a locked cupboard. There was advice on how each person should be supported to receive their medicines. People's medicines were reviewed annually by their GPs. Staff with responsibility for giving medicines had completed training on medicines. We were told that the GP was aware that two people regularly refused their prescribed medicines.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and a staff member told us that if an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority.

## Is the service effective?

### Our findings

People were supported to maintain good health and received on-going healthcare support. They told us that if they needed to see a health professional the registered manager arranged this and took them to the appointment. They said the food was good and that their favourite foods were on the menu.

Staff completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS) and they were able to describe its principles and some of the areas that may constitute a deprivation of liberty. 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. There was information within care plans about how each person communicated their needs and wishes and staff were able to clearly describe how each person made their needs known. Staff knew that if people were unable to make complex decisions for example about medical treatment, a relative or advocate would be asked to support them and a best interests meeting held to ensure all proposed treatments were in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA; if any conditions on authorisations to deprive a person of their liberty were being met and there was appropriate documentation was in place. The registered manager had assessed that people were not deprived of their liberty.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. The training programme and records showed that staff had completed all essential training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control, management of medicines and food hygiene. A staff member told us that they were happy with the training they had received and felt it had equipped them to carry out their role within the home.

We asked if staff had received any specific training to meet the needs of people living at Summer Wood. We were told that one staff member had completed advanced training on autism and there were plans that other staff members would complete this training too. We asked about the management of behaviours that challenged. A staff member told us that people did not have particular behaviours that caused challenges. However, they had noted that when people became quiet that was when they might have something that was bothering them and they always took them aside to talk and try to identify if they had any worries. One staff member had completed a health qualification at level two and had signed up to start a level 3 qualification later in the year. The registered manager confirmed that if there was training identified that staff needed they would ensure that this was arranged.

There was a structured induction programme when staff started work at the home. This included time to get

to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. We were told that during the induction period staff completed the home's essential training. Staff who had not previously worked in a care setting went on to complete the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision and told us they felt well supported. A staff member told us, "The registered manager is always available and is very approachable." They said that they didn't need to wait for supervision. As the home is small they worked daily with the registered manager who could answer any questions they might have straight away.

We were told that menus for the main meals were decided two weeks in advance with people's input. Menus were varied and well balanced. Staff were very aware of the food people liked and did not like. People told us they decided daily what they wanted for their breakfast and lunch. As two people did not always have their meals in the home, their meals were planned as and when they were present.

There were good systems in place to ensure people attended a range of healthcare appointments. Records showed that people were supported to attend a range of healthcare appointments such as GP appointments, opticians, dental, and chiropody.

## Is the service caring?

### Our findings

People told us that they were well cared for and liked living at Summer Wood. One person told us, "The staff are good and they look after us. If we want something we only have to ask."

People were treated with kindness and compassion in their day-to-day care. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. Bedrooms had been personalised to reflect each person's individual tastes and interests. People were supported by staff who knew them well as individuals and they were able to tell us about people's needs, choices, personal histories and interests. We observed that staff talked and communicated with people in a way they could understand and people were encouraged to make decisions. For example, in relation to what they ate and what they did for the afternoon.

People's privacy and dignity was respected. Staff told us that they knocked on people's doors and waited for a response before they entered the room. They said they maintained people's dignity by helping them to maintain their independence and involving them in decisions. An example given was that, "I support with washing (the person's) back and applying creams but they do the rest." They also said they ensured that people's doors and curtains were always closed when they assisted with personal care.

The registered manager continued to encourage and where possible facilitate regular contact with people's relatives. One person received regular visits from a family member. Another person was continuing to develop stronger links with a family member and they told us that alongside visits they were supported to remain in contact via letters and cards. People told us that these contacts were very important to them.

People's records were stored securely to ensure confidentiality was maintained. People's care plans gave advice on how people liked to be supported, their individual likes and dislikes and information about how staff should support them to maintain their dignity. For example, one person was often insecure in new settings so staff were advised to give clear advice about the purpose of trips.

One person told us that they liked to go clothes shopping and to choose new clothes. Another person said that they preferred the registered manager to support them with their money so that they could monitor how it was spent. The registered manager confirmed this to be the case but said that the person always had money to spend if this was their choice.

## Is the service responsive?

### Our findings

People told us they liked their routines. Mornings were personal care and TV time and afternoons were either arts and crafts or outings. They said they also helped out with things like laundry, recycling and keeping their rooms and the lounge tidy.

There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs and ability to give consent. Care plans contained information and guidance about people's routines, and the support they required to meet their individual needs.

Within one person's annual review documentation there was information about three areas of their health that had not been included within their care plan. We asked a staff member about one of the health conditions referred to in the review. They said that the person told them about this condition a few days previously. However, they had no previous experience of this condition and other than call an ambulance if there was a problem they did not know how they would support the person if there were problems. We discussed this with the registered manager who confirmed that calling an ambulance would be the appropriate course of action as this condition had not occurred in five years. We asked why if the condition was so low risk, the person had told us they were not free to use the kitchen to make drinks or help with meal preparation. The person had told us, "I'm not allowed to make a hot drink as due to my condition I'm not safe in the kitchen but I can get water if I want one and staff will always make me a drink." The registered manager confirmed that they could use the kitchen as long as there was a staff member present. They confirmed they would discuss this with the person.

We recommend that the registered provider ensures that when reviews are carried out, care plan documentation is then reviewed and updated to include all changes to people's health needs.

People told us that they knew who to talk to if they had any concerns or worries. One person regularly wrote complimentary notes to the registered manager which showed they felt very well cared for and that they felt happy and safe living at Summer Wood. The complaints procedure provided information about the process for responding to and investigating complaints. We were told there had been no formal complaints received. Staff told us that they would feel comfortable raising concerns if they had any.

People told us they were happy with the activities on offer in the home. Two people chose to have regular in-house activities that included arts and crafts. On the afternoon of our inspection they were involved in tapestry and cross stitch. The patterns were intricate and they were obviously very skilled in these areas. They had great pride and delight in showing their work and they also showed previous works that involved rug making and sequins art. They told us they did in-house activities three afternoons a week and they had regular trips to the shops and cafes on the other afternoons. Between them they decided where they went and what they did. They liked to go to regular shows and theatre events and took turns to decide which show they wanted next. They said that they had become very close friends and enjoyed spending time together. Records confirmed that people liked to spend time on their phones and laptops. One person had a

voluntary work placement on a farm three days a week.

## Is the service well-led?

### Our findings

We found the culture at the home was open, relaxed and inclusive. People seemed very content and there was a warm atmosphere. One person told us that the registered manager was, "Firm but fair." Staff told us that the home was run well and they found the registered manager supportive. However, despite positive feedback there was a lack of monitoring to ensure record keeping was up to date and accurately reflected the running of the home.

There was a registered manager in post. They completed a PIR (provider information return) in advance of the inspection. This included areas where the home was planning to make improvements for example their plans to carry out satisfaction surveys later in the year. Information provided in the PIR was limited. The registered manager highlighted their commitment to continually updating records and ensuring staff were given opportunities for personal and professional development. Whilst the registered manager understood their responsibilities, we found shortfalls in ensuring that this was always achieved.

One person had been admitted to the home since the last inspection. Social Services had provided a comprehensive assessment of the person's abilities and needs and a transition plan had been put in place to ensure the person was happy with the move. The registered manager told us that whilst they had not carried out a formal assessment they had informally assessed the person to ensure that they were happy they could meet the person's needs at Summer Wood and to assess if the person would be compatible with the other people living there.

Daily records provided limited information about people and what they had done. For example, it often stated 'out shopping' or 'outing to town.' There was no specific reference to choices given to people and where they had gone shopping or what cafes they had been to. As the staff team was small this had less of an impact as staff knew where and what people had been doing but in terms of evaluating people's social and recreational lives there was limited information recorded.

Staff received training in the management of medicines and we were told that there were systems to assess their competency before being allowed to give medicines to ensure they followed correct procedures. However, this was an informal assessment and there were no records to demonstrate that this had been done. The registered manager advised that they would introduce a system to assess each staff member.

As the manager was the main person with responsibility for updating all paperwork in the home they said it would not have been appropriate to audit their own work. However, this meant that there was no monitoring to ensure that staff files contained all the necessary checks. In addition there was no system to ensure that the information in the care plans was up to date and accurately reflected people's current needs. In relation to records of fire drills we found records did not show which staff were involved and how long it took to evacuate the building. The registered manager did not have systems to ensure that all staff had taken part in a fire drill and knew how to evacuate the building safely.

The above areas are a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities)

Regulations 2014.

As there had been a change in two of the three staff members in recent months, the registered manager said that they had regular opportunities to meet during supervision but had plans to do a staff survey later in the year when they both settled into their roles. There were also plans to complete a resident survey in the autumn as one new person had been admitted to the home and it was felt that they needed time to settle in. In the interim the registered manager met with people and staff daily and responded to any worries, concerns or suggestions for changes made.

There were only three staff employed to work in the home and the registered manager said that they met regularly and therefore did not feel the need to have formal staff meetings. Daily handovers were carried out between each shift and staff were expected to read through daily notes and the staff communication book to keep up to date with any changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the safety of service users by assessing the risks to their health and safety and doing all that is reasonably practicable to mitigate any such risks.  12(2)(a)(b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that accurate record keeping was in place.  17(2)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not ensured appropriate recruitment checks had been carried out for new staff employed to work at the home.  19 (1)(3)