

Raycare Limited

Summerhill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Summerhill provides care, support and accommodation for up to 29 older people. There were 26 people living at the home at the time of our inspection many of whom had a dementia related condition.

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

Checks to monitor the quality and safety of the service were now being carried out. Action had been taken to address the previous shortfalls relating to the assessment of risk, medicines management, the safety of the premises, the maintenance of records and the quality monitoring system.

Relatives told us that the home was safe. One relative stated, "I can't speak highly enough of Summerhill and the staff who work there. I am able to relax knowing that she is happy and being kept safe there."

A safeguarding system was in place. Staff raised no concerns about people's care or staff practices. They said they felt confident that management staff would take immediate action if any safeguarding allegations were raised.

We received mixed feedback from people and staff about whether there were sufficient staff to look after people. The registered manager told us that whilst there were sufficient staff to look after the people currently living at the home; they were not accepting any new admissions to the service until more staff were recruited. Recruitment was ongoing, although this was proving difficult due to the COVID-19 pandemic and related staffing shortages.

A safe recruitment system was in place. Relatives spoke positively about the skills of the staff. One relative stated, "Thanks to the professionalism and dedication of the staff, [name of person] is settling in well, her health has improved and we are very pleased with her progress and care."

An infection control system was in place. We signposted the provider to resources to develop their approach and made a recommendation that they keep infection control guidance under review to ensure that best practice was followed.

Relatives were complimentary about the home. Comments included, "She calls Summerhill her home, which is the highest recommendation" and "It's a testament to Summerhill that [name of relative] has put on weight and is visibly much healthier than at the start of the year."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2021). There were two breaches of the regulations relating to safe care and treatment and good governance. We issued two Warning Notices

and told the provider they needed to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerhill on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Summerhill

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Summerhill 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

The 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our 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.

During the inspection

We spoke with four people, two relatives, 11 members of staff including the registered manager, deputy manager, care staff including night staff, the chef, housekeeper and wellbeing coordinator. We also spoke with the frailty practitioner and senior clinical pharmacist who were visiting the home. We reviewed electronic records relating to people's care and support. We also looked at medicines' records and maintenance records.

After the inspection

We contacted four relatives and four health and social care professionals by email for their opinion about the home. We reviewed information relating to the management of the service which the registered manager sent us electronically.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, an effective system to assess, monitor and manage risks was not fully in place. In addition, medicines were not always managed safely. This was a breach of Regulation 12 (Safe care and 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 12.

- Risks were now being assessed, reviewed and documented.
- Checks of the premises and equipment had been carried out and remedial work completed to ensure the premises and equipment were safe.
- Medicines were managed safely. Medicines administration records evidenced that medicines were administered as prescribed. We identified shortfalls with the recording of staff medicines competencies. The registered manager was aware of this issue and had introduced a new, more robust competency assessment form.

Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. Records did not fully demonstrate that best practice was followed when people were admitted to the home. This was immediately addressed and additional paperwork was introduced.
- We were somewhat assured that the provider was using PPE effectively and safely. We signposted the registered manager to information relating to aerosol generating procedures which require additional PPE.

We recommend the provider keeps infection control guidance under review to ensure that best practice is followed.

- 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 guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Learning lessons when things go wrong

At our last inspection, an effective system to analyse accidents and incidents and identify and take action when things went wrong was not fully in place. This was a breach of Regulation 17 (Good governance) 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 17.

- Lessons had been learned and action taken following our previous inspection. An effective system was now in place to analyse accidents and incidents so action could be taken if any trends or themes were identified.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we received several anonymous whistleblowing concerns relating to people's care and support. However, due to the poor standard of record keeping, we were unable to fully check that people received appropriate care and support. This was a breach of Regulation 17 (Good governance) 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 17.

- A safeguarding system was in place. Staff raised no concerns about people's care or staff practices. They said they felt confident that management staff would take immediate action if any safeguarding allegations were raised.
- Electronic records now reflected people's needs and documented the care and support which people received.

Staffing and recruitment

- We received mixed feedback from people, staff and health and social care professionals about whether there were sufficient staff to look after people. We did not see anyone's needs not being met by the number of staff on duty during our inspection.
- The registered manager told us that whilst there were sufficient staff to look after the people currently living at the home; they were not accepting any new admissions to the service until more staff were recruited. Recruitment was ongoing; although this was proving difficult due to the COVID-19 pandemic and related staffing shortages.
- A safe recruitment system was in place. Checks were carried out for prospective staff to help ensure they were suitable to work with vulnerable people.

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. At this inspection this key question has 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.

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

At our last inspection an effective system to monitor the quality and safety of the service was not place. This was a breach of Regulation 17 (Good governance) 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 17.

- Checks to monitor the quality and safety of the service were now being carried out. Action had been taken to address the previous shortfalls relating to the assessment of risk, medicines management, the safety of the premises, the maintenance of records and the quality monitoring system.
- Electronic care recording had improved and now reflected people's needs. Records relating to people, staff and the management of the home could now be easily located.
- There was a registered manager in place. Staff spoke positively about her and the changes which had been made. One member of staff told us, "She has been a miracle worker - she has been the bee's knees here. What that woman has done for Summerhill I can't thank her enough. She is a great boss - she knows her stuff."
- A deputy manager supported the registered manager. Staff told us how well the registered manager and deputy manager worked together and said how approachable and supportive they were. Relatives also spoke positively about the management of the home. One relative said, "She [person] likes the home, she likes the staff and she has described to me aspects of her day to day which indicate a highly professional management hand behind the scenes."

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

- Staff told us morale had improved because of the changes which had been made. One staff member stated, "I personally feel that the homes situation has vastly improved and the morale among staff has increased dramatically. We still have a few things that need to be addressed over time, but we seem to be in a far better place now."
- There was a cheerful atmosphere at the home and we observed positive interactions between people and staff. One relative stated, "The previous two years have been very difficult for all care homes, but I have been impressed by the willingness to help, and cheerfulness, of the staff at all times to both [name of person] and I. Despite being busy they have always arranged for me to speak with [name of relative] either by mobile,

through secure screens or in person following testing, whilst adhering to the current protocols."

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

- There had been no incidents which required the provider to act on this duty.

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

- Processes were in place to involve people, relatives and staff in the running of the home.

Working in partnership with others

- The home had worked with the local authority to implement the improvements required following our last inspection.
- Staff liaised with health and social care professionals to make sure people received care which met their needs.