

Manor Care Homes Ltd

Summerville

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

Summerville is a privately owned care home providing personal care and support to up to four people who may have learning disabilities and complex needs. People may also have behaviours that challenge and communication and emotional needs. There were four people living at the service at the time of the inspection.

Rating at last inspection

At the last inspection, the service was rated Good overall and Requires Improvement in the 'Well –led' domain.

Why we inspected

We previously carried out an unannounced comprehensive inspection at this service on 7 December 2015. A breach of a legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Summerville on our website at www.cqc.org.uk.

At this inspection we found the service had improved. We found the service remained Good overall and is now rated Good in the 'Well –led' domain.

Why the service is rated Good in the Well- led.

Staff were aware of the ethos of the service, in that they were there to work together to provide people with personalised care and support that promoted people's independence and autonomy. Staff and people were part of the continuous improvement of the service.

People and staff told us they thought the service was well led. Staff told us that there was an open and inclusive culture within the service. They said they could talk to the registered and deputy manager about anything and they were always supportive. The registered manager told us, "We want to increase people's independence. We want to encourage them to do as much as possible. We want people to enjoy their lives".

The provider had systems in place to monitor the quality of the service. There were records to show that any identified shortfalls had been addressed and improvements made. The provider asked people, staff and relatives their opinion about the service and had included other stakeholders, like doctors or community specialists, about what action they thought the provider could take to make improvements.

The registered manager was aware of submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well –led

People and staff told us that the service was well managed.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Staff were aware of the provider's values to provide person centred care.

The registered manager and the provider undertook regular audits to ensure consistent, high quality, personalised care. They surveyed people, staff, relatives and other stakeholders to gain feedback and the results were analysed and improvements made.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation

The service worked effectively to create links in the local community.

Summerville

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.

We undertook an announced focused inspection at Summerville on 27 January 2017. The provider was given notice to give the staff the opportunity to prepare people for our visit, so that it lessened the disruption our presence may have caused. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 7 December 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: Is the service Well -led? This is because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector, this was because the service only provided support to a small number of people.

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. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people, the registered and deputy manager. We spoke with two members of staff. We looked at audits and checks carried out by the registered manager and staff. We looked at how the service sought the views of people, relatives, staff and other stakeholders to look what they did well and how they could improve.

We last inspected this service in December 2015 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection the breach had been met and no further breaches were identified.

Is the service well-led?

Our findings

People and staff regularly approached the registered and deputy manager throughout the inspection. The management team knew people well and offered support and guidance to staff. People and staff said that the service was well led and they could approach the management team at any time if they had any concerns or needed help and support.

At the last inspection in December 2015 the systems in place to quality assure the care being provided were not fully effective. Feedback was not being gathered from all stakeholders to improve the quality of the service. All systems within the service were not being checked by the provider and records were not completed to demonstrate that when shortfalls had been identified action had been taken to make improvements. At this inspection improvements had been made and the breach in regulation found at the last inspection had been met.

The registered manager and deputy manager audited aspects of care weekly and monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. One of the associated directors visited the service once or twice a week to check on how things were. They carried out regular checks and identified any shortfalls within the service and any environmental work that had been carried out or needed to be done. They wrote a report of their findings and they were auditing all the systems within the service. There was evidence that follow up checks were made and there were records in place to make sure shortfalls had been addressed and that improvements had been made. During the inspection we identified that checks and audits had not identified that some fire safety checks had not been completed as regularly as they should be. The registered manager took immediate action to address this and reviewed the auditing process to make sure that this omission would not happen again in the future.

People and their relatives, staff and other stakeholders were asked for their feedback about the service. Feedback had been read and considered and the provider acted to address any issues that were raised. All the feedback responses were positive and included, '(My relative) is very happy living at her home. Their needs are met and that makes me happy. A big thank you to all the staff. We think you are doing a great job' and 'I am very happy with the service provided for (my relative)'.

The registered and deputy manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff told us, "We want people to be as independent as possible. We encourage them to do as much as possible for themselves".

The registered and deputy manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered and deputy manager and who were skilled and experienced in providing person centred care.

Staff meetings were held monthly. Staff were kept up to date with changes to the service and were also able to add their own agenda items and ask questions. Staff regularly discussed incidents that had occurred within the service, and better ways of responding to ensure they did not happen again. Staff said, "All the staff get on very well together, we all really care." and "The director visits a lot. They are very approachable. Staff feel recognised and valued by the provider".

The management team had introduced a staff 'Shout out' board. Staff were encouraged to make positive comments about what had gone well and encourage recognition of each other's good work. There were comments like 'Thank you XXXX for helping me with my e-learning', 'Thank you XXXX for helping me write a care plan' and 'Thank you XXXX for making me tea'. There were also incentives for staff like 'employee of the quarter' when it was recognised by the management team when staff went over and above their duties.

The registered and deputy manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered and deputy manager participated in a variety of events and forums with other managers that worked in the area.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so when required.