

Ashcare (Summerfields) LTD

# Summerfield Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: The service is a care home that can provide personal care for up to 21 older people some of who may be living with dementia. 20 people lived in the home when we inspected.

People's experience of using this service: Accurate and up to date records had not always been completed. We recommend the provider ensures records are accurate and up to date. Audits are robust to identify shortfalls so immediate action can be taken. The environment was not always clean and areas of the home require renovations. We have made a recommendation about the environment and premises.

We found staffing levels had been increased to ensure people's needs were being met. Recruitment checks were robust to ensure new staff were suitable to support people who used the service. Staff had an induction and training programme which was completed by most staff. We found one person who had not completed their induction training.

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Incidents and accidents were managed effectively. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practice, to reduce the risk of further occurrences.

The management of medicines was safe. Risk assessments had been completed, provided detailed guidance for staff to follow and were reviewed regularly.

Staff used personal protective equipment to prevent against cross infection.

People and staff had positive relationships. People told us staff supported them when required and were helpful. Staff treated people with respect and dignity. Staff respected people's privacy and people were encouraged by staff to be as independent as possible.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People told us they were involved in making every day decisions and choices about how they wanted to live their lives.

Initial assessments were carried out to ensure people's needs could be met and personalised care plans followed. People's likes, dislikes and preferences had been included in care plans and people told us they were offered choices about their care. However, care plans had not been updated since 2017.

People were supported with their nutritional needs. People were supported to live a healthy life and staff supported people to access health care professionals when required.

A complaints system was in place and these were managed effectively. People and staff told us they felt confident to raise any concerns and felt these would be managed.

The provider worked in partnership with other services to support people's care and quality of life. The registered manager told us regular reviews of people's care were carried out but these had not been recorded.

Staff told us the management team were approachable and said they were supported with regular supervisions and appraisals.

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: This was the provider's first inspection. The provider registered with the CQC on the 24 November 2017.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. The overall rating at this inspection is requires improvement. We will continue to work with the provider to understand the action they have taken to improve the rating to at least good.

## 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well led.

Details are in our Well Led findings below.

# Summerfield 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

Notice of inspection: Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

What we did: The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events.

We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with five people during our visit and one relative. We also spoke with two staff and the registered manager during our visit.

We reviewed two people's care records, policies and procedures, records relating to the management of the service, training records and two recruitment records of staff members.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse.
- Staff were aware of the different types of abuse and followed safeguarding procedures to report any concerns. The registered manager said, "I would report any concerns to the local authority and notify CQC. If someone was in immediate danger we would contact the police."
- People and their relatives told us the home was safe. One relative said, "I feel confident mum is safe here."

### Staffing and recruitment

- There were mixed reviews about staffing levels. Comments from people, relatives and staff included, "On the whole the staff never have a minute, they are always busy", "Staffing levels are ok. Generally, its fine", "I think staffing levels are ok" and "Staffing levels are low at the minute. A lot of staff have left recently. Sometimes there's not enough staff on shift."
- Staff rota's showed some shifts had only two staff on at a time. The registered manager told us they were in the process of recruiting staff and had recently increased staffing levels to three staff on shift during the day time. Rota's confirmed this recent increase in staffing to ensure people's needs were met.
- Safe recruitment checks were carried out and robust. This included a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risk assessments were in place for those people that required them or when people's needs changed. For example, one person had a sensor mat in place to alert staff of their whereabouts due to their risk of falls so immediate support could be provided by staff if needed. Another person had a skin integrity body map in place and creams applied to their dry skin regularly to prevent pressure sores.
- Risk assessments were detailed and instructed staff of how and when to use specific equipment.
- Health and safety checks were carried out within the home to ensure peoples safety. However, we found the provider had not carried out testing for Legionella's which posed a potential risk to people. The Nominated individual told us this would be actioned immediately to ensure people living in the home were safe.

### Using medicines safely

- Medicines were stored and managed safely. People told us they received their medicines as prescribed. Medicine administration records (MARs) were audited monthly to identify any issues. Action had been taken when concerns were found.
- Some people were prescribed 'as required' medicines and we found protocols were in place to instruct

staff of when these were needed. 'As required' medicines were closely monitored to ensure people were not over medicated.

#### Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of cross infection.

#### Learning lessons when things go wrong

- Staff were aware of the reporting procedures for accidents and incidents.
- The registered manager told us they had recently updated their accident and incident forms to include further details and what lessons had been learnt from events. For example, one person had a choking incident. To prevent future occurrences staff supervised the person during meal times and food was cut into smaller pieces. We observed this taking place at lunch time during our inspection.

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The home was not always clean and required renovations. During our walk around in the home we found wall paper coming away from the walls, paint had come off many doors and handles on doors were loose.
- In some rooms we looked in there was an unpleasant odour and both carpets and furniture was old and worn. The registered manager said there was a plan in place to renovate the home and this had started as some floors had been changed from carpet to wooden floors.
- We found stair gates on the bottom of the stair well preventing access. There had not been any incidents of falls on the stairs and the registered manager said these had always been in place. This was restrictive as people living in the home were not able to unlock the stair gate.

We recommend that the provider ensure the environment is clean and renovated to a good quality to ensure people lived in a clean and safe environment without restriction.

- Some of the environment was dementia friendly to aid people finding their way around. This included colour coding different areas of the home. Hand rails were painted red so people could easily see these and use for support when mobilising. Toilets doors were bright yellow and bedroom doors painted blue. Some people with dementia used coloured cutlery and plates so they could identify foods more easily. Staff completed Dementia training to ensure they could meet people's specific needs and implement best practice.

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

- Initial assessments were carried out to inform staff of people's preferences for care before they used the service. The registered manager said, "We ask about people's mobility needs, nutrition, what assistance they need with person care, skin integrity, oral care and any equipment required so we can make sure it's in place before people move into the home."
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- All staff received training, which provided them with the skills and knowledge to care for people accessing care.
- New staff completed an induction program which included shadowing of staff. Staff new to adult social care were also required to complete the Care Certificate within six weeks of employment commencing. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours. We found one staff member, employed in August 2018 had not completed this.



- Supervisions and appraisals were carried out to support staff and monitor their performance. One staff member said, "I find (the registered manager) very supportive and can go to them with anything."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported with their nutritional needs. People told us they enjoyed the food. One person said, "The food is wonderful, I never leave anything on my plate."
- Where people required their food to be prepared differently because of a medical need or problems with swallowing, this was catered for. One staff member sat with a person whilst they ate, encouraged them to eat slowly and cut their food into small pieces to reduce the risk of choking. We checked the care plan which reflected this practice.
- Plans were in place to monitor and review people's weights as appropriate.
- The home worked with general practitioners, district nurses, occupational therapists and social workers when people required additional care.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions capacity assessments had been carried out. However, records were not always clear about how their capacity had been assessed. The registered manager said they would ensure all capacity assessments were clearly recorded.
- Some people living in the home were deprived of their liberty. The provider worked with the local authority to seek authorisation for this to ensure this was lawful. However, one DoL renewal had not been submitted in a timely manner. The registered manager said this would be actioned immediately otherwise there was a risk of people being unlawfully restricted within the home.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff sought consent before they supported people.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives provided positive feedback about the home and staff that looked after them. Comments included, "Staff seem as though they have had happy pills", "They (staff) look after you well, it's very good living here" and "Staff are very good, they look after me."
- During our observations we overheard one person saying, 'I love you' to a staff member. People and staff were seen chatting, laughing and singing old songs together. People were supported with their care needs and we observed one staff member helping a person to go to the bathroom to change their clothing after they had split a drink.
- Staff told us they treated people as individuals and made sure their diverse needs were met when possible.

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

- People told us they were involved in making decisions about their care and were included in their care planning. One staff member said, "People can have access to their care plans whenever. We ask them about their life so we can include this in their care plan to make it person centred."
- No person living in the home had an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us that where appropriate they would support people to find a local service.
- When people wanted relatives involved in their care this was arranged. One person, unable to recall their interests and historical information due to cognitive impairment, had their family involved in the care planning process. They had created a memory book for the person and this was located in the person's care file.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was always respected by staff. One person said, "Staff are respectful when they bath me. They keep the curtain closed when dressing me."
- The provider arranged dignity days so people recognised what this meant and asked people what it meant to them. A dignity tree had been made which showed people's individual meanings of the word dignity. Comments included, 'Dignity means to me – being looked after well with privacy and respect' and 'Dignity means to me – being well cared for and spoken to politely.'
- Staff told us they always respected people's privacy. One staff member said, "We talk to people all the time, give them privacy when needed. We make sure a towel is put over people when they are coming out of the bath. People choose their bed times, we don't tell people when to go. It's their home at the end of the day."
- People were encouraged to remain independent when possible. One relative said, "[Name] is encouraged

to walk be staff with her zimmer frame so she continues to be mobile."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Personalised care plans were created which included information from the initial assessment along with people's likes and dislikes.
- People received care from staff who knew their life story and who was important to them. One staff member said, "We make sure we get to know people, what they like and don't like. Ask them what they want you to do and familiarise yourself with the care plan." One care plan identified that a person liked to do house chores including washing up, dusting and setting tables because they enjoyed doing this. We observed staff involving the person at lunch time to help set tables which they enjoyed doing whilst talking to staff.
- People told us care reviews took place with them. However, these records were not always fully documented. We have addressed these concerns in the well-led domain.
- People were offered choice about their care. People told us they were asked about their choices of food and what they wanted to eat. There was a lunch menu in the dining room which showed people different options to choose from.
- Activities were provided within the home to reduce social isolation. There was an activities board which included bingo, knitting, hairdressers, hand massages, darts and reminiscence games.
- People told us they enjoyed the activities within the home and also participated in activities in the local community. Comments included, "I play card games and go out with staff for dinner twice a week" and "We go out to the shops, we don't get fed up, we are well looked after and they keep my mind occupied. We go on walks and have some fun."
- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns

- People and relatives knew how to provide feedback to the management team about their experiences of care and felt this would be managed effectively.
- There had not been any formal complaints raised. The registered manager kept a log of informal complaints and we found action was taken to address these concerns.

End of life care and support

- The home did not support anyone on end of their life care during our inspection. We found end of life care plans were in place and included people's funeral arrangements, cultural and religious beliefs. The registered manager said they had supported one person with their funeral arrangements and helped them

to choose what songs they would like played and which flowers they would prefer.

## 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.

Management and governance was inconsistent which placed people at risk of receiving unsafe or poor quality care. Leaders and the culture they created supported the delivery of person-centred care.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager did not have full oversight to enable them to identify and respond to recording shortfalls.
- Records were not always accurate or up to date. All the care plans we looked at were written in 2017 which meant they were not current. Monthly reviews of care plans took place but there was no record of who was involved in these and some did not record if there had been any changes. We could not be sure if there had been changes as the care plans were written in 2017.
- The registered manager did not have robust systems in place to implement and monitor safety and quality of the service. The registered manager was in the process of developing a new audit system for the home to ensure these were more detailed.

We recommend the provider ensures records are accurate and up to date. Audits are robust to identify shortfalls so immediate action can be taken.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had reported events within the home to CQC as required.
- Policies and procedures were up to date and followed by staff. A computer tablet was always available in the home for staff to check any policies or procedures.
- Staff told us the management team were approachable and helpful. Comments included, I find [Registered manager's name] very supportive and you can go to them with anything. They are approachable and will always help you" and "[Registered manager's name] is sound. You can go to them and they have been really good to me."
- The provider used surveys to seek people's views about the service. The feedback received from the last survey in 2018 was positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they had an improvement plan for renovations required in the home and were working towards this. We saw some old carpets had been replaced with wooden floors with plans for further work to be completed.
- The provider worked in partnership with other services to support people's care and quality of life. The registered manager said they had formed links with the local church who came to the home once a month.

They had also been talking to the salvation army to arrange a singing event. People living in the home attended the local community centre and events that they arranged such as Christmas parties.