

# Country Court Care Homes 3 OpCo Limited

# Summer Lane Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Summer Lane Nursing Home is a nursing and residential home. It was providing personal and nursing care to 100 older people at the time of the inspection. The service is on three floors. In general, the ground floor provides nursing and residential care, the first floor provides some residential care as well as support to people who are living with dementia, and the top floor is a small residential unit.

People's experience of using this service:

- There were enough staff to meet people's needs. A number of people we spoke with during our inspection told us that staff were busy at times. We highlighted this to the registered manager.
- Staff felt supported by the management team, and received training, induction and supervision so that they could effectively perform their roles.
- People were supported by staff who were kind and respectful. People and their relatives were positive about staff.
- People were protected from the risk of harm as far as possible. Information was available for staff to enable them to manage risks safely. Policies, procedures and checks were in place to protect people and staff.
- People's medicines were administered as prescribed and managed safely by competent staff.
- The environment was bright, clean and well maintained, with points of interest and sensory objects for people to interact with. Plans were in place to refresh some areas of the building.
- People were supported by staff to eat and drink enough to maintain a balanced diet. We received mainly positive feedback about the meals provided at the service.
- People were supported to participate in a wide range of activities, and individual's choices were respected.
- People's care records were up to date and provided relevant information and guidance for staff.
- Staff carried out checks and audits regularly at the service. Actions had been identified and continued to be addressed to improve the service and provide high quality care.
- 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 place at the service supported this practice.
- More information is in our full report.

Rating at last inspection: Good (report published 6 March 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

## 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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Summer Lane Nursing 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 adult social care inspector, a bank inspector who was a registered nurse, 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. The expert by experience's area of expertise was dementia care.

### Service and service type:

Summer Lane Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates 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.

### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is legally obliged to send us within required timescales. We used all this information to plan our inspection.

During the inspection, we looked at the care records of eight people who use the service and twelve people's medication records.

We reviewed eight staff files. These contained information about recruitment, training, induction and supervision. We also looked at records related to the management of the service. These included checks and audits, meeting minutes and health and safety documents. We reviewed policies and procedures including safeguarding, whistleblowing, complaints, mental capacity, recruitment and medicines. We considered all this information to help us to make a judgement about the service.

During the inspection we spoke with 19 people who lived at the service. Some people were unable to tell us about their experiences of Summer Lane because they were living with dementia and unable to discuss their views verbally with us. We used the 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.

We spoke with the relatives or friends of seven people who lived at the service. We also spoke with 11 members of staff, the registered manager, deputy managers and clinical lead. After the inspection, we contacted four health or social care professionals who worked with the service.

# 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

- Systems and policies were in place and staff had received safeguarding training. They understood how to keep people safe from abuse or harm and how to act if they had concerns about safeguarding.
- The provider had reported allegations of abuse to local safeguarding teams when these were identified.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm. Care records contained risk assessments including nutritional needs, medicines, communication needs, mobility and falls. These provided clear guidance for staff about managing associated risks.
- The environment and equipment were safe and well maintained. Risks were assessed, including radiator safety, water temperatures, cleaning tasks and trip hazards. Servicing and repairs were carried out to ensure people were safe.
- Emergency plans were in place, and people had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency. Fire drills and training had been carried out to ensure staff knew how to respond in the event of a fire.

Staffing and recruitment

- There were enough staff to meet the identified needs of people who lived at the service.
- People explained that they felt there were enough staff, although several added that they felt staff were particularly busy at mealtimes. Some people suggested that employing additional staff to support meals would be beneficial.
- Care staff told us they felt they were very busy, and that they, "Could do with one more pair of hands." Staff were keen to assure us that they always provided high quality care which met people's needs, but also noted they would like to be able to spend more time with people. One staff member said, "We're really busy, but we still do everything to the top standard. We just need more time."
- Safe recruitment and selection procedures were in place. Staff files had pre-employment and other checks in place that confirmed staff were suitable to work with people.

Using medicines safely

- Medicines systems were organised and people received their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicines administration records (MAR) were accurate and clear.
- Only staff who were trained and assessed as being competent administered medicines.
- Staff administering medicines were organised and knew people's preferences when taking medicines. This information was clearly recorded.

- Medicines checks and audits were carried out to monitor safety and ensure risks were managed.

#### Preventing and controlling infection

- The service was clean and odour free.
- Staff had received infection control training and followed safe practices in hand washing and using protective equipment, such as gloves and aprons.
- There were regular checks to ensure infection control risks were minimised in higher risk areas such as kitchens and the laundry.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and actions taken where necessary.
- The management team reviewed all incident reports. This helped to identify any changes to practice or learning required in the service.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to the service to ensure their needs could be met.
- People's care and support needs were regularly reviewed and changes made when required.

Staff support: induction, training, skills and experience

- New staff received an induction and local orientation when they started in post. Staff told us this equipped them to carry out their role.
- People were supported by staff who received ongoing training which was relevant to their role.
- Staff were given opportunities to review their own work and development needs through supervision and appraisal. Staff told us that they felt well supported. Comments included, "We work as a good team. If there's a problem, I just talk with [Manager Name]," and, "Supervision is helpful. The managers are very helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Most people told us that they liked the food provided by the service. A small number of people were not so positive. Comments ranged from, "The food is lovely," and, "He loves it, it's his sort of food," to, "The food is disgusting." One person who was not complimentary about the food felt that their feedback had been noted and food quality had improved after they spoke with catering staff.
- People had access to food and drink during the day in bedrooms and communal areas. This included people being able to access cold drinks at any time, regular provision of hot drinks and the availability of fruit and snacks in the 'tea shop' in one unit.
- People were encouraged to make choices about food and drinks where possible. People who were living with dementia were shown a pictorial menu so that they could choose their meal. People were also able to choose where they ate their meals. People chose to eat in a particular dining room, their bedroom or in a number of other spaces around the unit.
- People's weight was regularly monitored and guidelines were in place for staff to ensure people received a diet which met their needs. Catering staff were aware of people's individual nutritional requirements and specific dietary needs had been identified and were observed.

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

- People were supported to access routine and specialist healthcare services. One person told us, "The doctor comes around, nurses call in." An advanced nurse practitioner visited each of the units every two



weeks to support and manage a range of health issues and conditions.

- People had received input from GPs, chiropodists, dentists and opticians. Records contained details of people's appointments and actions or future plans.

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

- The environment was purpose built and met people's needs and preferences.
- People's bedrooms were decorated in the way they chose, and many people had items of furniture, photographs and meaningful items around them.
- The service supported people's independence by using technology such as calls bells and sensor mats. These devices helped to keep people safe by alerting staff when people required assistance.
- A plan was in place to redecorate and refurbish some areas of the building.

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.

- The provider had made appropriate DoLS applications and followed these up with local authorities.
- Conditions which had been applied to DoLS applications that had been authorised were being met.
- People's capacity was assessed for a range of different decisions. Where people lacked capacity to make a particular decision, mental capacity assessments and best interest decisions were recorded.
- Staff had received training in MCA and DoLS. They put the training into practice by giving people choice and asking for their consent when offering support.

# 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; respecting equality and diversity

- Staff supported people in a kind and caring manner. Staff used touch where appropriate to aid communication and provide reassurance.
- Staff had good relationships with people, and appeared to know them well. Information was available for staff about each person's hobbies, interests and life history.
- One person said, "Staff are very good. They speak to you and ask, 'what can I do for you?'" Another told us, "The all-round care is very good. I have settled in and found my way around. The staff are very polite and very caring and if they can do something, they will."
- Relatives were positive about staff. One relative told us, "Staff are always good. They are still good, lovely and caring and genuinely caring, that is the main thing that strikes you." Another relative said, "Staff are lovely, very approachable, you can take anything to them. They are kind and very polite, I have not yet found one who is not nice."
- A healthcare professional told us that they had sometimes felt staff did not give people their full and undivided attention. They said, "They are often on their phones when it is clear to see patients require attention." The registered manager had recently addressed the issue of staff using mobile phones during work time. They had supplied lockers which all staff were expected to use.
- People were supported to maintain relationships with friends and relatives, and visitors were welcome at any time. A relative told us, "They are always very pleasant to me. They always answer my question or find someone else – the door is open."
- Staff had recently set up a support group for the family and friends of people who were living with dementia. This group had only met once so far, but there had been positive feedback and further meetings were planned.
- People's protected characteristics under the Equalities Act 2010 were identified and respected in an individual way. This included people's needs in relation to religion, gender, culture and diet.

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

- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time where and how they wished.
- Relatives told us they were involved in decision making and reviews of care. One relative said, "A care plan was done and we have added to it." Another relative explained, "They keep me well informed and I can see the care plan whenever I want. I was part of the care plan and it gets improved and things added. I have been involved in best interest decisions."
- Staff supported and respected people's decisions. For example, one person became distressed because they were unhappy with what they were wearing. Although the person was having lunch, they were

supported to go to their room to change their clothing, and other staff ensured that the person's meal was saved for them.

#### Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff described how they did this, and we observed them knocking on bedroom doors before entering and discussing personal care matters discretely with people.
- Staff were developing plans to create a 'Remember Me' area in the service for people who had passed away.
- People were supported to be independent where possible. One person said, "The staff are very good, they know what you need, and they let you get on with things if you can. It is great."
- Care plans gave guidance to staff about how best to support individuals while maintaining their independence.

# 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

- People had care plans which were personalised and gave staff information about individual's needs and how they preferred to be supported. Care plans were updated regularly.
- Care plans provided guidance for staff. For example, details about how best to communicate with people suffering from Dementia; suggesting the use of short sentences that can be easily understood.
- People received personalised care which promoted their independence where possible. For example, one person was very pleased that they could take responsibility for their own medicines.
- The service understood people's information and communication needs. These were identified, recorded and highlighted in care plans. The service met individual's communication needs, and shared these with other professionals when necessary.
- Staff told us they were kept up to date with changes to people's needs and the support they required. Regular handovers and ongoing communication in the team supported this.

People enjoyed a wide range of activities that reflected their interests and preferences.

People told us, "I really enjoy the PAT [Pets as Therapy] dog and piano music," and, "We like the activities, especially singing." Some people chose not to join in with group activities, and this was respected by staff. One person told us, "I can say if I do not want to do something." Another said, "I stay in my room. I don't go out for activities, I am content where I am."

- The service employed activities co-ordinators and regular activities included singing, exercises, seasonal crafts, multi-sensory activities, visiting entertainers and trips and outings.
- Around the service there were things for people to look at and touch, such as reminiscence items, books, magazines and sensory objects.

Improving care quality in response to complaints or concerns

- Systems and policies were available for recording and dealing with complaints.
- The service had received 10 complaints in the previous 12 months. These had been responded to and resolved, with actions taken as needed to improve the service.
- People told us that they could discuss concerns with staff. Some told us about issues that they had raised. The registered manager was aware of all the concerns we highlighted, and had acted at the time they were raised.
- Relatives told us that they would feel confident if they had to make a complaint. Some had raised concerns informally and were satisfied that these had been dealt with.
- Staff told us that they felt able to raise concerns or complaints, and a whistleblowing policy was available.

End of life care and support

- End of life care plans were not always detailed in care records. We highlighted this to the management team, who planned to review these. This would ensure staff knew how best to support people and respect

their wishes at the end of their life.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood their responsibilities and had informed families, the Care Quality Commission and other agencies about events that had occurred within the service when necessary.
- The provider had a set of values which were reflected in the actions of staff during our inspection.
- People, relatives and staff spoke positively about how the service was managed and led. One staff member said, "The managers are all approachable. Even if [Name] is busy, [they] will still always give me time."
- Relatives told us that the service kept them up to date and communicated regularly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were a visible presence during our inspection. Staff felt supported by the management team to provide high quality, person-centred care.
- There were clear lines of responsibility and accountability in the service, and staff understood what was expected of them.
- Effective quality assurance systems were in place to monitor and review quality and performance and ensure risks were well managed. This included internal and external checks and audits of medicines, care plans and health and safety.
- The provider displayed their CQC rating at the service and on their website.

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

- People and relatives were involved in discussions about the service and their care on an individual basis. During our inspection, people asked staff about issues such as smoking, visiting the hairdresser and going out. These matters were important to each individual, and staff responded helpfully in each case.
- Regular meetings were in place for people and their relatives. Minutes of recent meetings showed that a range of issues had been discussed, and actions taken to make changes and improvements. For example, adapting the menu, and purchasing a large television.
- Staff meetings took place regularly, and staff were paid to attend these. Staff also felt able to approach members of the management team with concerns, queries and suggestions.
- The provider sent regular surveys to relatives and health professionals for feedback. Improvements had resulted, for example, increasing the times that reception staff were available and replacing some chairs in the service.

- People were encouraged and supported to be involved in the local community where possible. Some people accessed local shops and facilities, and the service organised regular trips and outings.

#### Continuous learning and improving care

- The provider carried out regular audits to assess standards and the quality of care. Actions from audits were added to an overall plan which was monitored by the registered manager. The audits and action plan enabled the provider to monitor and improve the service.
- The service had received a number of compliments. Comments included, "Thank you all for looking after [Name]. It's very clear [Name] was well looked after by all of you. Thank you so much. You are all a huge credit to your profession. God bless you all," and, "Thank you all for the care and companionship you provided for [Name]. They had a wonderful time with you, and I know they enjoyed singing along with their friends, especially [Name]."

#### Working in partnership with others

- Specialists provided support and guidance to ensure people received effective care, and to promote best practice in the service. One health professional told us that they had to regularly repeat their instructions for care because information was not always acted upon.
- Staff worked in partnership with other professionals and the local community.