N H Care Limited

Summerfield House

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

Overall summary

This inspection took place on 2 December 2015 and was unannounced. The service was compliant with all the regulations we reviewed at our last inspection in July 2013.

Summerfield House is a residential care home registered with the Commission to provide personal care for up to five people with autistic spectrum disorder and learning disabilities. At the time of our inspection there were five people using the service. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

People were kept safe by staff who were confident to whistle blow if they felt someone was at risk of harm. People were able to express if they felt unsafe and staff constantly asked people if they required support and provided reassurance when necessary.

Summary of findings

People had their needs and requests responded to promptly. All the people and staff we spoke with told us that there were enough staff to support people in line with their care plans. .

Medication was managed safely. The registered manager conducted regular audits and we saw that any errors had been dealt with appropriately.

People were supported by staff who had received regular training and supervisions to maintain their skills and knowledge. Staff could explain the actions they would take if people suddenly became unwell. There were no processes to ensure temporary staff used to cover vacancies at the service had the skills and knowledge required to meet people's care needs.

People's rights to receive care in line with their wishes were upheld as they were supported in line with the principles of the Mental Capacity Act 2005 (MCA). When people were thought to lack mental capacity the provider had taken the appropriate action to ensure their care did not restrict their movement and rights.

There was a wide choice of food available and people could choose what they wanted to eat. People were supported to eat and drink enough to keep them well.

People had developed caring relationships with the staff who supported them and staff were keen to undertake tasks they knew made people happy. People were supported by staff to take part in tasks around the home to promote their independence and keep their environment how they wanted.

Staff felt that concerns would be sorted out quickly without the need to resort to the formal complaints process. However we saw that staff concerns were not always been resolved promptly which had affected morale at the service.

The service encouraged people to comment on how the service operated and to be involved in directing how their care was provided and developed.

The service had a clear leadership structure which staff understood. Due to staff vacancies and sickness, key worker roles had not been fully developed. Staff told us and records showed that they had regular supervisions to identify how they could best improve the care people received.

There were processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed.

Summary of findings

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. People were kept safe by enough staff to meet their specific needs.

Staff knew how to protect people from the risk of abuse. Plans were in place to protect people from the risks associated with their specific conditions.

Staff demonstrated that they knew how to manage people's medicines safely.

Is the service effective?

Requires improvement

The service was not effective. Processes were not in place to ensure temporary staff had the skills and knowledge or had received induction that they needed to fully support people who used the service.

People could exercise their right to choose how they wanted to be supported because staff were clear about the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink enough to keep them well.

Is the service caring?

Good

The service was caring. People were supported by staff who had taken time to learn their life histories so they could help them pursue their interests.

Relationships between some staff and people who used the service were relaxed and friendly with people clearly at ease with one another.

Is the service responsive?

Good

The service was responsive. People views were taken into account when planning their care and social events.

People were encouraged to raise any concerns about the service.

The provider responded when people expressed their opinions about the service although some staff concerns were not dealt with promptly.

Is the service well-led?

Requires improvement

The service was not always well-led. The leadership had not always taken prompt action to resolve concerns about the service.

There was a lack of a clear management structure when the registered manager was away, and arrangements to ensure that staff knew who was taking charge of the home had not been put in place.

People were supported by staff who shared common values and a vision to improve the service people received.

Summerfield House

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.

This inspection took place on 2 November 2015 and was unannounced. The inspection team consisted of one inspector 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We spoke to a health professional who supported people who used the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with three people who used the service and we observed how staff supported people to help us understand the experience of people who could not talk with us. We also spoke to the registered manager, the nominated individual for the service and a director. We also spoke with three members of staff and the relatives of one person who used the service. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. 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.

After our inspection we spoke with the relatives of three people who used the service and four care staff, some of whom work also worked at the provider's other locations. We also spoke with a person who commissions care from the service and a health care professional who supported people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. A person who used the service told us, "I can lock my door." The relatives of four people who used the service told us they felt people were safe living at the service. Throughout our visit we observed that people were confident to approach the registered manager and staff with any concerns. Staff regularly interacted with people and provided reassurance when necessary and there was also a range of communication aids available to help people express themselves. We saw that people were given the formal opportunity to express any concerns at regular meetings with the staff who supported them. This gave people the opportunity to say if they felt unsafe.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with could explain the process they would take if they felt a person was at risk of abuse. A member of staff told us, "I can raise concerns. The manager will listen." When necessary the registered manager had notified the local safeguarding authority when people were felt to be at risk of harm. When a person had a court of protection order to protect them from known risks we saw that processes were in place to support the person in line with the order.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled them to manage the risks associated with people's specific conditions. The records for a person whose behaviour could put them at risk had been updated as their condition changed. Their behaviour was monitored so staff could quickly identify if the person was becoming unwell and take the appropriate action to keep them safe.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people's care needs. Staff told us they were always able to support people when they needed help and during our visit we observed that people received support when requested. This included help with personal care and impromptu visits out to the local shops. The registered manager and staff told us that there were some vacancies at the service and a senior member of staff was on sick leave. These vacancies were being covered by agency staff and staff from the provider's other locations. Staff told us and rotas showed that shifts had been covered by the number of staff identified as necessary in people's care plans.

Medication was managed safely. A member of staff we spoke with was able to explain the provider's protocols for the administration and reporting of medication errors. The registered manager conducted monthly medication audits to identify any errors and took action to prevent them from reoccurring. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. The quantity of medication was counted each day to identify if people had taken their medication as prescribed. We conducted a count of four medicines and found that in two instances the actual quantities held did not manage the provider's own records. Further enquires by the registered manager identified errors in recording the amount of medication held. Medication had been given as prescribed. The registered manager explained the action they would take to address this. People's care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used.

Requires improvement

Is the service effective?

Our findings

The service regularly used staff from the provider's other locations to cover some vacant positions in the home. The provider's other locations provided residential care to children. Staff employed at the service told us that they felt that temporary staff did not always have the skills and knowledge required to support people using this service. There was no processes in place to assess and evaluate if the temporary staff had the necessary skills and knowledge required to meet the specific needs of the people who used the service or ensure they were supported by consistent staff. Although some temporary staff employed in the home did have experience of working in adult social care this was not typical of most. We observed the registered manager having to intervene when a temporary member of staff failed to support a person in line with their care plan.

Regular staff told us they often had to offer guidance and support to staff who were unfamiliar with supporting adults with learning disabilities. They told us this distracted them from fully supporting the people who used the service. During our visit we observed a member of staff who was working in the home but was employed at one of the other locations (a children's home). They approached a person who exhibited behaviour which was challenging. They referred several times to the person's behaviour as, "Naughty" and said to the person, "If you don't stop being naughty I will take you to your room." The registered manager confirmed this support was contrary to guidance in the person's care plan.

The temporary member of staff had worked at the service for three days but had not read the care plans of the people they were supporting. We also asked the member of staff to introduce us to a person who used the service but they felt unable to do this as they could not understand how the person communicated. A regular member of staff who knew the person's preferred choice of communication was able to introduce us.

These issues were reflective of a failure to ensure that all staff working in the home received appropriate support, supervision and induction. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to maintain their health and welfare. A health care professional who had supported a person who use the service told us that staff had, "Turned [The person's] behaviour around." Several members of staff told us that they had witnessed people developing new skills and their conditions become more stable. Records showed that for one person the incidence of the person exhibiting behaviour which may challenge others was reducing.

Staff received regular training and supervisions with senior staff to maintain their skills and knowledge. All the staff we spoke with said their training had made them confident to support the people who used the service.

Two members of staff who had recently started to work at the service told us they underwent a robust induction process which included a mix of formal and practical training sessions. They were required to shadow experienced staff as part of their initial training.

Records showed that staff discussed, and were made aware of, people's latest support needs at daily handovers and regular staff meetings. Care records were up to date and contained detailed guidance for staff about how to keep people safe from specific known risks. A member of staff we spoke with was able to explain how they supported a person with personal care and we saw this was in line with the information in the person's care plan.

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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

During our visit we observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes.

Requires improvement

Is the service effective?

The registered manager and staff we spoke with were knowledgeable about the principles of the MCA. When a person who used the service was thought to lack mental capacity the provider had a process to assess how care could be provided in line with their wishes and best interest. We saw that people had been supported by other health care professionals to express their views. When it was identified that a person lacked mental capacity, the provider had approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. The manager was awaiting approval from the local safeguarding authority. Decisions about the care people received were made by the people who had the legal right to do so.

People told us that they liked the food that were served in the home, and this was clear at one meal that we saw being served. Staff told us what people liked to eat and how they accommodated people's religious and cultural preferences. These details were included in people's care plans as guidance for staff. We observed a member of staff ask a person what they wanted to eat for lunch and saw this was provided. There were snacks and fresh fruit available in the kitchen and people were able to help themselves. When a person changed their mind about what they wanted to drink we saw this was respected by the staff supporting them. This supported people to eat and drink the foods of their choice.

People were encouraged to make their own meals and drinks in order to promote their independence if they wished. During our visit a person was supported to go to a local shop and buy some food they wanted to eat. There were communication aids available to help people decide what they wanted to eat and healthy eating guidance was available so people could make informed choices. This measures in place supported people to eat and drink enough to keep them well.

Records showed that people had regular access to healthcare services when people became unwell or it was felt their condition was deteriorating. A member of staff told us they would regularly support people to attend GP appointments. We saw evidence that meetings had been arranged with other health care professionals to review people's care plans and identify any changes in people's conditions. Details from doctors' appointments and how staff were to follow any advice and guidance given were shared at staff handover.

Good

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service and appeared to be happy with the staff who were supporting them. A care professional we spoke with said they had witnessed a person who used the service celebrate their 21st Birthday and felt there was a genuine outpouring of affection from the staff who supported them.

We observed people had developed caring relationships with the staff who regularly supported them. Some people regularly approached staff for hugs and one person greeted a member of staff warmly when they arrived back from college. However the inconsistency of temporary staff had prevented people from developing close relationships with all the staff who supported them. During our inspection a temporary member of staff told us they were unable to communicate with one person because they could not understand what they were saying. We observed that a regular member of staff who was familiar with the person's communication style was able to engage in conversation with the person.

Staff constantly interacted with people and were considerate and respectful of their wishes and feelings. Most staff we spoke to were knowledgeable about people's interests and prompted them to engage in activities they knew they liked, such as listening to music and engaging with items which were precious to them. Staff actively encouraged people to maintain contact with the people they knew were important to them when it was safe to do so. We saw a support plan had been developed for a person when a close relative died. There was evidence that the person had become accepting of this significant change in their life.

The service had a homely feel and people appeared relaxed. One person chose to change into their pyjamas when they returned from college and people tended to sit around a large dining table in the kitchen interacting with each other and staff. People were encouraged to recount and share their day's events.

The registered manager told us that people were supported to attend social events in order to meet and form friendships with other people. When a person expressed an interest in finding a girlfriend, the registered manager took action to see how best to support the person to meet people and pursue this safely. Events were arranged within the home to promote the social interaction of people who lived there, such as preparing the home for Christmas.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. We saw that there were regular review meetings with people who used the service. When necessary people were supported with communication aids and other health professionals to help express their views. The provider sought out and respected people's views about the care they received.

People were supported by staff to take part in tasks around the home and look after their general welfare. A care plan for one person stated that it was important that they were supported to be independent and we saw this person supported to go shopping in the local community. When appropriate people had been given responsibility for managing a weekly allowance and staff respected their choice about how this was spent.

Staff respected people's privacy. A member of staff told us, "This is their home. These rooms are their private rooms." Care plans contained guidance which enabled staff to identify when a person was displaying behaviour which indicated that they wanted to be left alone and how staff were to support them. People were able to lock their bedroom doors when they did not want to be disturbed. Staff and records confirmed that people were supported by staff of their choosing in order to maintain their dignity when receiving personal care.

Good

Is the service responsive?

Our findings

Relatives we spoke with said that staff knew how people wanted to be supported and that staff respected their wishes. They gave us several examples such as helping people to call home and keep in touch with their families.

The provider supported people to engage in interests they knew were important to them. One person told us, “I like to go to college and I want to do further education.” We observed the registered manager discuss how they would support the person to do this. All the people who used the service regularly attended college or school and during our visit three people were supported to attend college which was part of their usual routine. Staff we spoke with told us this was people’s choices and they would not be forced to go if they wanted to stay at the home.

A person who used the service showed us some things which were important to them and a member of staff prompted them to engage with the objects knowing they enjoyed them. During our visit we observed people were continually supported to engage in the activities they said they wanted to do such as listening to music, calling relatives or shopping. When a person had joined the service, they had been involved in choosing how they wanted their bedroom decorated. There were care plans in place to support people who liked to smoke and ensure they did so safely. We noted this information was also available in people’s care records as guidance for new staff.

Staff we spoke with could explain people’s specific conditions and the actions they would take if a person became unwell. A member of staff explained the provider’s escalation procedure in case they required additional support and guidance to respond to emergencies or unplanned events. They confirmed they had always received prompt and appropriate advice when necessary. However, we observed a member of temporary staff was unable to respond effectively when a person they were supporting became agitated. This staff member was unfamiliar with the person’s care needs and had not read their care plans. The registered manager quickly intervened and effectively de-escalated the person’s behaviour and provided support that they needed.

Staff we spoke with were able to demonstrate they knew people’s life histories and what support they needed to promote their cultural and religious beliefs. Staff supported people to maintain relationships with the people they said were important to them.

Relatives we spoke with were aware of the provider’s complaints process. We observed that people who used the service were confident to approach and speak with the staff who were supporting them. During our visit one person who used the service regularly joined the registered manager in their office to express their views. The registered manager was able to explain how they would support people to raise concerns or complaints.

There were details of the provider’s complaints policy around the home and this was available in a variety of formats to meet people’s specific communication needs.

Requires improvement

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. The relative of one person who used the service told us, "It is a very good service. We are in regular contact." People told us they were encouraged to express their views about the service and felt people were involved in directing how their care was provided and developed.

The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe.

On the day of our visit the registered manager was initially unavailable and staff were able to demonstrate there was an effective call out process when they required support. Staff on duty were able to notify the provider of our arrival and we were promptly joined by the nominated individual for the service, a manager from another service and the registered manager. Staff told us they could always access support when necessary and were encouraged to seek support if needed. On occasions there were no arrangements in place to ensure that leadership and oversight of the day to day delivery of care was planned for or consistently provided. A member of staff advised that when a member of staff from another location had started working at the service a few days before the inspection there was no one with responsibility to ensure they: knew people's care needs, had an effective induction or had completed a check of their suitability to meet the specific needs of the people who used the service. The assumed leadership offered by the established member of staff was not recognised by the temporary staff. One experienced member of staff said they had asked the temporary staff member several times to read the plans but it was not until they were approached by the registered manager during our inspection that they did this.

The registered manager was open in expressing and sharing issues that had been raised directly with them.

They advised that several members of staff had raised concerns with how they were supported and had expressed dissatisfaction in the service's leadership. Staff we spoke with told us that they had confidence in the leadership but were frustrated that current vacancies were still on-going and had not been recruited to. Some staff advised that a few issues that they had raised were still outstanding and several members of staff expressed frustration that failure to resolve these had impacted on staff morale at the service. Although the registered manager was taking action to address these concerns, the registered manager and provider both acknowledged that the action had not been timely. A new member of staff said they had felt very supported by the registered manager and senior staff since starting to work at the service.

Records showed that staff were supported to express their views at regular supervisions. The registered manager and provider were able to tell us of the actions they were intending to take to address issues raised by staff.

The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Key workers we spoke with were knowledgeable about the people they supported and championed their rights to be treated appropriately and in line with current legislation.

The provider had processes for monitoring and improving the quality of the care people received. We noted that when adverse events occurred the registered manager had identified the actions to prevent a similar incident from reoccurring. A process to ensure weekly quality checks were completed was ineffective because it had failed to identify these had not been completed. However the registered manager conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. People's care records were regularly reviewed and contained information necessary to meet people's current conditions. Staff had access to information which enabled them to provide a quality of care which met people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff employed by the provider had not in all instances received adequate and comprehensive induction, support and supervision to enable them to carry out their duties in line with expectations to meet the needs of people using the service. Regulation 18(2)(a).