

Bondcare (Halifax) Limited

Summerfield House Nursing Home

Inspection report

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Date of inspection visit:
26 September 2023
28 September 2023
02 October 2023

Date of publication:
09 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Summerfield House Nursing Home is a residential care home providing nursing and personal care for up to 107 people, some of whom may be living with dementia. The home is purpose built providing accommodation on three floors – Oak, Cedar and Maple. Each floor has separate adapted facilities. Oak provides residential care, Cedar specialises in providing care to people living with dementia and Maple provides nursing care. There were 84 people living at Summerfield House when we inspected.

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

Improvements had been made at Summerfield House since a new manager joined the service. An improvement plan was in place and the home acknowledged further changes and improvements were needed. New quality assurance systems had been introduced.

Risks to people were usually assessed and managed. However, we found examples where risk was not consistently assessed and managed. Accidents and incidents were not always recorded correctly and so could not be reviewed to reduce further occurrences.

The provider told us staff numbers were adjusted to ensure people's needs were met all of the time. However, staff were observed to be busy, and task focused. We have made a recommendation to review staffing dependency for the home.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation for staff training and understanding of the best interest process and recording.

People's end of life plans were not always person-centred. We have made a recommendation to the information in the plans.

There were not many activities organised for people to take part in. The home was recruiting more activities coordinators and a full weekly plan for activities was being arranged. The home was being redecorated, with an art and craft room, sensory room and bar area.

Staff received training and support for their role. Staff were safely recruited and were kind and respectful. Staff told us morale had improved at the home and they felt they could raise any suggestions or issues with their seniors and unit managers.

People were supported to maintain their food and fluid. However, we found some issues with record keeping of meals eaten. People were supported to maintain their health. People received their medicines as prescribed.

Feedback from people and their relatives was positive, about the staff team and the changes being introduced at the home.

The local authority and safeguarding teams had worked closely with the home on improvements at the home and felt the home was moving in the right direction under the leadership of the new manager. Four visiting professionals were also positive about changes at the home, saying the staff were now more involved and knowledgeable about the people living at the home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 April 2023) and there were 3 breaches of regulation. The provider completed an action plan after the inspection to show what they would do to improve. They sent us a monthly update on their progress.

At this inspection we found improvements had been made. Further work was needed to implement all the improvements identified and embed them within the service. We found a continued breach in 1 regulation and have made 2 recommendations.

The last rating for this service was requires improvement (published 12 April 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last 5 consecutive inspections (since March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about the management of the home, staffing, medicines, and falls. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report. The service had an improvement plan in place to address these issues.

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

Enforcement and Recommendations

We have identified a breach in relation to risk management at this inspection. We have made recommendations in relation to staffing, best interest decisions and end of life care plans.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Summerfield House 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

Four inspectors and an Expert by Experience visited Summerfield House on the first day of the inspection. A medicines inspector visited separately. Three inspectors returned to the home for a second day. An inspector made phone calls to members of staff and a second Expert by Experience made phone calls to people's relatives.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Summerfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Summerfield House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had been in post for 3 months and was in the process of applying to be registered.

Notice of inspection

The first day of the inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and 15 relatives / friends about their experience of the care provided at the home. We spoke with 28 members of staff including the manager, deputy manager, area manager, unit managers, nurses, senior carers, support workers, and chef. We also spoke with 4 visiting professionals.

We reviewed a range of records, including 13 people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including quality assurance and incident reports.

We observed the support provided throughout our inspection and viewed the environment of the home. 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.

Is the service safe?

Our findings

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

At our last focused inspection in March 2023, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection there was a lack of robust risk management processes which meant people were not always protected from harm or injury.. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements were seen, not enough improvements had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were usually assessed and managed. People had assessments which were regularly reviewed and covered key areas such as eating and drinking, skin integrity and falls. The level of detail in each care plan varied. The manager said those people considered as being at 'high risk' had been reviewed and audited so were more detailed than other risk assessments that were still to be reviewed.
- However, we saw examples where risk was not consistently assessed and managed. For example, 1 person's mobility needs had changed, and this wasn't reflected in their risk assessment guidance. Another person had had several falls and a sensor was in place. The person kept removing the sensor so the measure to manage the risk was not effective. Staff had not included this in their review even though they knew it was a known behaviour.
- We saw in 2 people's daily notes there had been incidents of behaviour that challenged staff. These had not been recorded as separate incidents, and so had not been brought to the unit managers or home managers attention. No behavioural risk assessments and guidance were in place to support staff manage these incidents. Behavioural support plans were started to be written when we brought this to the managers attention.
- Where others had behavioural risk assessments in place guidance lacked sufficient details to ensure a consistent staff approach was maintained.
- Staff usually used safe moving and handling techniques and explained to people what they were doing. However, we saw 2 examples where an inappropriate technique was used, putting people at risk of harm This was addressed by the unit managers immediately.
- A system to record incidents and accidents were available. A paper-based system had been introduced to capture more detail of each incident. A new system whereby the unit managers reviewed these to ensure actions had been taken to reduce the risk of a reoccurrence had recently started. The deputy manager and manger then checked these. However, not all incidents had been recorded correctly, for example unexplained bruising had been noted in the daily records. However, no incident form had been completed

and so no investigation or review of care needs had been completed.

The lack of robust risk management processes was a continued breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An admissions checklist had been introduced to ensure risk assessments and associated guidance were written within 24 hours of a person's admission.
- Equipment was regularly checked and serviced in line with legal guidelines.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were always enough staff to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were seen to be busy but were able to respond to people's needs. Care worker feedback reflected this, with care staff saying they felt rushed and needed more staff. Staff told us, "People are well looked after but we only have limited time and have to move on to the next person," "There are some seniors that come on the floor to help us, but not all do" and "People are safe and are getting what they need but we need to be able to spend more time with them."
- People and relatives said there had been some staff turnover and staff were busy but were complimentary about their care and support.
- The seniors and unit managers felt they had enough staff to meet people's needs. We discussed this with the manager, who said people's dependencies were regularly reviewed and staffing adjusted to be over the identified staffing levels.
- We noted each floor had 2 lounges, 3 corridors and a dining room. This made it difficult for staff on duty to consistently monitor all areas of the home.
- More staff had been recruited and rotas showed consistent staffing levels. Agency use had been reduced. Where there was short notice sickness, shifts were covered.

We recommend the manager reviews dependency levels and staff allocations to ensure people's needs could be met at busy times of the day and taking into account the layout of the home.

- Staff continued to be safely recruited, with all pre-employment checks being completed prior to staff starting work.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management systems were in place. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. All the medicines people needed were available in the home. Time critical medicines, for example for Parkinson's disease, were administered at the right times.
- We observed staff administering medicines in a safe and kind way.
- Medicines that are controlled drugs were managed and disposed of safely.
- Medication audits were effective in improving medicines management. The manager had introduced additional measures to ensure best practice for using medicines, including a monthly reconciling of all medicines, a weekly check of the expiry dates and a detailed audit of protocols for 'when required' medicines.
- The Integrated Care Board (ICB) had completed monthly visits to check on medicines management. Their feedback was positive about the changes introduced and improvements made,

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report abuse and told us they had received safeguarding training. One member of staff said, "I would always go to management and am confident they would respond."
- People and relatives thought they were safe living at Summerfield House. One relative said, "She's safe and well looked after." A professional said, "I've no concerns about people's safety and risk."

Preventing and controlling infection

- The home was clean throughout, although there was a slight odour on Cedar unit. A relative said, "The room is very nicely presented, very clean, lovely bedding and homely."
- We were assured that the provider was admitting people safely to the service. Staff used PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed and the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives were freely able to visit the home and stay for as long as they wished to.

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.

At our last focused inspection in March 2023, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA.
- Best Interest (BI) decisions had not been completed for the use of sensor equipment (to alert staff if the person got out of bed or chair) or bed rails. A BI decision is a decision made for and on behalf of a person who lacks capacity to make their own decision and should involve relatives, advocates and professionals as needed.

We recommend staff training and knowledge for making and recording BI decisions is reviewed and implemented.

- Consent forms, for example for the use of a person's photograph in care records, were not in place for people who had recently moved to the home. The manager said this would be added to the admissions checklist to ensure they were completed in future.
- DoLS had been applied for when people lacked the capacity to decide to live at Summerfield House.

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

- People's nutritional needs were mainly being met. People's nutritional needs were assessed, and their weights regularly monitored to identify people at risk of losing weight. Weight loss was discussed in the daily home meeting and also in monthly clinical meetings to ensure appropriate care plans were in place.

Referrals were appropriately made to the dietician where needed.

- However, on Cedar unit we observed 3 people hadn't eaten their lunch, but records indicated they had. Snacks and drinks were not always offered on Cedar unit during the day. We discussed this with the manager who said they would remind staff on the importance of accurate recording.
- A Malnutrition Universal Screening Tool (MUST) was used in the electronic care planning system to identify people at risk of malnutrition. An issue had been identified by the manager where the system needed 1 weight per month to calculate the MUST score but staff were inputting people's weights at least weekly, affecting the score. This was being addressed with the staff teams at the time of our inspection.
- People had a choice of meals and were assisted with their meals where needed. A 4-week menu was in place. New menus had been printed, included pictures of each meal, to aid people to choose what they wanted to eat.
- The kitchen was aware of who needed a modified or special diet, for example pureed food.
- People said they enjoyed the food and relatives said their relatives ate well. One relative said, "[Name] loves her food and eats really well. They (staff) are always offering tea, biscuits and chocolate so she's never hungry." Another relative told us, "[Name] has a good appetite and looks forward to meals."

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

- People's needs were formally assessed prior to them moving into the service to make sure the home was suitable. We saw one person who had recently moved in had care plans and risk assessments in place. However, the initial admission assessment section on the electronic care system had not been completed, which meant some areas of care could be overlooked.
- The manager said they would add this to the admission checklist to ensure it was completed in future.

Staff support: induction, training, skills and experience

- Staff received the induction, training, and support for their roles. There had been improvements in the completion of required staff training since the manager joined the home. A member of staff said, "We do a lot of online training, we get an email when they are due and it is up to us to get them done. We do in house training for moving and handling, it is all kept up to date."
- Additional training in dementia awareness had been completed since our last inspection. Five staff had been trained as moving and handling trainers so this training could be completed on site for new staff and annual refresher training.
- Training for writing care plans had been arranged for the senior carers and nurses.
- The manager had restarted regular staff meetings. These were now held for each unit so they could focus on the needs for each staff group. There were also separate meetings for the night staff and domestic, maintenance and catering staff.
- Staff said they felt supported by the management team. One member of staff said, "We get good support and can go to the nurse, unit manager, deputy or home manager."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were being met. The GP had a weekly consultation with the home to quickly support any person who was starting to feel unwell. Appropriate referrals were made to other medical professionals, for example the falls team.
- A visiting professional said wound management and pressure area care had improved. They said, "There's very few pressure sores here, it's a good home for keeping on top of things."
- Information, including medicines, care plans and daily notes were printed from the electronic care planning system when people were admitted to hospital. The manager had started the implementation of specific hospital passports to help improve the consistency of information sharing.

Staff working with other agencies to provide consistent, effective, timely care

- The home worked with a range of professionals who visited the home. Feedback from 4 professionals we spoke with was positive, with all saying improvements had been made over the last 3 months. One professional said, "There's a huge difference. Staff are more engaged, and nothing is getting missed now. We work well together."
- The home had been working closely with the local authority quality team and integrated care board (ICB) on improvement plans at the home. The quality team said, "We felt able to reduce visits to monthly from myself and the ICB Quality Lead Nurse due to the increased confidence we have that things are being turned around."

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

- People lived in a suitable environment with access to their rooms and spacious communal areas. Signs, colours and pictures were used to aid people living with dementia orientate themselves in the home.
- Some décor and furnishings on the unit looked worn. A decorator had been employed by the home and a programme of redecoration was underway. People and relatives we spoke with were happy with the work being done at the home.

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.

At our last comprehensive inspection in January 2020, we rated this key question good. The rating for this key question has remained good. This meant 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

- People and relatives were positive about the staff at Summerfield House. A relative said, "From day one, the staff have treated Mum with kindness and respect. I think it really helped her to settle. The staff were patient and reassuring for me as well as Mum" and another told us, "Staff really listen, and we can agree on things."
- We observed many lovely, caring interactions between people and members of staff. A relative said, "Staff are tremendous, helpful and kind."
- People looked well cared for. Staff supported people to maintain their appearance. For example, people's hair and clothes were clean.
- Staff were confident people received good care and were well treated. One member of staff said, "People are definitely treated with respect, new staff learn the way we work. I have no concerns, staff are lovely" and another told us, "I always explain what I'm going to do and make sure people are comfortable with this."

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

- People were encouraged to make choices for themselves. For example, staff were seen asking people what they wanted to eat and drink.
- Monthly residents' meetings for each unit had been restarted to gather feedback from people about living at Summerfield. This included some one-to-one discussions where people did not want to engage in a meeting.
- As part of the recently introduced resident of the day process a member of staff would speak with the person and their relatives when reviewing people's care plans to gain their feedback on people's needs and the care and support they received. We saw the manager had reminded staff that this was needed as part of all resident of the day reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they encouraged and prompted people to be involved in their own care. A member of staff said, "We encourage people to do things for themselves, like washing their face or walking" and another told us, "I don't do everything if people can do things for themselves. I'll give them the flannel and prompt them. Some people are quite capable of doing things for themselves."
- Staff also explained how they maintained people's privacy and dignity when providing care.
- Care records had limited information about people's backgrounds and preferences. This had been identified as a shortfall by the management team and they were taking action to address this. Staff had commenced engaging with people and their families to gather important information using a life story

approach. Feedback from some staff indicated the process was too formal and they had insufficient time to fully complete this. The management team assured us they would work alongside members of staff to make sure the life story approach was effective.

Is the service responsive?

Our findings

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

At our last comprehensive inspection in January 2020, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans routinely included information about people's care and support for staff to follow. We found some care plans did not contain all the relevant information to provide clear guidance to staff. For example, 1 care plan did not give guidance for caring for a new wound that had developed and pressure relief. As stated in the safe domain, guidance for managing people's behaviours was not always in place.
- Additional training in care planning had been arranged for all staff who wrote and reviewed people's care plans and risk assessments. The care plans that had been audited and reviewed contained more detail and guidance for staff to follow. A plan was in place to review and audit all support plans by the end of 2023.
- Care plans were sometimes difficult for staff to follow because information was recorded in different sections. For example, to look at one person's care needs around management of falls we needed to look in 2 different areas to see all the relevant information.
- We saw several examples where information was generic and did not identify the individual needs of the person. For example, one person had measures to help prevent falls, but the information was general guidance around action to take if a person had a fall such as stay calm and ask for assistance, rather than how to support people to reduce the occurrence of falls.
- Daily notes were mainly task focused and sometimes did not relate to the care of the person, for example, curtains adjusted. The management team said they had picked this up through their systems and were introducing an overview which would focus on the person's well-being.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw very limited activities and stimulation for people living at the home. This was recognised by the home and plans were in place to increase the activities offered. A relative said, "The other day the entertainment was a ukulele player, that was just perfect. That was a rare treat though because there's not been so many for a while."
- The activities team currently only had 1 full time and 1 part time staff. A further 2 full time and 1 part time activity workers were in the process of being recruited. This would allow activities to be organised over all 7 days on all floors of the home.
- The activities co-ordinator had a plan for the week, including one-to-one time with people in their rooms where appropriate. This would expand as more activity workers started in their role. A relative said, "The activities coordinator sits and plays cards with her" and another told us, "They arranged a church service recently, Dad he loved it. They've got a small bar, Dad can't manage drinking himself, but loves just having a beer glass in his hand."
- Feedback from people following an activity was recorded and this was used to adapt the activities where

needed. For example, which songs people had preferred during a music session.

- An arts and craft room and a sensory room were being decorated at the time of our inspection. A bar area had already been completed. These would offer additional space for people to engage in activities of their choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans identified how their communication needs should be met including if they required any additional support.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. We saw the number of complaints had reduced over the last 3 months and all had been appropriately investigated and responded to.
- More historical complaints, that had not been resolved at the time they had been made, were being dealt with by the provider's area manager. This enabled the manager to implement the identified improvement plan in place.

End of life care and support

- People had end of life plans, but these did not always reflect their wishes. We saw examples where information was generic and stated, 'To maintain dignity and respect at all times' and '[Name] is a very frail lady.'

We recommend end of life plans are reviewed and updated in a person centred way.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last focused inspection in March 2023, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. This reflects that whilst improvements have started to be made, further improvements were needed.

Continuous learning and improving care

- It was clear that improvements had been made since the new manager had joined the service. However more changes and improvements were needed. A service action plan was in place to identify and monitor these improvements to ensure they were completed and embedded at the home. This had been shared on a monthly basis with the CQC so we could monitor progress. One member of staff said, "Management are turning it around, I've seen good improvement" and a relative said, "I've seen some good improvements since mum arrived here."
- Whilst the majority of issues identified in this report had already been recognised by the provider and action plans were in place, the issues around staff recording behaviours and bruises in daily records and not incident forms had not been previously known. The concern around the recording of people's food intake was also new. The management team said they would address the additional issues we found and add them to their action plan.
- A more robust quality assurance system had been introduced. Monthly audits were completed for a range of areas, including medicines, health and safety, care plans and infection control. These were being allocated to unit managers to complete and reviewed by the deputy manager and manager. Actions identified had been signed off when completed.
- The manager and deputy manager analysed a range of data each month, for example falls, incidents and weights. Clinical risk meetings were held for each unit to identify people with additional needs, for example wounds, swallowing difficulties, behaviours and any medical conditions.
- Daily meetings for unit managers and heads of departments increased communication and reporting in the home. The meeting discussed any incidents, admissions, infections, medicines, staffing and maintenance.
- Feedback from the 4 visiting professionals and the local authority quality and safeguarding teams was very positive about the changes and improvements made since the manager had joined the service. A professional said, "It's unrecognisable from where they were several months ago - so much more organised." Another told us, "I think it's got better. Further improvements are needed. They take on board what we are saying."
- The management team recognised there were more improvements needed, but the foundations for this improvement had now been laid.

Working in partnership with others

- The home worked with a range of professionals, including the GPs, district nurses, local authority reviewing team and Quest team. Referrals were made appropriately by the home. We discussed with the manager the need for an escalation policy to be in place if referrals haven't been responded to.
- The home had worked closely with the local authority quality and safeguarding teams on improvement plans for the service. The quality team told us they had recently reduced their monitoring visits to the home to monthly from being weekly. They commented, "[Manager] has had a big impact on the service. There are still improvements to be made but our observations have confirmed that it is going in the right direction." The safeguarding team said, "We have found the communication has been greatly improved and some of the changes are evident."

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

- Staff said the changes being made at Summerfield House were positive. Clear roles had been identified and staff knew what was expected of them. A member of staff said, "They have brought a lot of new processes in. Everything is more clearly defined, what we are expected to do on each shift and what is expected of each role."
- Another member of staff said, "It's actually the best it has been at the moment. It's just having actual stable management in that's made a difference. When there's constant changes it's unstable and rumours spreading. We have a unit lead on each floor now and we have a manager in post. It struggled whilst there wasn't a manager but it's better now."
- Staff meetings had been held for each unit, the seniors, and nurses to discuss and clarify staff roles. A member of staff told us, "The management team were making positive changes and improving the service" and another told us, "Management are turning it around, I've seen good improvement."
- The home was supported by the provider's area manager, who completed their own checks and audits.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives we spoke with were complimentary about the staff teams and the care and support provided. They said communication was generally good with staff calling them when needed to update them on how their relative was.
- People and relatives knew the unit managers and the staff team supporting them. They said they could speak to the management team if they needed to do so and any concerns they had would be addressed. A relative said, "I can stick my head round her office door and she'll always make time to speak to me."
- The staff said morale had improved and they liked working at the home. They felt able to speak to the unit manager, nurses or seniors if they needed to. Some staff were not as comfortable approaching the manager as they were new, and the staff did not know them very well yet. Other staff said the manager was approachable and would listen to any concerns or suggestions they had. A member of staff said, "There's been changes for the better. We're a stronger team now and there's good morale." However, one member of staff said, "When I come to work I'm happy, but I want to feel more appreciated. We're not praised for what we have done, but just picked up on things that haven't been done."
- Staff told us they felt more involved in the service and were encouraged to put forward ideas about the service. One member of staff said, "We have meetings and management check if we are struggling and if we are okay with everything. They want suggestions and have a suggestion box downstairs so we can do it privately." Another told us, "I can see changes it's running more smoothly. It is doing well to be fair."
- A professional said, "Staff are now taking ownership of people's care, driven by the unit managers. The culture has been embedded, they don't leave things and always raise any issues they have. They're really responsive and take action to resolve things."

- The manager had held a relative's meeting to introduce themselves and explain the changes being made at Summerfield House.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager knew their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong.
- The manager investigated new complaints and concerns, with lessons learnt identified and actioned. Information was shared as required with other agencies.
- Historical complaints and concerns, prior to the manager joining the service were being investigated and responded to by the area manager. The provider recognised these older issues had not been responded to appropriately at the time they had been raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was a lack of robust risk management processes. Not all risks had been assessed. Recording of incidents was not consistent..