

Mr Colin Robbins

# Summerfield Care Home

## Inspection report

4 Kidmore Road  
Caversham  
Reading  
Berkshire  
RG4 7LU

Date of inspection visit:  
28 March 2017

Date of publication:  
18 April 2017

Tel: 01189472164

Website: [www.summerfieldcare.co.uk](http://www.summerfieldcare.co.uk)

## 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

Summerfield Care Home is a residential care home providing care and accommodation without nursing for up to 15 people. At the time of the inspection there were 11 people living at the service.

There was a registered manager in the home. 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 2008 and associated Regulations about how the service is run.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People continued to receive safe care. Staff were knowledgeable about how to keep people safe from harm. Risks to people's safety were assessed and management plans used to reduce risks where practicable. There were enough staff to keep people safe and meet their needs. Medicines were managed safely by staff who had received appropriate training and had their skills monitored. Staff were aware of and had practiced emergency procedures.

People continued to receive effective care. Staff were competent to carry out their roles effectively and received training that supported them to do so. People were supported to eat a choice of freshly prepared meals which they told us they enjoyed. They were supported with special diets if they were required and had frequent snacks and drinks offered to them. People were also supported to maintain their health and wellbeing and advice was sought from healthcare professionals when necessary.

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 the service supported this practice.

The service remained caring. Staff were kind, considerate and compassionate in the way they delivered support to people. They encouraged people to maintain independence appropriately. People's privacy and dignity were seen as a priority and staff supported and spoke of people in a respectful manner. People's relatives and visitors were welcomed into the home whenever they wished to visit.

The service remained responsive. People received person centred care which focussed on their individual needs and wishes. People had access to activities which supported their well-being and staff responded to their needs in a timely way. People were comfortable to raise concerns and speak with the registered manager if they wished.

The service remained well-led. There was good leadership in place and the staff team worked well together.

There were systems in place to assess, monitor and analyse the service in order to make improvements. Links were maintained with the local community to provide support to people living at Summerfield Care Home.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Summerfield Care Home

## **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 was a comprehensive inspection which took place on 28 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals, commissioners and the local authority safeguarding team for feedback. The local authority told us there were no current safeguarding concerns.

We reviewed the Provider Information Return. 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.

During the inspection we spoke with eight people who live at the service and three visitors. We also spoke with the registered manager, the provider, two care workers, a general assistant and a cook. We looked at records relating to the management of the service including three people's care plans and associated records. We looked at four staff files including staff training and recruitment records. We reviewed the congratulations, concerns and complaints log and the accident/incident records. In addition we also looked at a selection of policies and documentation relating to the maintenance and safety of the premises.

# Is the service safe?

## Our findings

The service continued to provide safe care. People told us they felt very safe living at the service. One person said, "Oh yes, we are safe here, absolutely, the staff are so kind." Relatives and friends visiting also felt people were safe at Summerfield Care Home. One relative told us, "[Name] is completely safe here, the rest of my family would tell you the same." People were relaxed and comfortable in the presence of staff. We observed positive interactions throughout the inspection visit and people enjoyed an easy banter with staff as they went about their work. People told us they would talk to either their keyworker or the registered manager if they had any concerns. They felt sure that their concerns were listened to and acted upon.

Prior to the inspection a concern had been raised regarding staffing levels which we discussed with the registered manager. They explained that the staffing levels were determined by the needs of the people living at the service. A detailed assessment of need was carried out before a person moved into the service and this was reviewed regularly on a monthly basis. We reviewed the duty rotas which showed two care staff on each day time shift with an additional care worker attending for part of those shifts to provide support with activities and evening care. At night one care worker was on duty with the support of a senior member of staff on call. The registered manager confirmed the on call staff could be at the service in a very short amount of time if they were required. Additionally, if a person's needs changed, staffing levels were reviewed and increased to provide appropriate support. For example, if a person required the assistance of two staff to move or if a person was receiving end of life care. During the inspection people were responded to promptly and they told us they never had to wait any length of time if they called for help. Furthermore, the registered manager worked a night shift from time to time to assess and monitor the night time requirements.

The care team was supported by ancillary staff including a cleaner, two cooks and a general assistant. This meant the care staff were able to fulfil their duties safely as ancillary staff were available to ensure other elements of support were appropriately provided for. Additionally, the provider maintained a regular presence in the service and took a keen interest in ensuring the safety of the premises.

Staff had received training in safeguarding vulnerable adults. They were able to explain the different types of abuse people may be subject to and described signs that may indicate a person had suffered abuse. Information on safeguarding was available in the service for both people and staff to refer to. Guidance to ensure staff were aware of how to report any safeguarding concerns was also displayed. The registered manager had reported safeguarding issues appropriately to the necessary authorities. Staff were familiar with the provider's whistleblowing policy and said they would have no hesitation to report poor practice. They were aware they could report to other organisations such as the local authority or the Care Quality Commission if necessary.

People's individual risks were assessed, these included risks associated with mobility and falls, skin integrity and nutrition. Identified risks were incorporated into people's care plans which provided guidance for staff on minimising and monitoring them. Risks relating to the service had also been assessed. These included those relating to fire, legionella, equipment and hot water. The provider had an emergency contingency

plan in place and staff were practiced and familiar with actions to take in an emergency.

Medicines were managed safely. Staff had received training and their competency was tested before they were allowed to administer medicines unsupervised. The registered manager spent time regularly observing staff and monitored their competency on an on-going basis. Medicines administration records were audited monthly and any discrepancies were noted and dealt with immediately with individual members of staff.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. People benefitted from being cared for by staff who had received appropriate training and had gained the necessary skills for their job role. New staff received an induction to the service and were then required to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The provider's policy set out a range of training that all staff were obliged to attend and refresh at regular intervals. This included, moving and handling, fire safety, infection control, safeguarding, dementia awareness and the Mental Capacity Act. In addition, all staff were encouraged to undertake recognised qualifications in health and social care. At the time of the inspection eight of the fourteen staff had gained either a level two or three diploma or national vocational qualification. The registered manager told us developing staff was considered extremely important. Some previous staff had since moved on to take up professional courses in nursing having gained confidence and knowledge from working at the service. Staff told us they had found the training provided them with the skills they required to "look after people properly" and one said, "I've done lots of it (training)."

Staff had one to one supervisory meetings with the registered manager on a quarterly basis. They said this was supportive and told us the meetings gave them opportunities to discuss their work. They added that they didn't need to wait for a formal meeting as, "[Name] is always there if we need her." Staff received an appraisal of their work each year with an opportunity to discuss their development and training needs.

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. We checked whether the service was working within the principles of the MCA. People's rights to make decisions and remain in control of their lives were promoted by staff who had received training in the MCA. Where people had appointed attorneys to make decisions on their behalf the registered manager had verified the legal authorisation for this. They confirmed decisions were made in a person's best interest and discussions were held with family members and relevant professionals to ensure this.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS appropriately to the supervisory body when necessary. At the time of the inspection one application had been granted and another was being considered.

People described the food as "delicious" "lovely" and "excellent". They told us they always had a choice and could request things they enjoyed. We observed the lunchtime meal during the inspection and observed people enjoying their food in a very social atmosphere. People chatted to each other and the staff who were



supporting them. Some people chose to eat in their own room and staff respected this decision, taking their meal to them on a tray. A member of staff described how the food was all freshly prepared and homemade. They told us menus were discussed with people regularly and changes made accordingly. The kitchen staff were kept fully informed of dietary requirements and preferences.

People were supported to maintain their health and well-being. People told us they could see their GP when they needed to and were assisted to make and attend appointments. Records showed medical advice had been sought promptly when people had become ill. Relatives spoke about how staff contacted professionals when necessary and kept them informed if their family member was unwell. One relative had written a compliment thanking staff for getting medical advice for their family member. People also had regular visits from allied health professionals such as chiropodists and opticians.

## Is the service caring?

### Our findings

People continued to be supported by staff who were caring, compassionate and kind. People told us they liked the staff and described them as "very, very good", "amazing" and "so kind". One person said, "They always do that extra bit for you, they're absolutely wonderful." Relatives and visitors also spoke positively about the staff team. One relative said, "Staff will go that extra mile, they are very kind." Another told us, "We've nothing bad to say, they love [name] and are kindness itself."

People made decisions about their care and were involved in reviewing their care plans each month with their key worker. A key worker is a member of staff who works closely with a person to assist them in meeting their individual needs. The registered manager told us that key workers changed from time to time, usually about every three months. This enabled people to get to know different members of staff well and vice versa. She also commented that it often provided fresh ideas and prompted suggestions for improving care for people.

People were supported to be as independent as they were able to be. Care plans guided staff in encouraging this and clearly indicated areas in which people remained independent. Staff had a good understanding of people's individual needs, they knew people's personal preferences and routines. Staff we spoke with were able to provide examples of how people liked things done and we observed them using this knowledge when supporting people. For example, one person had a particular way they preferred to take their medicines which was understood and facilitated by the member of staff administering medicines.

People and staff told us visitors were welcome at any time. We observed visitors came and went freely during the inspection. Those we spoke with said they visited regularly at various times of the day and were always made to feel welcome. People's privacy was protected by staff who told us they acted discreetly when assisting people with personal care. For example, they said they knocked on people's doors and waited to be invited in. They also said they always checked to make sure people were happy to receive support before doing anything for them. The service took people's dignity seriously and belonged to the dignity in care scheme run by the local authority. In addition the staff were part of the social care commitment scheme. These schemes involved self-assessment and provided opportunity for staff to reflect on their practice.

## Is the service responsive?

### Our findings

The service continues to be responsive. People received care and support from a staff team who worked together to offer the best care they could. People told us and we observed that people appeared happy living in the service. They said they received the care and support they required. One person commented, "I'm very happy here." While another told us, "It's not the same as being in your own house of course, but I'm very happy." Staff responded to people's needs promptly and we observed call bells were answered quickly when they rang.

People's needs had been assessed before they moved into the service and the assessment was used to create a care plan. While the care plans provided some person centred detail the registered manager was aware they could provide more focussed information and guidance for staff. They agreed to review all the care plans to provide this detail and following the inspection sent us an example and their plan to update the remainder.

People told us there were activities they could choose to take part in every day and on most days there was one both in the morning and the afternoon. Staff supported people with the activities which included music and movement, quiz sessions, and keep fit. The registered manager said they had recently introduced bingo sessions which they had been a little sceptical about at first and were unsure if people would enjoy it. However, it had been a huge success and had brought about a little competitiveness between people using the service increasing communication and social engagement. Some people chose to spend time reading or doing things like crosswords. They told us staff completely accepted they wanted to entertain themselves and they were never forced to join in the organised activities. Monthly visits from the mobile library and the local church were also arranged and staff told us people's spiritual needs were considered if this was important to them. For example, visits from religious ministers could be organised when people wished.

People were encouraged to provide feedback on the service and the registered manager spoke individually with each person every three months recording their views and any suggestions they made. Whenever possible, these were acted on immediately, for example, a recent request for a particular dish was included on the menu. The provider had a complaints policy and people told us they knew how to complain. There had been no formal complaints since the previous inspection. In addition to the complaints policy a book was available for comments, compliments and concerns. We saw action had been taken to deal with any minor concerns noted in this book and where compliments had been made these were brought to the attention of staff.

## Is the service well-led?

### Our findings

There was a registered manager in post. They had been registered to manage the service since February 2016. They were present and assisted us throughout this inspection.

We found an open and honest culture within the service. The registered manager was visible in the service and it was clear both people and staff were relaxed in her company. Staff spoke positively of the registered manager and said she was both approachable and supportive. One commented, "[Name] will always listen. I know she'll take action when necessary." People and staff were equally positive about the provider who was described as "dedicated" and "a good boss". People and staff knew the provider well and appreciated his involvement. One person commented, "[Name] is a laugh a minute, he's always around if we need him." The registered manager told us that as well as being present at the service at least three days per week he visited each Sunday to serve a glass of sherry or an alternative drink of choice to people before Sunday lunch. It was evident from speaking with people that this was a favourite activity and greatly enjoyed.

Staff enjoyed working at Summerfield Care Home and felt there was good leadership. Comments included, "Absolutely we're a good team here." and "It's like a small community we all do our best for each other."

Team meetings were held regularly on a quarterly basis and were well attended. Staff found the team meetings useful and used them to discuss concerns and issues as well as make suggestions to improve the service. The provider and registered manager shared information about any changes or plans for the service at these meetings and invited comments from staff.

A system of audits and checks to monitor the quality of the service was in place. This included audits related to health and safety, medicines, infection control and accidents and incidents. We saw that where they had identified any areas of concern, action had been taken to address and improve them. For example, a new carpet had been ordered as some areas of wear had been seen on a recent health and safety audit.

Once a year a quality assurance survey was conducted and views were sought from people, their families and other professional stakeholders. The most recent survey had yielded a 100% response rate and the results had been analysed. This recorded a score of excellent being awarded to the standard of care by 85% of respondents while the remaining 15% thought it was good. 95% of respondents thought there was excellent availability of management and 70% thought the way families and people were kept involved was excellent. However, 70% thought the activities were only average and the registered manager had undertaken to improve the range of activities and to try to get some new ideas from families.