

Mr and Mrs M Gilliland

# Summerfields House Rest Home

## Inspection report

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

We inspected this service on 11 February 2015. The inspection was unannounced. At our previous inspection in May 2014, the service was meeting the regulations that we checked.

The service provides accommodation and personal care for up to 21 older people who may have dementia. Twenty people were living at the home on the day of our inspection.

There is no registered manager condition at this home as the registered provider manages the home on a day to day basis.

# Summary of findings

People told us they felt safe at the home and staff understood their responsibilities to protect people from harm.

The manager assessed risks to people's health and welfare and care plans were in place that minimised the identified risks. Staff understood people's needs and preferences and the number of staff on duty and the training provided to staff was sufficient to ensure people's needs were met.

The provider maintained the premises and equipment was regularly serviced to ensure people were supported safely.

People told us they were happy with the care they received and that staff were helpful and supported them to make their own decisions about their care and support. We saw staff offered people a choice in how they spent their day and what they would like to eat.

Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for their individual dietary requirements.

People were supported to maintain good health and accessed the services of health professionals.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that relatives and other health professionals were involved in discussions about who should make decisions in people's best interests when they were unable to make decisions independently.

People told us staff were caring. Staff understood people's individual needs and abilities. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

People and their relatives were involved in planning and agreeing how they were cared for and supported.

Systems were in place to regularly check people's care plans, staff's practice, the premises and equipment. This was to make sure people received care and support safely. Accidents, incidents and falls were investigated and actions put in place minimise the risks of a re-occurrence. People their relatives were encouraged to share their opinions about the quality of the service.

# 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?

The service was safe.

Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and care plans described the actions staff should take to minimise identified risks. Sufficient numbers of staff were recruited safely and people received their medicine as prescribed. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment used at the home.

Good



### Is the service effective?

The service was effective.

The provider worked within the guidance of the Mental Capacity Act 2005 to ensure that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. People were supported by suitably skilled and experienced staff. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access other healthcare services when they needed them.

Good



### Is the service caring?

The service was caring.

People spoke positively about the care and support that staff provided to them. People and their named representatives were involved in discussions about how they were cared for and supported. Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Good



### Is the service responsive?

The service was responsive.

People's care plans were regularly reviewed and updated when changes in their individual needs or abilities were identified. People's preferences were recorded in their care plans and people confirmed that these were respected by the staff team. People were confident any complaints would be responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their visitors.

Good



### Is the service well-led?

The service was well led.

People were encouraged to share their opinion about the quality of the service, to enable the provider to make any improvements that people wanted. Staff understood their roles and responsibilities. The provider's quality monitoring system identified risks to people's health and welfare. The manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

Good



# Summerfields House Rest 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.

The inspection was undertaken on 11 February 2015 by two inspectors and was unannounced.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we asked the provider during our inspection if there was information they wished to provide to us in relation to this.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 10 people who lived at the home and five people's visitors. We also spoke with five care staff, the cook, the provider and the deputy manager, whose job title was compliance manager. We observed the care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed seven people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at five people's medicine's and administration records to check that people received their medicines in a safe way and as prescribed. We reviewed four staff files to check staff were recruited safely and trained and supported to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

People told us they felt safe at the home. One person told us, "Yes, I feel comfortable and safe here." People's visitors confirmed that they felt their relatives were safe. One person's visitors said; "I know the staff look after [Name] well and make sure [Name] is kept safe. This is something I couldn't manage at home anymore, so it's a relief to me to know [Name] is safe." Another visitor confirmed this by telling us that their relative was, "Looked after and kept safe by the staff."

The majority of people at the home were living with dementia and some were unable to give us their opinion of the support they received. We saw that people were relaxed with staff and appeared comfortable with them. This showed us that people trusted the staff.

The staff we spoke with understood their responsibilities to keep people safe and protect them from harm. Discussions with staff and records confirmed that all staff attended safeguarding training and learnt about the whistleblowing policy during their induction.

Staff understood their responsibilities in ensuring people were kept safe and protected. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them.

Information in the care records showed that people's needs were assessed and identified risks were monitored and managed appropriately. For example one person had equipment in place to keep them safe when in bed, as their assessment demonstrated they were at risk of falling from the bed. This minimised their risk of injury and demonstrated that staff had guidance to follow to ensure people were provided with safe care.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of

support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

Staff told us they had all the equipment they needed to assist people and were able to explain the actions they took and the equipment used to support people safely. The premises were maintained to a good standard and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as planned.

Incidents and accidents were analysed by the provider. This provided information about the frequency of events and had been used with people's dependency needs profile to determine the staffing levels required to support people safely.

People confirmed that there were enough staff available to meet their needs. We saw staff were attentive to people's needs and were available to support people as required throughout our inspection. A relative told us, "Carers constantly come into the lounge to check people are ok." All of the staff we spoke with told us that there were enough staff to meet people's needs.

From discussions with care staff it was clear there was a robust policy in place that had been followed before they commenced employment. The four staff files we looked at had all the required documentation in place and showed the manager checked staff's suitability to deliver personal care before they started work.

The provider has policies and procedures in place to minimise risks related to medicines. Medicines were stored appropriately and records of medicine administration and stock were kept to show medicines were administered in accordance with people's prescriptions and were available when people needed them. Staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management. Staff confirmed that only staff that had been trained administered medicine.

# Is the service effective?

## Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person's relative told us, "I visit when I can and the staff are always very friendly and they ring me if there is change in [Name] or if [Name] is unwell, they always keep me informed."

People were supported by staff that received ongoing training to ensure they had the skills and knowledge required to support people appropriately. Staff told us that they received the training they needed and confirmed that training included regular updates when required. Staff told us that there was an effective induction process in place to help them understand their role. Staff confirmed they received regular supervision and an annual appraisal. Staff told us their induction included reading care plans, training and shadowing experienced staff. One member of staff talked about the induction provided and told us, "There is an induction workbook that covers all areas of mandatory training and you work through this and are signed off as competent when it's completed, it's very thorough."

The manager confirmed that staff had obtained or were working towards a qualification in health and social care. This meant people received care from staff that were supported to be effective in their role.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had trained their staff in understanding the requirements of the MCA. We saw completed mental capacity assessments in the records we looked at. Where a person was assessed as lacking capacity records showed that the relevant people, had discussed and agreed who should make decisions in the person's best interest, in accordance with the Act. We saw that staff gained people's verbal consent before supporting them with care. Staff encourage people to make decisions, such as choosing their food and drinks and participating in activities. This meant staff understood the requirements of the MCA and respected people's rights to make their own decisions.

Some people who used the service were assessed as being deprived of their liberty and we saw the manager made

appropriate applications for people who were affected. These applications were to ensure the legal issues were appropriately assessed. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. At the time of the inspection three people had DoLS authorisation that had been approved.

The manager confirmed that six people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) order in place. We looked at two and saw that they had been completed correctly, reviewed on a six monthly basis and contained information that confirmed the involvement of the person or their representative.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. People told us that food was cooked and presented well. We observed the lunch time meal. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. Meals for people requiring a soft diet were blended separately, which made them visually appealing.

The care records we looked at demonstrated that people were supported to maintain their nutritional health. Nutritional risk assessments and people's weight had been monitored regularly. Referrals had been made to the appropriate health professionals when a risk to a person's nutritional health was identified. We saw in one person's records that staff had been concerned the person's daily fluid intake. Staff had asked the person's doctor and appropriate professional for advice, to ensure their hydration needs were met. The catering and care staff we spoke with were aware of people's dietary needs and preferences.

Records we saw demonstrated that people had access to health care services and received ongoing healthcare support. Visitors confirmed that their relative's health care needs were met and that doctors and other health care professionals were contacted as needed. They told us they were kept informed of any changes in health or other matters. One visitor told us about a recent health care issue their relative had. The relative said, "They said they would get someone in to look at this. Within a day the GP had visited and prescribed some treatment."

# Is the service caring?

## Our findings

Three people we spoke with told us they were happy with the care they received and that staff were helpful and supportive. None had any complaints. One person said; “They look after us well.” Most people were unable to give us their view of the service, because of their complex needs,

We spoke with three people’s visitors who commented positively about care and the support that staff provided to people. A visitor told us, “Carers constantly come into the lounge to check people are ok. If they hear anything they will come or you can ask them to yourself.” Another visitor told us, “I am [Name’s] only relative. I visit regularly. I am more than happy about the care [Name] receives and have no complaints.”

We observed a warm and caring engagement between people and staff. Staff supported people in a sensitive and appropriate manner when they became confused or upset. People were reassured or diverted when possible to meaningful tasks. We saw that people were listened to and received positive comments from staff.

We observed people’s privacy and dignity was respected by staff when receiving care and support. Staff were able to give us examples of how they respected dignity when supporting people with personal care.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One person’s visitor said, “I visit regularly and the staff are always make me feel welcome.”

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do. People’s preferred name was recorded in their care records and we heard staff addressing people by their preferred name.

Care staff we spoke with told us they encouraged people to remain in charge of their life to maintain their sense of self and independence. Some people chose to rise early in the morning and an additional member of staff was rostered onto the early shift each day to support people in this preference. Some people due to their dementia believed they were on holiday in a guest house and staff did not correct them on this. From our observations it was apparent that this belief enhanced people’s sense of wellbeing.

We saw the provider had supported a person to access an independent advocacy service regarding an important decision. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. This demonstrated that the provider promoted people’s rights to make choices and decisions.



# Is the service responsive?

## Our findings

People's preferences were respected to enable them to receive care in their preferred way and maintain as much independence as possible. People and their visitors confirmed that they received support in their preferred way and that staff were responsive to their needs. One person's visitors told us that their relative liked to walk around the home and staff understood this and ensured this person could do this safely. This visitor told us, "It's very hard as [Name] has a poor attention span so it's difficult to get [Name] to join in with games but [Name] gets lots of attention from the staff and they are very affectionate towards [Name], which I know [Name] likes." Another person's visitor told us, "I have no concerns with the care provided. The staff know [Name] well and make sure that [Name] has everything they want."

Discussions with staff demonstrated that they understood people's needs and preferences. One member of staff told us; "I know everyone well, what they like and what they don't like, it makes it so much easier to care for people when you know them." Care plans included information about people's previous lives, likes, dislikes and preferences. We found staff's descriptions of how they cared for and supported people matched what we read in their care plans.

The manager told us that some people chose to attend the local church with staff support to meet their religious and spiritual needs. We saw that activities were planned for people to participate in if they chose to. Themed activities were provided on a weekly basis which alternated between cheese and wine events to fruit tasting events known as 'fruity Friday's'. Staff told us that these food tasting events were adapted to enable everyone to participate if they wanted to.

A member of staff had been given the lead role in organising activities. They told us that they spent a lot of time doing one to one activities with people who, due to

their cognitive impairment, were unable to join in with group activities. We saw that people who were unable to participate in group activities were offered hand massages and staff spent time sitting and talking with them. Staff told us that people were supported to go out into the local community with one to one support. Staff told us people liked to go out to places in warm weather, such as the local town centre. This demonstrated that staff delivered person centred care by ensuring people's social needs and preferences were met.

Visitors we spoke to confirmed that they had been involved in the planning of their relatives' care. Care plans were regularly reviewed, which meant the manager and staff knew when people's needs and abilities changed. People's visitors told us they felt well informed about their relative's lives and welfare.

The provider understood the importance of supporting people to move around the home independently and had placed signs around the home to assist people to orientate themselves. We saw signs for the dining area and lounge and pictorial bedroom signs on bedroom doors. Toilets also had pictorial signs and were brightly coloured so that people living with dementia could identify them. Toilet seats and handrails were also brightly coloured so they stood out from the surrounding décor.

We saw that some sensory equipment was available to people and saw people using this. However we discussed with the manager and activities person how this could be improved to provide a variety of sensory equipment for people living with dementia. This would support people's sensory stimulation.

People we spoke with did not have any complaints about the service and their visitors told us that if they had any complaints they would report them. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and appropriately.



# Is the service well-led?

## Our findings

People's visitors told us that they were confident that the home was managed well. One visitor told us, "All of the staff seem to know what they're doing and there is always someone in charge when we come, which is good if you need to ask any questions." Another visitor said; "I know who the manager is and if I had any problems I would speak to them, it seems to be very organised here."

The quality assurance systems in place included seeking and acting upon feedback from people and their relatives. This was done by inviting people and their relatives to quarterly meetings to give their views and opinions. Records we looked at showed that 11 people attended the last meeting and discussed the menus. We could see from the minutes that the menus were passed around for everyone to look at. Information in the minutes showed that several people suggested more hot dishes at the tea time meal and some suggestions were provided by people and their relatives. The menus showed that these suggestions had been included as teatime options.

Records showed that similar meetings had been held regarding activities and a church group had been set up for the first Wednesday of every month for people that wished to participate. We saw that people were also supported to participate in other community events that were held at the local community centre, which showed the provider promoted links with the local community.

Satisfaction questionnaires were also sent out to people that used the service, their visitors and visiting professionals each year. The results from the completed questionnaires in 2014 showed that positive responses were received regarding the service provided to people.

Unannounced monitoring visits were undertaken by the management team out of office hours. This was to check that people received the care they needed. Records were in

place regarding these visits and we saw that these visits took part at various times of the day and night. The provider told us that any areas that were identified as requiring improvement would be recorded and include the actions required. This demonstrated that the provider monitored the care practices to ensure that any improvements required were identified.

We looked at audits which showed that the quality of the care and services provided was monitored on a regular basis and actions were taken as required to drive improvement. These included monthly audits for monitoring the housekeeping standards, care practices and food hygiene standards. A Health and Safety audit was undertaken by an external company on an annual basis and any actions identified were completed by the provider. An action plan was in place to improve the facilities available. The manager told us about their plans to convert one bathroom into a small sitting area where people could have some privacy with their visitors.

Staff we spoke with understood their roles and responsibilities and felt supported by their training and by their manager's leadership. Staff told us that if they had any concerns they would speak to the manager. One member of staff said; "If I had any questions or concerns I would speak to the manager."

We saw that people's care plans were reviewed on a regular basis to ensure that any changing needs were met. Records showed that people and their families were involved in developing and reviewing their plan of care.

We saw people's confidential records were kept securely in the manager's office so only staff could access them. Staff records were kept in a locked cabinet in the manager's office which meant they were kept confidentially and were available when needed. This meant there were appropriate data management systems in place.