

Mrs Luisa Backhouse

# Summer Wood Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Summer Wood Residential Care Home is a semi-detached property close to Bexhill-on-Sea train station. It provides care and support for up to four adults who have learning disabilities and/or autism. Its focus is to provide a supportive family environment and home. There were four people living at the service at the time of our inspection. They varied in age and included a mix of females and males and formed a group of people who jelled well although they had different needs and interests. Two people living in the home were out most of the day sometimes attending voluntary jobs and spending time in community with relatives or friends

often spending time at the train station or in and around the shops. They came back to the home for evening meals and to sleep. Two people preferred to spend time together and with staff. Everyone was able to communicate verbally and were able to communicate their views on the service provided.

This inspection took place on 12 November 2014 and was unannounced. With a second visit undertaken on the 19 November to meet with people who were not present during unannounced visit.

# Summary of findings

The provider is an individual sole trader and also manages the home. As the registered provider they are the '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.

The recruitment practice followed did not ensure all the required checks were completed on staff before they started work.

People told us they felt they were safe and well cared for at Summer Wood Residential Care Home. Staff undertook safeguarding training and knew the correct procedures for reporting any suspicion of abuse

Staff were provided with a full induction and training programme before they worked unsupervised. Staffing arrangements ensured staff worked in such numbers with the appropriate skills that people's needs could be met in a timely and safe way. People's medicines were administered in a safe way by staff trained to undertake this role.

Staff responded to people on an individual basis. The care plans contained information on people's preferences and risk assessments to keep people safe. Staff knew and understood people's care needs well and there were systems in place for all staff to share information.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and related assessments and decisions had been appropriately completed.

People were able to have what they wanted to eat and decided between them. Mealtimes were a social event that included staff. Staff monitored people's nutritional needs and responded to any changes in need.

People told us they were able to access health and social care professionals as needed. Records confirmed there was regular contact and input from relevant health and social care professionals. This included the local GP's and community services including Opticians and practice nurses.

Staff treated people with respect and dignity. People were cared for by kind and polite staff. Staff knew people well and were able to describe detailed information about people their interests and preferences. There was a variety of activity and opportunity for interaction taking place inside and outside of the home. Links with family members was given a high priority and staff worked hard to support people in maintaining these.

People were given information on how to make a complaint and were encouraged to share their views. There was a system to deal with any complaint. Further feedback from people was gained through annual surveys, and regular daily contact with staff and the provider.

There were quality assurance systems in place to audit the home. This included regular audits on health and safety, infection control and medicines within the home. The culture in the home was open with the provider was readily available and willing to listen to anyone.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulation 2010

You can see what action we told the provider to take at the back of the full version of the report.

# 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?

Some aspects of the service were not safe.

The provider had not ensured appropriate recruitment procedures were followed.

Staff knew how to recognise and respond to any suspicion of abuse correctly. Risks were managed and people's independence was supported.

Staff who managed people's medicines had the skills to do so safely and systems were in place to ensure people received their prescribed medicines.

**Requires Improvement**



### Is the service effective?

The service was effective.

Where appropriate, specialist advice and support was sought in relation to meeting people's changing needs. Staff supported people to access community healthcare professionals as required including the GP, Optician and specialist nurses.

Staff were suitably trained and supported to deliver care effectively.

The provider was aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences. Individual choice on what meals were provided was given a high priority

**Good**



### Is the service caring?

The service was caring.

Staff knew people well and they were kind and polite when attending to people. Everyone was very positive about the care provided by staff at the service.

People were encouraged to make their own choices and had their privacy and dignity respected.

**Good**



### Is the service responsive?

The service was responsive.

People were treated as individuals with different needs and wishes People told us they were able to make individual and everyday choices and we observed this during our inspection.

People had the opportunity to engage in a variety of activity inside and outside of the home that met individual interests.

**Good**



# Summary of findings

People were encouraged to raise any concern or to share when they were unhappy with anything. They were always listened to and had their views taken in to account.

## Is the service well-led?

The service was well-led.

The home had identified values and objectives that were shared with people and staff. Staff received training on these during their induction training.

The provider was respected and approachable. They were readily available to people staff and visitors and responded to what people told them.

There were systems in place for monitoring the quality of the service. This included regular contact with people and staff and the use of satisfaction surveys.

Good



# Summer Wood Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 12 November with a second visit on 19 November to meet people who lived in the home.

The inspection was completed by one inspector to minimize any disruption to people who lived in the home.

Before our inspection, we reviewed the information we held about the home which included previous inspection reports and notifications received. A notification is information about important events which the provider is

required to send us by law. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to a commissioner of care from the local authority before the inspection. After the inspection we spoke with two social care professionals.

We met with all four people living in the home who had the opportunity to speak to the inspector. People were able to share their views and experience of the living at Summer Woods Residential Care Home. The registered manager was present at both visits to the home and we spoke to a staff member we also spoke to another staff member on the telephone following the inspection.

We last carried out an inspection at Summer Wood in January 2014 when we had no concerns.

# Is the service safe?

## Our findings

People said they felt safe living at Summer Wood Residential Care Home. They said that they knew someone was always in the home available to them if they needed support. One person said, "I feel I am well looked after and safe here. I have never felt so safe." Care professionals told us how Summer Wood Residential Care Home had become a place of safety for a number of people that they had been involved with.

The provider did not have a recruitment procedure to follow. There was no established system for them to assure themselves as far as possible that all employees were of good character and were fit to work in their care home. Records demonstrate that required checks were not completed on staff before they worked in the home unsupervised. For example, one staff member did not have any references another only had one character reference despite working in another care home previously. Most staff had a Disclosure and Barring Checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or people at risk, completed by the provider. However two staff had produced checks undertaken by previous employers that were older than three months at the time of employment. The provider had not taken any steps to renew these checks.

There was no effective recruitment procedure to ensure that only suitable staff were employed to work at the home. This is a breach of Regulation 21, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the second visit the provider confirmed they were progressing DBS updates for all staff.

Staffing arrangements were well managed providing regular staff to work regular hours in the home. This ensured people's needs were responded to and time was available for regular social activity. People said there was always enough staff to respond to their needs during the day and night if required. The staffing rotas demonstrated that the home always had a staff member on the premises. Extra staff were provided to accompany people when required or wanted for company. The provider worked in the home every day or was available for advice or to provide extra cover for the home if needed. They told us they were able to review the staffing and increase in response to any changing need or level of support needed.

Staff told us there was enough staff to provide all care and support in a safe and unrushed way. They said they were provided with the skills to undertake their work safely. One staff member said, "Our main role is to provide a safe home for people and to support people to be independent and to get out in the community."

People were supported to use the local facilities such as shops and cafes on their own. Staff knew what to do if people did not return when expected. Care professionals confirmed that people were supported to visit local facilities in the safest way and unnecessary restrictions were not used. This was reflected within the care documentation and staff knew what measures were in place to monitor and manage any associated risk. People were also accompanied by staff in order to build their confidence and aid their mobility around local facilities.

We saw that risks were documented and responded to. For example, a risk associated with mobility in the home had been assessed and measures had been put in place to ensure people were safe when using the stairs. People's risk to bullying and exploitation had been identified and raised with care professionals for guidance on reducing these risks, while not limiting people's own chosen lifestyles. One social worker told us that the registered manager balanced risk with personal freedoms well.

The home was clean and well maintained throughout. We read records which showed the home had regular health and safety risk assessments undertaken with action taken to address any findings. A fire risk assessment had been undertaken and fire drills had been completed and fire detection and fighting equipment had been serviced. The provider confirmed that arrangements were in place for people to use local bed and breakfasts if the home needed to be evacuated. Staff were aware of the emergency procedures and confirmed that a recent fire drill had been completed.

The provider had established systems to ensure that medicines were stored and administered safely. Records showed that staff who administered any medicine had received suitable training that had been updated on a regular basis. Storage arrangements were appropriate and were secure. The provider was aware that should controlled medicines be prescribed different arrangements would need to be provided. They knew what this entailed and how to access them. The Medication Administration Record (MAR) charts were clear and accurately recorded the

## Is the service safe?

prescribed medicine, when it was administered and by who. People said that they got their correct medicines at the right times. One person said, “I do not worry about tablets, the staff sort them out for me.”

Staff understood their responsibilities to keep people safe from abuse and were clear what action they would take if they had any suspicion of abuse occurring. Staff undertook training on safeguarding adults and relevant guidelines and procedures were in the home for staff to reference. One staff member told us, “I would firstly report any concern to the manager, but I know to contact social services if the matter is not dealt with. I have had to do this when working

at another home.” The provider explained how they had worked with the local authorities safeguarding team in the past and a social care professional confirmed that the provider’s involvement in safeguarding investigations had been productive. Systems to record safeguarding referrals, investigations, incident and accident reporting were in place. Records confirmed that the provider responded appropriately to any risks identified. For example, arrangements had been established to ensure any smoking was only undertaken in a designated area outside of the home.

# Is the service effective?

## Our findings

People told us that they relied on the staff and felt they knew them well and had the knowledge and skills to look after them. They had confidence in everyone working in the home and said that they could talk to them all and that they would listen to them. One person said, “The staff are great they work with you to get things done.” Health and social care professionals told us staff were skilled in responding to the needs of people. They used the right approach and if they needed any advice they would always contact them.

People living at Summer Wood Residential Care Home had some changing health care needs that staff supported them to respond to. One staff member explained how one person had complained of sore eyes. They were encouraged to see an optician who prescribed glasses. Some people were able to attend appointments on their own but chose to have a staff member or a relative to accompany them. Staff worked with people to ensure they remembered their appointments and that an arrangement had been made to attend them. Records confirmed that contact with relevant health care professionals was monitored and maintained appropriately. For example, health screening appointments were recorded centrally and staff reminded people when these were needed. We also saw that for those people eligible to receive the flu vaccination had accessed this. Staff reacted to people’s health care needs in a proactive way that promoted health.

Visiting social care professionals told us they were happy with the way that the staff responded to the health care needs of people. They were also happy with the contact maintained by the provider with them. They told us that she always contacted them to update them on any changes and had frequent contact for advice or guidance. This was particularly important when people were new to the home. The contact between them was productive and felt like they worked together for the benefit of the person.

Staff received training and support that provided them with the necessary skills and knowledge to meet the needs of people. Staff told us about the training that they received each year that included health and safety, safeguarding, medicine management, first aid and dealing with people whose behaviour challenges. Additional service specific training included training on autism. This supported staff in ensuring an understanding of people’s needs that needed

different personal approaches. Staff told us that this was very helpful and had developed skills that met individual needs. For example one person did not like new staff and therefore new staff needed to be introduced slowly. Most training was accessed via the local county council training programme. One staff member said, “There is plenty of training to help you do your job.”

New staff completed an induction training that included an induction programme supervised by the provider. This included a six week probation period. A new staff member confirmed that the induction programme was thorough and included time with each of the people living in the home to ensure a good understanding of their care needs. Individual staff supervision and annual appraisals were recorded and staff said these were held in private on a monthly basis and used to identify any training needs and review staff competency. One staff member said, “This is the nicest home I have ever worked in the owner is the best I have ever worked for.”

Systems for communication between staff were established and included handover meetings between staff taking over at each shift and through the provider who had an overview of everyone’s needs and daily activity. Staff told us that they were able to share their views with the provider when they met with her which was usually on a daily basis.

Training records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The provider demonstrated an understanding of the Act and DoLS. They had relevant guidelines in the home and told us that when people were unable to make decisions on their own advice was sought from a designated social worker. One social care professional confirmed issues around liberty and restrictions had been discussed with the provider but no restrictions were in place.

Staff confirmed that everyone living in the home had capacity to make decisions for themselves and had no restrictions on their liberty. People were able to leave the home as and when they wanted to. People told us they felt



## Is the service effective?

they were consulted about the care and support provided by staff. One person said, “Staff help me when I need it, but I do most things for myself.” During our visits people were able to leave the home as they wished.

People mostly ate their meals at the dining table which was a social event that staff joined people in, this promoted a family setting. People were asked on a daily basis what they wanted to eat and people joined in discussions to decide what was wanted and meals were then planned. For example, people were heard talking about what they wanted for lunch. When they were asked what they wanted the food they had talked about earlier was provided. Staff knew what people liked to eat and did not like. People who

were out all day were provided or made their own packed lunches or came back to the home for a meal. People were encouraged to make their own meals and snacks that promoted independent planning and preparing of food,

Meal times were relaxed and unrushed and people ate their meals without assistance. Staff were available to monitor if people were not eating or drinking as expected. Records confirmed that one person was sometimes reluctant to drink and should be encouraged when needed. People were offered beverages throughout the day and people helped to prepare these and were involved in cooking with the staff as able. People said that the food provided was good and met what they wanted and needed. One person said, “We get the food we want, we cook some of it ourselves and get involved in some baking.”

# Is the service caring?

## Our findings

People said they were fond of the staff who listened to them and treated them as individual people. They said they were kind and looked after them well. One person said, “I like all the staff they are fun and thoughtful.” The visiting health and social care professionals also commented on the caring approach of the staff saying they were patient and their approach was always appropriate. This allowed people to maintain their individuality but within a home.

All interactions observed between staff and people were positive. Staff were sensitive to the feelings of people with a stranger visiting them in their home and made sure they were happy with the visiting arrangements and keen to ensure they were comfortable to meet with the inspector. For example, the provider asked people if they would like to meet and talk with the inspector and where they wanted to do this. The approach was that this was their own home and they had control over who they saw within this home.

Staff knew people well and were able to respond to them as individuals knowing the small things that were important to them and made them feel motivated. For example, one person had specific responsibilities in the home including looking after the rabbits and ensuring the recycling of rubbish was completed correctly. People benefitted from having goals that were achievable and meaningful.

People said that staff treated them with respect and that they had privacy when they wanted it. One person said, “I have my private room that is mine.” Bedrooms seen were treated as people’s individual space. They were decorated and reflected each person’s personality and interests. The staff spoke about how they promoted people’s dignity in the community by ensuring people were well dressed with clothing that was clean. The provider explained that for one person clothing had been limited and they had bought additional clothing to ensure they could maintain their dignity in the community.

People were encouraged and supported in maintaining links with their friends and relatives. People had close links with family members and had regular contact with them. The provider supported contact and established links with the family members to facilitate communication. Relatives and friends can visit the home whenever they wish. One person had recently re-established links with a close family member, which had given them a great deal of pleasure. Staff had supported this and helped in maintaining on-going communication through letters and cards. Staff told us, “Family are very important to people here, and are an important part of people’s life.”

Staff told us how people had been supported through recent family bereavements. Staff had enabled people to be involved in funeral arrangements and to attend the funeral with the support of a staff member.

People confirmed they were able to make choices about their days and how and when they were supported. For example, people were able to go to bed when they want and to get up at a time that suited their life style. People’s choices on food were well established with everyone able to express their individual choice and preference. We heard staff ask people what they wanted to do and what they wanted to eat and drink regularly throughout the inspection visits. There was a positive drive to allow people to make decisions about their daily life.

People’s care plans documented individual preferences and views about particular aspects of their care. Staff had asked people on preference on who they wanted to provide personal care and how they wanted this provided. These choices were responded to and recorded. One person liked a daily shower in the evening prior to bed. Staff had guidance about how to support people to make decisions about their care.

# Is the service responsive?

## Our findings

People said they had a busy, enjoyable and full life. They told us they were able to do as they wished and enjoyed getting out and about. Although two people said they preferred to do this with staff. The staffing arrangements allowed for staff to accompany people in the community as and when they wished. One person said, "I am able to do as I want, I spend most of my time out being busy." Another said, "I like getting out with staff, we do nice things including shopping, visiting cafes and going to shows."

Each person had a weekly plan of activities in their care plan that had been tailored to their individual needs and wishes. Some people attended voluntary work others were supported to use local facilities that included shops, pubs and café's. Two people were out all day on the day of the inspection. The social care professionals confirmed the staff were creative in providing activity for people who lived in the home. They told us that effort was made to engage people in activities that were important to them and were of interest to them. For example, various day centres and groups were accessed to source activity that suited individual need, this included a local animal rescue centre.

Outings were discussed with everyone in the home during times that they were together and individually. In this way people expressed individual choice. For example, two people were going out to a musical the other two people although asked chose not to go. People told us how they were looking forward to planned outings that included two trips to the theatre. They also told us that birthday celebrations often included a meal out at a restaurant. Records demonstrated that people led busy and active lives in accordance with their preferences and needs.

Christmas plans were being discussed and people were involved in decorating the home and planning the Christmas celebrations. These were to include contact with relatives and friends as individual people wanted. Staff supported people to ensure their spiritual needs were met. People were asked about their own beliefs and what was important to them. If people wanted to attend church this was facilitated and a local church was within easy walking distance. Contact with family and friends was the most important thing to people and this was given a high priority in the home.

People had a full needs assessment completed before admission to the home. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. It also took into account how another person moving into the home would affect people already living there. The main philosophy of the home was to provide a safe and comfortable family home for people. As such everyone living in the home needed to contribute to this end. Careful management of the admission process ensured the productive relationships in the home were maintained.

Care plans demonstrated that people's needs had been assessed and a plan of care had been developed to meet those needs. In each care plan there was information about the person's past history. There was information about the things that were most important to the individual and how to support them best. Staff ensured that people had been involved in this process. Detailed information was provided in relation to how to support each person with their communication, personal care, health and emotional needs. Where appropriate, easy read formats were used to assist people in understanding their care plan. Guidance was provided to staff about how people wished to be supported, including details of their personal care needs and the individual goals people had chosen. For example a goal to access the local shops more regularly with support of staff had been set and there was evidence that this was being achieved. Care plans were updated to reflect any changes this included if any goals had been achieved and how this had changed people.

The provider worked most days in the home and spent regular time with each person living in the home. She was committed to ensuring people received the appropriate care and support and that people enjoyed their life. She knew people well and people felt comfortable to share and discuss their needs with them. One person said about her, "She is the most kind hearted person I know, I can tell her anything." This level of communication allowed for regular review of people's needs, which were then passed on to all other staff through staff handovers. Formal reviews were also undertaken that included the individual concerned, staff, professional workers and relatives as required. This meant that staff, people and their representatives had the opportunity to discuss people's needs and ensure everyone was up to date and responded to any changing needs or developing issues.

## Is the service responsive?

There was information within the homes brochure that encouraged people to tell the provider or staff if they were un happy or worried with anything. People's views and complaints were taken seriously and responded to.

Staff we spoke with felt confident in supporting people to make a complaint. One staff member told us how one person had raised concerns with them in the past. These had been listened to and passed to the provider. The provider had listened to the staff member and the individual concerned and the matter had been resolved. Everyone living in the home were able to verbally express

their views. People told us they would speak to staff or if necessary and the provider directly if they wanted to raise anything. People said, "You can tell her (the provider) anything she always listens and does everything she can to help."

The home had a complaint's policy in place that confirmed how complaints were dealt with. The complaint's procedure contained timescales so people were informed about how and when a complaint would be handled and responded to. There had been no formal complaints to the home in the last year.

# Is the service well-led?

## Our findings

Everyone was aware of the management arrangements, they felt they could rely on the provider who was in the home most days and managed the day to day running of the home. People told us that they were confident that the care and support provided under the close direction of the provider was well planned and met their individual needs. It meant that they had the freedom to enjoy an individual life where they could do things that interested them as independently as possible. One person said, “She (the provider) organises everything, she makes sure everything is done properly.”

The social care professionals told us the provider was always available to talk to. They had confidence in her and that she had people’s best interest at heart and showed this in practice. For example, when there were problems with financing a placement they never pursued the option to stop the placement. They felt they had good leadership skills, set a good example in her approach that was not authoritarian and promoted a homely safe environment for people. The registered manager maintained her professional knowledge on learning disabilities and accessed training provided by social services on a regular basis. She lead by example and demonstrated to staff an approach to care that was person centred and valued people’s individuality.

Staff told us that the provider was readily available even when she took a rare holiday. She was supportive of both staff and people. They said that she lead by example and ensured all staff received the training they needed and wanted to develop their skills. It was clear that the provider and staff knew people well and conversations between them were lively and friendly demonstrating that people got on well with each other.

Summer Wood Residential Care Home had written values, shared with people within the home’s brochure. These

were shared and explored with staff during their induction training and included treating people as individuals, ensuring people could make their own choices and listening to people. They also had key principles that included helping people to be confident, valued and a chance to do things that they enjoyed. We saw these principles working in practice as people had the opportunity to do things they enjoyed like outings to the theatre and musicals. People were given opportunities to enable people to build confidence and to be valued. For example, one person had the allocated responsibility to look after the home’s pets.

There was a relaxed atmosphere in the home and the provider ensured people’s views were regularly asked for. This was done on a daily basis For example, the provider asked for consent before individual rooms were looked at by the inspector. They were also asked if they were happy to meet with the inspector. This showed us that provider routinely asked people for their views on daily life their views were not assumed.

People, their representatives and staff were regularly asked to complete satisfaction surveys.

The feedback from these was reviewed and responded to in order to improve the service or outcomes for people. For example, one survey raised a personal issue for one person that was followed up with the appropriate authorities. Staff views were seen as important and were responded to be the provider. For example, staff had raised the need for some attention to redecoration and this had been addressed.

There were systems in place for monitoring the management and quality of the home. These included audits for different aspects of the work, for example, medicines, health and safety, housekeeping, and infection control. Accident and incidents were recorded and discussed with people’s representatives as appropriate to minimise any risks.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers  People who use services were not protected against the risks associated with unsafe or unsuitable staff working in the home because effective recruitment and selection procedures were not in place and relevant checks on staff were not completed. Regulation 21 (a) (b).