Summerhayes Care Home Limited

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Inspection report

The Square
Sandford
Crediton
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EX17 4LN

Tel: 01363777070

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20 February 2016

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 17 and 20 February 2016. The first day of the inspection was unannounced. The service was last inspected in September 2013 and was meeting all legal requirements.

Summerhayes is a small family run care home providing personal care and accommodation for up to fourteen older people. At this visit there were twelve people living at the home and another two were in hospital. The home is a large detached Georgian property standing in its own gardens in the small village of Sandford, near Crediton.

There is a registered manager at the service, who is also the registered provider. 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.

People were very happy with the standard of care at the home. People said that the staff were kind, caring and considerate. Without exception, relatives were full of praise for the caring nature of the staff working at the home. People living at the home expressed their appreciation for the kindness shown to them. " She's my guardian angel, she's always here." People said they were treated with dignity and respect. One person said "I can't complain about anything. Dignity and respect? Very much so." Relatives were full of praise for the caring and responsive nature of the staff. One relative said "They are very good. Everything about it is very good. They go beyond what they must do. Nothing is too much trouble. I am very happy with everything." Relatives were very happy with the regular communication between the staff and themselves. They felt they were always updated when necessary. They also commented on the "lovely family atmosphere" of the home, where everyone was made to feel welcome.

There were sufficient numbers of staff on duty to meet the needs of the people living at the home. A training co coordinator was in post and was responsible for ensuring all staff were kept up to date with their training. All staff received regular supervisions and appraisals. Recruitment procedures were robust.

The management of risk was well documented and regularly reviewed; helping to ensure that people and the staff remained safe at the home. Medicines were also managed safety.

People's health and social care needs were well met. All health and social care professionals we contacted were very positive about how people's needs were met. There was good communication between them and the staff.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to

restrict their freedom in some way, usually to protect themselves or others. The registered manager was in the process of submitting applications to the Local Authority where it was assessed that people may need restriction of freedom in order to protect them from harm.

People were very complimentary about the standard of meals provided. There were choices from a menu for each meal time. People had enough to eat and drink to maintain their health. Actions were taken when people were at risk of not eating or drinking enough.

There were comprehensive quality assurance systems in place. These included checks of care plans, the building, medicine records, training records and cleanliness. The management team strived to continually improve the service provided to people. This included future plans to improve the building.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were suitable numbers of staff to provide support and care for people living at the home.

Medicines were managed safely.

People are protected by staff who have been recruited safely and who manage risks within the home

Is the service effective?

Good

The service was effective

There were good relationships with health and social care professionals and people received the health care they need.

Staff understood the Mental Capacity Act 2005 (MCA) and ensured that people's rights are upheld.

Staff were well trained and receive suitable support

Is the service caring?

Outstanding ☆

The service was very caring.

Staff were caring and treated each person with dignity and respect

People living at the home and their relatives felt that staff had a very caring, kind and compassionate approach

People were involved in making decisions about their care where possible

Relatives were made to feel very welcome at the home

Is the service responsive?

Good

The service was responsive

People received a personal and responsive service from care staff who understand their individual needs.

Care planning was person centred.

People knew how to make a complaint and these are well managed

Is the service well-led?

Good

The service was well led.

The management team were committed to providing a well run service. They communicated effectively with people living at the home, their relatives, the staff and external stakeholders.

There were good quality assurance systems in place help to identify areas for improvement.

Summerhayes 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.

The inspection took place on 17 and 20 February 2016. The first day of the inspection was unannounced. One adult social care inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke to eight people living at the home and eight relatives. We also spoke to the registered manager, the deputy manager and training coordinator, the cook, the cleaner and four care workers. We received feedback from five health and social care professionals. We sat in for part of an activity session and had lunch with people living at the home. We looked at a range of records. This included staff and resident meeting minutes, five care records, building safety checks, complaints records, incident reports, audits, policies and procedures, two recruitment and training records and medicines records.

Good

Is the service safe?

Our findings

The service was safe.

All staff understood how to protect people if they thought someone was at risk of abuse. They knew they had to inform a senior member of staff and if necessary to contact an external agency, such as the local authority or CQC. All care staff had received safeguarding training. One care worker said "It's about protecting people from harm. I would report to (the registered manager). Or I would go to the local authority or CQC". Another said "I'd go to the manager. If I felt it wasn't being dealt with I'd take it further". Relatives confirmed they had no concerns about safety. Staff said they could go to any of the senior staff if they had any concerns about anything.

Risk was managed well. Each person had individual risk assessments completed for a wide range of care needs. This included risks of developing pressure ulcers, falls, weight loss and smoking. The care records showed the actions to be taken to minimise risk and these were reviewed each month. Each person had a personal evacuation plan in the event of a fire. One had a very specific assessment agreed by the fire officers. There were audits of fire alarm and equipment checks, checks of the building, and comprehensive annual risk assessments on all aspects of the home.

There were sufficient numbers of staff to meet the needs of people living at the home. The registered manager had very recently introduced new working pattern arrangements. This meant there was one senior care worker and two care workers for the morning and afternoon shifts (an increase in numbers) and one senior care worker and one care worker for the evening shifts. Each member of staff was allocated four to five people to be responsible for all aspects of their care throughout their shift. Staff felt this had led to better continuity of care. One person said "They look after me very well here. I feel safe. It doesn't take long for the staff to come if I use the call bell". Another said " They usually come quickly. Staff are in and out, but they don't have a lot of time". The new arrangements aimed to give staff more time with people. One care worker said " "It's the first time I'm doing the new routine. I feel I have more time for the residents.". Staff said they were able to plan each person's care according to their needs and wishes each day.

At night there was one waking night care worker. A second care worker was on call. They held a pager and lived within a very short distance to the home. No one at night needed two people to provide care for them. No one generally chose to get up before the day staff started work. There was a specific risk assessment and separate policy for the night staff arrangements. This included the fire alarm system being linked into the pager system. Over the last 12 months, the on call staff member had needed to attend the home on four occasions. The registered manager explained that if anyone needed more care because of ill health, a second person would be rostered to work. There were on call arrangements at the weekend for any emergencies.

Recruitment records were in order. One newer care worker said they had been interviewed by two people. Records showed that all necessary checks such as references and police checks had been completed to help protect people. The registered manager said they were very particular when appointing new members of

staff. Many of the staff had worked at the home for many years.

A cook worked from Monday to Friday, and there was also a cleaner who worked five days a week. Kitchen assistants were also employed. The registered manager, a deputy manager and training coordinator worked most days. These supported the care workers on a day to day basis.

At the weekend the arrangements were different, with the senior care worker responsible for preparing the lunch and evening meals. An additional care worker came to work once the senior care worker started preparing lunch in order for people's needs to be met. The senior care worker was not expected to prepare food and provide personal care at the same time.

All people we spoke to said there were enough staff to care for them and they did not wait for call bells to be answered. If staff went off sick, other staff provided additional cover or agency staff could be used. During the inspection, peoples' needs were attended to quickly.

Each care worker was responsible for administering medicines to the people they were allocated to provide care for. Each person had their own lockable cupboard in their bedroom where medicines were stored. The care worker checked the medicines and administration records before administering the medicines to the person. Staff signed the medicines records once the person had taken them. The senior care workers audited the medicines in each room every week, and the registered manager then audited each month. Two senior care workers were responsible for ordering the medicines and returning unused items. There was a separate facility in the home for medicines which need secure storage. All care staff had received training in medicines administration. Peoples care records had a sheet detailing the uses and side effects of the medicines people were taking.

The home was very clean and tidy. The cleaner worked five days a week. They cleaned bedrooms and the communal areas each day. At weekends the care staff carried out cleaning duties.

Good

Is the service effective?

Our findings

The service was effective.

There was a training coordinator who was responsible for staff supervision and organising the training at the home. All staff had a formal supervision every 8 weeks and these were recorded. Staff told us they found these sessions helpful. The training coordinator was supernumerary to the staffing numbers, which enabled her to work alongside the staff and identify any issues that they might need support with.

A new care worker said that they had a very good induction. This was following the Care Certificate. The Care Certificate is a nationally recognised induction standard which covers 15 fundamental standards of care. When they started at the home they worked closely with the training coordinator. Firstly they met all the people living at the home and spent time looking at each of their care plans. They shadowed the training coordinator for five full days before working more independently. There was a spreadsheet which showed at a glance each care workers training record and what was coming up for renewal. 15 of the 21 care staff had a formal national care qualification. Staff used an online training system which they felt was very useful. They had their own on line log in details, and they could access the training package from home or whilst at work. One care worker said "I like this training. It's in snippets, better than DVDs, it's much more focussed".

On the first day of the inspection we had lunch with people. The dining room was nicely laid out. Condiments and a variety of drinks were available for people, including beer, juice and wine. The cook served the lunch from the dining room. This meant people could appreciate the smells and sight of all the food on offer. She asked each person in turn what they would like and also if they wanted seconds. The meal was not rushed, and the care staff and cook took time to ensure it was a pleasant social occasion. The menu was on a four week pattern and it was changed twice a year. Each lunchtime there was a choice of two hot meals and a variety of puddings. On the first day of our inspection the choice was a roast chicken lunch or toad in the hole.

People really enjoyed their food, making appreciative comments as they ate. There were a variety of fresh vegetables on offer. Most fresh food was sourced from the local butcher or a greengrocer who delivered most days. The cook knew which people may be at risk from choking, people's likes and dislikes and who needed a special diet. One person said "The cook is splendid". The registered manager said they had listened to the 'resident's requests to enable them and their relatives to safely help themselves to beverages throughout the day by installing a drinks station in the dining room'. They also offered sweets and fruit to people to encourage healthy eating as well as increasing calories for those who may need a little more.

Where people were assessed as being at risk of losing weight, or not eating or drinking enough there were fluid and food charts. These were completed, with no gaps in the records. This enabled staff and health care professionals to monitor the person's intake to ensure action was taken where necessary.

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

Staff understood the principles of the MCA. They had all undertaken training in the MCA. They knew people needed to be helped as far as possible with making decisions themselves. Each area of need in the care planning system had a section on the person's mental capacity. On the whole this was well documented, but the deputy manager was ensuring that all best interest decisions were more clearly defined in some cases. One relative said "They have my mother's wishes at heart, always in her best interests".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

One person lacked capacity to make certain decisions. They were unable to stand independently and were at risk of falling. They had a lap belt on their wheelchair, which would prevent them from standing up if they were to try. This action was taken in the person's best interest to prevent falls. There was some documentation around this; however the registered manager contacted the local DoLS team to discuss whether a DoLS authorisation might be needed.

One care worker said "DoLs- it's about the residents rights. It's when you need to intervene, you have to go through a process, when it's right to restrict". The registered manager contacted the local DOLS team to discuss which referrals needed to be made. They had regular contact with the MCA team.

Health and social care professionals gave very positive feedback about how health and social care needs were met. We met a community nurse who had been asked to visit someone who the staff were concerned regarding their skin. The nurse said "They are already doing what they can. ...People here get a lot of individualised care, there are no pressure ulcers.". A community mental health nurse said staff always acted in the best interests of the people living at the home and always involved the families with decision making. A social care professional said "Yes they have a good relationship with the Community Health and Social Care team, Community matron and older people's mental health team."

The GP surgery provided feedback that the home was proactive in contacting them when someone was not well. The registered provider had purchased their own airwave mattresses, cushions and profiling beds to ensure there was no delay in getting equipment to people as soon as it was required.

Outstanding ☆

Is the service caring?

Our findings

The service was caring.

People living at the home were very positive about the staff. One care worker came into a bed room when we were there and the person said "She's lovely, They're non- stop. I have a clean bed twice a week. She's wonderful." Another person described a care worker as "My guardian angel, she's always here." "I can't complain about anything. Dignity and respect? Very much so." One person who had lived at the home for many years told us they were very happy. Another said "They look after me very well. It's very good. Staff always check what I want to do, what I want to wear. Very comfy." One person explained "Its very nice, nothing to grumble about. They will always come to you if you need, the carers are very good."

Relatives without exception were also very complimentary about the care provided. Comments included "I couldn't think of a better place. I feel so sad for the staff when the media publish bad press (regarding other care homes). They are all very good here." Other relatives said "They are very gentle with them, even when more challenging." "They are doing an excellent job." "From what I see, I am very happy with all the staff. They are very caring. They know what's happening. It's a lovely family atmosphere. I know she's being well looked after." "Very caring, they really know what's happening. A lovely family atmosphere. I know she's being well looked after."

Another relative said "They are very good. Everything about it is very good. They go beyond what they must do. Nothing is too much trouble. I am very happy with everything." A community mental health nurse told us that they had no concerns at all with the home. They explained that "They turn themselves inside out to help- they are always there for the client."

Care staff clearly were very fond of the people living at the home. One said "I love the residents." Another said how much they valued older people. Another comment was "I like caring. It's what it's all about. You give it back."

The registered manager and staff understood how difficult it could be for people to move into a care home and they really cared about this aspect. "We know how difficult it can be for them and their families. We spend at least an hour with them when they come and look around." Fresh flowers, new pillows and duvets were provided for people moving into the home. The registered manager explained they kept families up to date with information. A relative said "Communication is brilliant..they give me updates as and when." All relatives confirmed this was the case. Another relative said "Staff are lovely; they keep me going with a cup of tea and biscuits. Staff always phone if they are ill. Happy altogether."

People were treated with dignity and respect. One person told us that staff always knocked on the door and 'covered their for dignity' when being washed. A care worker said "I lock their door, and always cover them with a towel when washing them." A relative said "Respect, dignity- very much so!" Another care worker said "For dignity and respect- I make sure I ask them questions away from other people." Throughout the inspection we saw staff asking people what they wanted to do, helping them discretely if they needed to use

the toilet. Where someone needed help with their meal the care worker sat down with them for the whole time, and gently encouraged them to finish their meal.

The registered manager had wanted to make sure all staff were aware of the five questions asked by CQC, and what these questions meant in terms of caring for people. Staff had been asked to complete a questionnaire based on each of the five questions. For the question 'Is the service Caring?' one worker stated "It isn't possible to provide good care without developing relationships with those we care for." Another wrote "Everyone needs to develop personal qualities and skills such as understanding, empathy, patience…" One care worker said "You need to put us in their shoes.". It was clear from observation and talking to everyone that compassionate care was being given. Good relationships had been formed with people.

One person was being cared for in bed due to their frail health and advanced dementia. One senior care worker explained that that they knew this person had liked classical spiritual music. We saw them ensuring throughout the day that appropriate music was being played in their room and they spent time sitting with them when they could. Later on we heard this same care worker singing along with someone in the lounge, which they were both clearly enjoying. Care staff really seemed to enjoy the time they spent with the people they were providing care for.

Care staff understood how important it was for people to have choices in their lives. Although there was a routine, people's individual choices were met. One care worker, when describing her morning said "This morning x wanted a lie in, so I told them what time it was. Y wanted their breakfast in bed, and Z wanted their's out of bed." They made sure this had happened. The new way of working had really enabled staff to plan for the individual and their wants and desires. Night staff were not expected to help anyone get out of bed unless it was a specific choice. Once a person was ready, they could have their breakfast. There was no set time for this, so it was completely individualised. One care worker said "People are asked when they want to get up. They can have their breakfast in bed. It's their home."

The registered manager explained other things they did to make sure people felt cared for. This included birthdays being celebrated with balloons and a cake in the dining room, Easter eggs in a basket, stockings on the end of the bed on Christmas morning plus a visit from Father Christmas later in the day with more presents. They had introduced buying fresh flowers weekly to brighten up the communal areas.

A social care professional told us "They support people to access local community amenities and social or religious groups. We know of residents going to local shops/pubs if physically able and church groups." They added "Yes, good care is provided, we receive good feedback from family and service users."

Some people were able to be involved in their care plan reviews. One care plan stated 'X was present when their care assessment and care plan was completed'. The registered manager talked to people in different ways to try and establish their thoughts. She said "We have chats on a one to one basis; we chat about the activities, the garden."

Good

Is the service responsive?

Our findings

The service was responsive.

People told us they were able to choose when they wished to get up in the morning. All the staff explained that in the morning they would visit each person they were responsible for. They would ask them if they wished to get up, or if they wanted to stay in bed. Some people had their breakfast in bed, whilst others liked theirs when they were up and dressed. One person occasionally chose to stay in bed until 2pm, and staff respected this.

A new way of working had commenced recently where staff were allocated to work with a small group of people for the day. This was to improve the staff delivered personalised care responsive to their needs. There was a framework staff worked to, but no 'rules or 'regulations' for the people living at the home. People living at the home were aware of the new ways of working.

Part of this change meant that the care staff were responsible for running activity sessions each morning. The registered manager explained over the years they had tried various different ways of meeting people's social needs with activities. Two care staff each morning were expected to run a session each day.

We sat in the lounge whilst an activity session was held by two care workers. This was a quiz where people tried to recognise faces from the past. People were asked in turn who they thought someone was, which they then created a conversation about that person. People enjoyed the session and there was laughter and an opportunity for people to reflect on their memories. Care workers told us they were enjoying running the sessions, although it was all very new to them. Each month they had to write in a folder what type of session they were going to run, and then who it involved. Regular sessions included bingo, play your cards right, word games, dominos, sing-alongs, music and movement, still life painting, hand bells. This was an area the registered manager was keen to further evaluate and develop. They had thought of unravelling knitted jumpers and group walks/wheelchair rides across the footpath to see the horses. People who lived at the service were being asked for their ideas.

There had been trips out and about, for example to a local garden centre, a local Exeter school for a Christmas party. Families often took people out for trips or to lunch. Religious organisations vsisted people on a regular basis. Newspapers were supplied very day.

There were comprehensive care plans for people. The care plan system was electronic and staff thought it was "brilliant." A senior care worker said "I have a great team of staff who input the care plans, so it's excellent." Staff made their own records every day on an electronic tablet device or on the computer. Each six months the deputy manager fully reviewed the care plans and sent a proposed new version to a family member (if the person themselves was not able to contribute to it's development). The family member could suggest any changes and send back to the home. The changes would then be incorporated into the new care plan. One of the relatives we met was in the process of doing this. Also, the deputy manager checked the care plans monthly to make sure nothing needed changing at that point. The care plan system

covered a broad range of social and health care risks and needs. The care plans were person centred and described each person's wishes and needs in some depth. There were some very good life histories in some of the files. The registered manager said some people were able to be involved in their care planning.

Three people were on hourly checks, two of them stayed in bed all day due to their frail health condition. There were charts where staff recorded what personal care was given and at what time and turn charts. These were completed with no gaps.

The community mental health nurse explained that staff would initiate behaviour recording charts appropriately, which were user friendly and were always completed fully. They said care plans were informative and always up to date.

There had been two complaints over the last 12 months. These were both thoroughly investigated and the complainants responded to. All the people we met knew they could go to the registered or deputy manager if they had any concerns at all. There was confidence that complaints would be taken seriously. One relative said "If I had any concerns I would go to the manager. I have no complaints at all." The registered manager said "We get very upset if things go wrong."

Good

Is the service well-led?

Our findings

The service was well led.

The management team consisted of the registered manager (who is also the registered provider), the deputy manager and a training coordinator. They worked very closely together in all aspects of running and managing the home. Their main priority was "To do the best we can for the people living here." The brochure for the home states ' As a measure to test the quality of the service we provide, we continually ask the question; 'Is the service good enough for our mothers/fathers/grandmothers/grandfathers?' If not – then it is not good enough for our residents'.

One care worker said "The main aim is to treat people as individuals, make them all comfortable and enjoy their stay here." All the staff, health/social care professionals, relatives and people living at the home spoke positively about the management arrangements. They felt they were approachable, responsive, caring and worked well together. The management team were all supernumerary, meaning there was sufficient time to oversee and make improvements to the service.

One health care professional said that the deputy manager was always there to answer the phone and was very knowledgeable. A social care professional said "The deputy manager is always available to speak with over the phone. She is very knowledgeable about the level of care the home can provide and the care needs of the residents, she appears to know the residents very well and how best to support their care needs. She is efficient in responding to queries."

The registered manager was keen to promote the role of the care worker. They had a steady stream of work experience candidates in the summer. They had designed a specific work experience pack so that learning was meaningful and hopefully inspiring.

There were good quality assurance processes in place to check on the quality of the service. These included regular checks of the environment, equipment, hot water, medicines, training records, accident and incident records. Fire safety was managed by regular fire drills and safety checks.

The registered manager explained how they had made improvements to the service to meet the needs of the people living at the home. This included installing a patio heater on the veranda because many people liked to sit outside, and this ensured they kept warm. People had wanted to be active in the garden. A raised strawberry bed was installed with a self watering system and a watering can for people to use themselves. The internet had been installed throughout the building so anyone could now use the Wi-Fi. Sensor lighting had been installed in the upstairs landing so people didn't have to worry about turning lights on or off. Future plans included monthly email letters to send to families, people living at the home would have their own paper copies. These would include photos, birthdays, news, and activities. They also planned to put front door bells on each person's bedroom door.

There were plans to improve the environmental layout at the home and promote the wellbeing of those

living with dementia. This will include enlarging the lounge, building a purpose built wet room, levelling out areas where there were slopes in corridors and two new ensuite bedrooms. All communal areas were also be refurbished. These works were planned to be started in early 2017.

Staff meetings were held every three months. Staff were paid for their time if it was their day off. Staff confirmed they were able to contribute to the agenda. Residents' meetings were held three times a year. The registered manager explained there had been a discussion about where people sat in the lounge and dining room. Some people had expressed strong opinions about where they wanted to sit and were unhappy if they weren't always able to do this. A potential solution had been agreed where some of the chairs had a name attached to them as well as a seating plan for the dining room. The registered manager said she would review this in the future. A stakeholder survey was being sent in the spring. The last one had been completed in 2014. The GP surgery told us they met the manager at the home three or four times a year to see how they could best work together.

There were a wide range of polices at the home and these were going to be aligned into the five key questions (safe, effective, caring, responsive and well led). This would help focus further the staff into always thinking about the quality of care. The staff had also completed a questionnaire with questions from each of the five key questions. This was designed to encourage the staff to think about the care they delivered. This showed that staff understood the culture of the home. Comments included "Allow the individual and family plus friends to make all the decisions. We must not influence anybody."

The registered manager had tried to involve the local community with the home. There were coffee mornings, carol singers, Christmas parties. Halloween was a popular event, with children coming in trick and treating. This was an an area the registered manager was continuing to develop.