

## Country Court Care Homes 2 Limited







# Summer Lane Nursing Home

## Inspection report

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Date of inspection visit: 16 and 17 June 2015  
Date of publication: 01/09/2015

### Ratings

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

### Overall summary

The inspection took place on 16 and 17 June 2015 and was unannounced.

Summer Lane Nursing Home is a care home providing accommodation for up to 90 people who require nursing and personal care. There are two units within the home that are each split into two areas. Balmoral provides residential and nursing care to older people and Waverly provides care to older people who are living with dementia. The home is purpose built and all bedrooms are for single occupancy. During our inspection there were 37 people in Balmoral and 30 people living in Waverly

At the last inspection on 20 October 2014 we identified concerns with some aspects of the service and care provided to people. The service was found to be in breach of seven of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. They told us they would make the necessary improvements by February 2015. At this inspection we found that some action had been taken to improve the service and meet the compliance actions set at the previous inspection. We found

# Summary of findings

continued and further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

There was a manager but they were not registered with the Care Quality Commission. The manager had been in post since April 2015 and they told us they would be starting the process of registering with us. 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 and associated Regulations about how the service is run. There had not been a registered manager since December 2014.

People and their relatives raised concerns over the staffing levels. There had been times when the staffing levels had dropped below minimum levels. The manager told us they had recently recruited new staff to fill their vacant post and they had a plan in place with an agency to cover staff sickness. There was a lack of staff visibility during our inspection however we found people's physical needs were being met.

Medicines were not always looked after in line with the homes medicines policy and national guidance.

Two people told us they did not feel safe at Summer Lane due to other people who use the service entering their bedrooms. One person raised concerns with us during our visit over a person entering their room and allegedly assaulting them. We discussed this with the manager and a safeguarding referral was made. Staff were aware of how to identify signs of abuse and how to report them, they felt confident the manager would deal with concerns appropriately.

A recruitment procedure was in place and staff received the appropriate pre-employment checks before starting work with the service. Staff were following appropriate guidance in relation to infection control.

Plans were in place to manage risk relating to people's care. However, information in the care plans was not always reviewed and updated. People were at increased

risk of not receiving appropriate treatment as accurate monitoring records were not always kept by staff. People were supported to see healthcare professionals where required.

We found people's rights were not fully protected as the manager had not followed correct procedures where people lacked capacity to make decisions for themselves. We observed where decisions were made for people the principles of the Mental Capacity Act 2005 were not always followed.

People felt there was enough available to eat and drink, however not all the people we spoke with were happy with the food provided. The manager had received feedback relating to the food and had arranged to meet with the catering company to address the comments received.

We received mixed feedback on how caring the staff were at Summer Lane. Most of the comments were positive, however some people felt the staff were not caring. People told us staff treated them with dignity and respect.

People told us they were happy with the activities provided, however with only one activity coordinator in post there were not enough staff to engage all people in meaningful activities, the manager had employed another activity coordinator and had plans to employ a third member of staff.

People told us they were involved in their care planning. Care plans lacked information relating to people's likes, dislikes and personal history. The manager had plans in place to update all of the care plans into a new format which would incorporate people's needs and preferences.

Staff told us they had not received recent up to date training, the manager had an action plan in place to address this. New members of staff received an induction which included shadowing experienced staff before working independently.

The provider had a complaints procedure in place, people felt confident to raise concerns with the manager. Relatives were not always aware of how to make complaints. Where complaints had been made these were responded to and investigated in line with the provider's procedure.

# Summary of findings

The manager and senior management had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such the environment, infection control and medicines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

The service was not safe.

There were times when staffing levels had dropped below the number required due to staff sickness. The manager had plans in place to cover staff sickness with agency. Staff were not always visible in the home.

Clear guidance was not in place for all medicines. Medicines were stored safely and securely.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the manager.

Recruitment procedures were in place to ensure staff with suitable character and experience were employed.

Where risk were identified, management plans were not always clear.

Requires improvement



### Is the service effective?

The service was not effective

Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

The manager had identified where DoLS authorisations were required and they were in the process of submitting these to the local authority.

Not all the people we spoke with were happy with the food provided. The manager was addressing this with the catering team.

People's healthcare needs were assessed and they were supported to have access to health care services.

Requires improvement



### Is the service caring?

The service was not caring.

We received mixed views about how well cared for people felt. Most of our observations of staff interactions were positive, there were some occasions where staff did not involve and include people or speak to them with respect.

Staff knew the people they supported well and recognised the importance of developing trusting relationships.

Requires improvement



### Is the service responsive?

The service was not responsive.

People had individual care plans. The care plans did not always contain relevant information relating to people's needs.

Requires improvement



# Summary of findings

There was a process in place to respond to complaints and people felt confident to raise concerns with the manager. Relatives weren't always aware of how to raise concerns. Where complaints were raised they were responded to and investigated in line with the provider's policy.

The manager held residents and relatives meeting to receive feedback on the service and cascade information.

## Is the service well-led?

The service was not well led.

There was a manager in post; the manager was not registered with CQC.

The provider had audits in place to monitor the quality of the service. The audits were used to identify where there were shortfalls in the service and action plans were in place to respond to the shortfalls.

Staff told us the manager was approachable and they felt able to discuss any concerns. Staff felt things had started to improve since the manager had been in post.

**Requires improvement**



# Summer Lane Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 June 2015 and was unannounced.

The inspection was completed by three inspectors, one pharmacist inspector, one specialist advisor (a registered nurse) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a

Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection.

During the inspection we spoke with 14 people and three relatives about their views on the quality of the care and support being provided. We also spoke with the manager, two deputy managers and 13 staff including the chef, the maintenance person, the cleaner and activity coordinator. Some people were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for people. We reviewed 16 people's care records, four staff files and looked at other records relevant to the management of the service. We also spoke with three health professionals during our visit and one relative by telephone after our visit.

# Is the service safe?

## Our findings

At our last inspection we found several breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which detailed the action they would take to address this shortfalls and said this would be in place by February 2015.

At our last inspection we found there were not always sufficient numbers of staff on duty to meet people's needs. During this inspection we found the provider had taken some action to address the shortfall, for example they had employed staff to fill their vacancies.

People had differing views about staffing levels, one person told us "There are not enough staff so they do not always answer the bell quickly enough." Other comments included "I often have to wait up to half an hour before I can have help" and "I think there are enough staff, calls are usually answered within 10 minutes and I have never been left uncomfortable." Relatives raised concerns with us about the staff levels, one relative said "There are times when I worry because of very low staffing levels, especially at weekends". They told us they had recently visited during a weekend and due to staff sickness the staffing levels were low. Another relative told us "There are times when there are definitely not enough staff" they told us about a recent occasion where they had spent an hour looking for a member of staff to assist their family member.

A relative raised concerns about the visibility of staff in the home commenting "The layout of the home does not enable people to easily see where the staff are as you cannot see around the corners of the corridors. My family member becomes easily distressed if they cannot see staff on a frequent basis. This is particularly a problem at weekends when there appear to be less staff around." During our inspection we found staff were not always visible and easy to find. The catering and cleaning staff told us weekends were a difficult time for the home as the reception area was not staffed. They said this resulted in people walking around the home trying to find staff.

A relative told us they had discussed their concerns regarding the visibility of staff with the manager. The manager told us a plan was in place to change the layout of

Balmoral unit at Summer Lane to increase the level of support and observation for people. The plan included using the nurse's station that was not currently being used at the entrance of Balmoral to increase the visibility of staff.

Staff had mixed opinions on staffing levels, one staff member told us "Staffing has been really difficult in the last few weeks and the manager is aware of this, new staff have started and more staff are being recruited." Other comments included "There are never enough staff, we get tired," "Staffing is improving slowly" and "I believe the care we give is safe as we have the right numbers of staff."

The manager told us staffing levels were based on the dependency levels for each person. They said they used a staffing structure based on the amount of people requiring nursing or residential care and they had recently met with the deputy managers to discuss and address any issues. Staffing levels had recently been raised as concern in a resident and families meeting. The manager acknowledged there were on-going issues with staff, however they had recruitment plans in place to address this.

The manager confirmed the minimum staffing levels for both units. We looked at the previous six weeks staffing rotas and identified staffing levels had gone below this. The manager acknowledged staffing levels had fallen below the minimum due to staff sickness as well as being unable to find agency cover. Weekends had been particularly difficult to cover. They told us they had agreed a strategy with an agency where if they did not respond to the request within an agreed amount of time the home would look at using alternative agencies for cover.

On the days of our inspection there were enough staff available to meet people's needs. We monitored the amount of time it took for staff to answer call bells and identified they were being answered within five to six minutes.

At our last inspection we found people were not always protected from the risks associated with medicines because clear guidance was not always in place. During this inspection we found the improvements identified had not been made.

People were prescribed medicines to be given 'when required'; for example pain relieving medicines and medicines for anxiety. Some people using the service were able to tell staff when they needed these medicines. We saw people being given their morning medicines and heard

## Is the service safe?

staff asking if they needed medicines that were to be taken 'when required', this is known as PRN. We looked at guidance for the use of PRN records for 19 people. Out of the 19 records 11 people did not have any guidance on how these medicines should be administered. This meant there was an increased risk people may not be offered these medicines when they required them or in a safe and consistent way. However, nursing staff on duty were able to explain when people needed to be given medicines prescribed 'when required'.

The manager told us he had identified this as an issue that needed to be addressed. We saw a recent email from the provider with new guidance forms relating to 'when required' medicines; for staff to complete and use. Following our inspection the manager told us the guidance had been put in place.

Some people were able to self-administer some inhaled medicines and creams or ointments. However staff told us that there were no risk assessments in place to make sure people were able to safely look after these medicines. Care plans did not contain any risk assessments relating to self administration. Two people we spoke with said they were happy with the arrangements in place for this.

Some people were prescribed creams and ointments which were kept in their rooms and applied by care staff. There was no written information in people's rooms so staff who administered the creams and ointments would know where to apply them. Staff told us they would ask the nurses if they were unsure and would record the use of these preparations in people's daily records. Many people's medicines administration records included a number of different creams and ointments and it was not clear which, if any, were in current use.

Staff were not always following the home's medicines policy in relation to 'when required' medicines, self-administration of medicines and the application of creams and ointments.

**This was a continued breach of Regulation 12 (1) and (2) (b) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).**

People gave us mixed comments regarding their medicines, one person said "Today's nurse asked if she needed pain relief and gave if needed but others did not

bother." Other comments included "Staff look after medicines alright. They sometimes give them a little late and if it is an agency nurse he might have to remind them" and "Staff do medicines very well".

We found that medicines were stored safely and securely. Suitable storage was available for medicines which needed additional security. Records showed they had been looked after safely.

Suitable systems were in place for ordering medicines so people's medicines were available for them. The pharmacy provided printed medicines administration records for staff to complete. Staff had recorded they had given people their medicines as prescribed for them. However we saw one example where the wrong dose of a medicine with a variable dose had been given on one day. The manager investigated this and told us the correct dose had been given but it had been wrongly recorded.

At our last inspection we found people were not always protected from the risk of infection because staff did not always follow procedures to minimise the risk of cross infection. During this inspection we found the improvements identified had been made. For example, staff were wearing appropriate personal protective equipment (PPE) and were observed washing their hands in between administering medicines and after delivering care. An infection control audit had been carried out by the manager, this identified all staff required infection control refresher training. Following this training, workbooks had been issued to all staff and a training date had been arranged for July 2015.

At our last inspection we found people were at risk because staff had not received the appropriate pre-employment checks before commencing work. During this inspection we found the improvements identified had been made.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. Staff told us they were not able to work with people until the pre-employment checks had been undertaken. We looked at staff files to ensure these checks had been carried out before staff worked with people and found these were in place. This included completing Disclosure and Barring Service (DBS) checks and contacting



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previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

During our inspection a person raised concerns about an alleged incident where they were assaulted in their bedroom by another person who used the service. We discussed this with the manager who told us there had been an incident during the night following the first day of our inspection. We asked the manager if this had been reported to the local safeguarding authority and they informed us it had not because staff had told them they did not witness the incident. This meant the person was not protected from harm and appropriate action had not been taken. During our inspection the manager made the referral to the local safeguarding authority. Following the inspection the manager told us they had put measures in place to prevent further incidents. For example, a sensor mat had been put in place to alert staff if a person was trying to enter another person's room.

Another person and their family member told us other people living at the home entered their bedroom making them feel vulnerable and unsafe. The relative said they had to physically push people out of the door. During our inspection we observed a person entering the bedroom on two occasions. We discussed this with the manager who told us they had arranged to meet with the person and their family member to discuss these concerns. Following our inspection the manager told us they had met with the family member and measures had been put in place to prevent people entering the persons rooms. The manager told us the family member was happy with the outcome.

Other people and their relatives told us people were safe at Summer Lane, one person said "I feel safe, I am used to fitting into any situation and do not worry". Other comments included "I feel very safe here" and "I am well cared for and feel safe here." A relative said "While I trust staff to do the best to look after my loved one and know they are safe because they do not take risks."

Staff were aware of different types of abuse people may experience and the action needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through physical signs such as bruising or any unusual behaviour in the person. They said they would also look out for body language or facial expressions which may indicate when people were

unhappy. They told us any concerns would be reported to the nurse in charge or manager and they were confident it would be dealt with appropriately by the manager. One staff member however commented they thought the nurses would respond appropriately if they "Weren't too busy." When we asked the staff member what they would do if they did not think it would be managed appropriately, they told us they would report it to the manager or Care Quality Commission (CQC). Other staff comments included "If a safeguarding issue is raised I am positive it would be dealt with robustly" and "I am confident something would be done." Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Summer Lane if they felt they were not being dealt with. For example, the local authority or CQC.

One person said they were aware of and were involved in decision making related to the risks associated with their care. For example, they told us they had agreed to carry a personal alarm with them to alert staff in the event of an emergency. Some relative's told us they were not aware of or involved in decision making relating to risk associated with their family members care.

Where risks had been identified management plans were developed to minimise the risk. The management plans were not always followed and regularly reviewed. For example, one person had been assessed as being as a high risk of choking by a speech and language therapist, the management plan had not been reviewed since July 2013. We spoke to a nurse who told us the persons difficulties with swallowing were 'on-going' and the guidelines were distributed to all staff for reference. During our inspection we observed a new staff member supporting a person with a drink, the person required their drink to be thickened. The staff member supporting was not aware the person required their drinks to be thickened until another staff member informed them. This meant people were at increased risk of receiving unsafe care.

We spoke with the nurse in charge who told us new staff receive information relating to people's needs prior to supporting them. We spoke with another new staff member who told us they had received information relating to people's eating and drinking requirements before supporting them. Following the inspection the manager told us they had requested a review of the person's guidelines with the GP. They also said staff received an induction prior to them supporting people where they were

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given information relating to people's needs. They told us they will ensure this is received and understood by staff on their first shift and in light of the information we provided. They had also arranged eating and drinking training for all staff to improve staff awareness.

# Is the service effective?

## Our findings

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent.

People's rights were not fully protected because the correct procedures had not been followed where people lacked capacity to make decisions for themselves. We found people's care plans stated they did not have capacity to make decisions about their care without any evidence of an assessment of their capacity. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were at risk of receiving care and treatment which was not in their best interests. We spoke with the manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005.

Some staff did not demonstrate a good knowledge of the MCA and they told us they had not received any training on the subject. For example, one staff member told us a person was 'demanding' to get up at a different time of the day than they usually chose. The staff member said their response to the request was to tell the person the time they usually get up rather than meeting the request. They went on to say there were other people wanting to get up at that time and the staff do their best. We spoke to the deputy manager who acknowledged due to staffing pressures staff could get set in a structured routine rather than providing a flexible approach. They told us this was something they were monitoring and due to increase staffing levels they were encouraging staff to be flexible and offer more choice.

### **This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).**

Most of the staff we spoke with demonstrated an understanding of the importance of offering people choices such as choice of food and what people want to wear. One person told us "I like to choose my own clothes and the staff always help me to do this." We observed staff seeking consent before providing support to people. Staff told us if a person appeared unhappy with their support they would report this to the nurse and another staff member would be offered.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS and we found the provider had acted within the terms of the authorisations. The manager told us they had discussed further applications with the local authority and had agreed to prioritise the referrals and complete two applications each week where required.

People and their relatives told us there was enough food and drink available throughout the day; however we received mixed feedback on the food provided. One person told us "The food is satisfactory, we get a choice". Other comments included "I don't like it that much, but I get enough to eat and plenty of choice", "The food is lovely, if I don't like the menu choice I can ask for something else", "I really enjoy my breakfast and the cooked breakfast is wonderful" and "The food is quite good, now and again there is a poor choice". One relative told us "The food is awful" however they did not want to comment further. The manager had arranged to have bi-monthly meetings with the catering team in response to feedback received relating to food from people and their relatives.

There were two hot meal options on the menu daily, staff asked people each day what they would like to eat for the following day. The chef prepared an extra 10% of each meal daily to allow if people changed their preferred choice and they offered a choice of omelettes, soup and salads if people did not want what was on the menu. Where one person requested a specific food daily and the chef cooked this to meet their preference. The chef told us they were made aware of people who had lost weight in order to provide high calorie fortified meals and they had a list of people's allergies and dietary requirements.

We observed a person being supported by staff to eat their meal in their bedroom. The staff member informed the person what the meal was and supported them in an unhurried and relaxed manner. During our inspection we observed staff asking people what they would like for their breakfast and how they would like it prepared. For example, people were offered hot or cold milk with their

## Is the service effective?

breakfast and staff asked if they would like sugar in their drinks even though they knew how the person liked their drink. Drinks and snacks were offered throughout the day and people had access to drinks in their rooms.

There were not always clear guidelines in place to ensure people received a diet in line with their needs. For example, one person had been assessed by a health professional as requiring thickened fluid. The person's care plan did not contain details of the required consistency of the fluid. However staff were able to tell us the required consistency. One person's care plan stated they required a 'normal' diet, however staff supporting them with their meal told us they required a soft diet. The deputy manager confirmed they required a soft diet due to their swallowing difficulties and they were going to put a referral in to the Speech and Language Therapist for a further assessment.. We spoke with the manager who told us they were in the process of updating the care plans to ensure they contained up to date information.

One person told us they felt staff were "Well trained and they know what they are doing." A relative said they were not sure about the training staff received and their understanding of supporting people living with dementia. Staff told us they received training to meet people's needs and keep them safe, however some staff said they had not received any up to date training for a 'while'. Staff training records identified there were gaps in staff training. The previous manager had handed out training workbooks for staff to complete where staff required training; it was unclear from the information available if staff had completed these effectively. The manager had a training plan in place which identified the training needs of each staff member. During our inspection, staff were attending training sessions as part of the training plan.

Staff told us they received an induction when they joined the service. They said the induction included a period of shadowing experienced staff and looking through records, this could be extended if they needed more time to feel confident in the role. One staff member, who had just completed their induction told us about the tasks they

were able to complete with regards to the training they had received. For example, they told us they were unable to complete moving and handling tasks as they had not completed their training on this subject.

We observed there were handover meetings at the beginning of each shift and a mid-morning staff debriefing meeting held daily to keep staff up to date with people's changing needs. This enabled staff to have the up to date knowledge of people's needs.

Staff told us they had received supervision to enable them to receive support and guidance about their work. One staff member told us "I haven't had one for a while, if you did something wrong you would get one". They told us they could go to the nurses for support, but they were usually busy doing medicines and were not to be disturbed. Another staff member said they had not received supervision for five months, however they went on to said they felt supported and there was always someone available to discuss any concerns. A staff member told us they received daily group feedback in order to improve their practice. The manager had a plan in place for all staff to receive regular one to one supervision and feedback. At the time of our visit they had made progress against this plan.

People told us they were supported to see their GP where required. A local GP visited the home and one person told us "If I feel unwell I tell the nurse and they discuss it with the GP who will come and see me if necessary" and another said "On one occasion when I did not feel well staff asked a GP to visit me." We spoke with the visiting GP who told us the surgery worked closely with the staff and there were no particular concerns. People were also supported to see other health professionals where required. One person told us "I have no need for any other professional help other than chiropody but I am sure staff would take me if I needed to see a dentist or optician" and another said "A chiropodist visits every six weeks to see to my feet, just as they did at home." Another visiting health professional told us the communication with the home had not been good. They had rang on the morning of our inspection to confirm their visit with staff, on arrival to the home they discovered the person they had come to provide treatment did not require their support.

# Is the service caring?

## Our findings

During our last inspection we identified staff did not always treat people with dignity and respect. The provider sent us an action plan which detailed the action they would take to address this shortfall and said this would be in place by February 2015. During this inspection we found the provider had taken some action to address the concerns. For example, staff told us they had received dignity training and they described how they put this into practice.

Most of the people we spoke with spoke positively about how they were treated by staff, however one person told us “The nurses are alright but some staff couldn’t care less. They are very good at ignoring, one or two are very good.” Another person said staff are “Mostly alright, one or two not so nice, you know by the look in their eyes they don’t like you.” They made reference to staff raising their eyebrows at them in response to supporting them.

During our inspection we observed staff mainly talked kindly to people and showed patience and understanding when people became distressed or confused, however on two occasions this was not the case. For example, we saw one person try to follow staff into a dining room. They were stopped by a member of staff who said through a small gap in the doorway “Lunch is not for 20 minutes” they shut and locked the door whilst the person stood there. On another occasion a senior member of staff was heard speaking to a person who had been complaining of “Feeling terrible” in what appeared to be a firm and impatient tone, telling them they must get into their wheelchair and go and have lunch.

We spoke with the manager who told us they would address this with staff. Later in the day we observed the person in the dining room and they had eaten their meal and were no longer saying they were feeling unwell.

Other comments included “The staff are wonderful and help me if I am not able to do something for myself”; “They are very pleasant and kind”; “Staff are brilliant, they are lovely to me, they treat me as I wish to be treated, they are my friends they chat and we have a laugh” and “They take such care of me, the staff are very kind they respond to problems without any bother and will do anything to help”. Comments from relatives included “Staff are brilliant, they do well but there are not enough of them”, “Staff chat to me and are supportive” and “Staff are good humoured and

willing to try their best.” We heard a staff member refer to a person as a “Feed”, another staff member instantly corrected the staff member telling them the use of terminology was not appropriate.

Positive comments had been received by the home that included “All of your staff who looked after my relative have been exceptional in every way. Your staff are amazing and a real asset to you. They always spoke kindly to my relative and made their last days very happy.”

Another comment read “All of your nurses and care staff gave my relative the very best possible care and attention which has been truly excellent and made my relatives last days of his life the very best they could have been.”

People appeared to be relaxed and comfortable around staff and staff talked positively about the people living in the home. Staff were aware of the importance of developing trusting relationships. They told us they were proud to work at Summer Lane and although there had been many changes of managers over the years and they had been very short of staff, the care and support of people was always a priority. One staff member said “I really love it here as I care so much for the people and love hearing about their life stories” and another said “It’s a rewarding job, relationships are important as it makes people feel comfortable and builds trust.” We observed staff supported one person to use a hoist to transfer. This was completed calmly and efficiently with staff giving information and reassurance to the person on each stage of the procedure before carrying it out. One staff member described what was important to a person for example; they liked to wear perfume, earrings and bright clothing. Another staff member told us how they spoke to people about their past history, they described how a person used to make wedding cakes and they used this as a discussion point. They said by doing this they were making people feel ‘involved and alive.’

People told us they were treated with dignity and respect, they said staff respect their privacy, close doors and draw curtains before commencing any personal care. One person commented “Staff maintain my privacy when doing personal care; I am treated in a dignified way. They all know how I like things done and always ask first.” Other comments included “They always knock on my door and close the curtains when supporting me.” Another person told us they preferred a female staff member and this was always respected.

## Is the service caring?

Staff described how they ensured people had privacy and how people's modesty was protected when providing personal care. For example, closing doors and curtains and explaining to the person what they were doing. During our inspection we observed staff knocking on people's bedroom doors and waiting for a response before entering and observed staff asking people's permission before supporting them.

People told us visitors could visit at any time and there were no restrictions. One person said "My family can come in whenever they want." A relative told us "There are no restrictions you can visit when you want."



# Is the service responsive?

## Our findings

During our last inspection we identified people were at risk of not being given appropriate care and treatment because monitoring forms were not always completed. During this inspection we found some of the improvements identified had been made. For example, where people had wounds requiring treatment there were clear and accurate monitoring records and where required people's fluid and food were recorded.

We found however where people were at high risk of malnutrition and developing pressure ulcers there were not always regular records kept of their weight. We also found where a person's weight was recorded, this was not always completed accurately. For example, a person's records showed a loss of 10kgs from one month to the next, the following month it had been recorded back to the original weight. This was not an accurate record of the person's weight.

Where a person was identified as needing regular monitoring of their bowel movements, accurate records were not kept by staff. The nurse told us they would intervene with medicines after a specified period of time. However the time period had elapsed and the person had not received medicine. The nurse told us staff had verbally told them each day the person did not require any medicine, but this had not been recorded.

We spoke with a nurse who told us recording had been an on-going issue in the home and it was discussed during daily handovers to remind the staff to complete. During our inspection we saw the nurse raised the importance of accurate recording with staff in the daily handover meeting.

We discussed this with the manager. They told us they were introducing a new care plan format which required staff to record appropriate information about the care and treatment people received. They also said this would be formally raised at supervision meetings with care staff to reinforce the requirement to complete records appropriately.

We found where people were required to have their body position changed regularly; turning charts were kept and completed in line with people's requirements.

During our last inspection we identified people were not always given the opportunity to engage in meaningful

activities to meet their needs. During our inspection we found some improvements had been made. A coffee morning had been arranged by another care provider who used the homes facilities. People had the opportunity to be involved in this social activity. Where people were unable or chose not to attend the coffee morning the activity coordinator took cakes into their bedrooms. We observed the activity coordinator engaging people in activities and spending time with people in their rooms on both of the units. However there were periods when people were sitting in the corridors in Waverly unit with apparently nothing to do. Staff made regular attempts to engage with people when they passed by but there were insufficient staff to engage people in meaningful and relevant activities.

The activities coordinator aimed to see each person every day, which they said was not always possible to achieve. A second activities coordinator had been employed and was due to start the following week. The registered manager told us they planned to have an activity coordinator on each of the units to offer activities and they were going to employ a third member of staff to arrange events for the home. They told us this would ensure there were activities available to meet the needs of the people living in both units.

People spoke positively about the activities on offer, one person told us "I enjoy the activities, I now do the calling of the numbers for bingo, I had never played it before I came here and it pleases me." Other comments included "I join in the activities when it suits me, it depends on what they are doing" and "I come to activities all the time, we have a laugh." Another person said "The activities coordinator is great fun." One relative told us they thought the activities coordinator was very good, however they felt their family member was not encouraged enough to participate in activities. Another relative told us there was a lack of activities for people with dementia. The manager told us the activity coordinator they had employed would be responsible for providing activities for people living with dementia.

People told us they were involved in their care planning, comments included "I planned my care with staff myself, I please myself what I do and have my routine and have let them know; they respect this" and "I know my care plan and am happy with it to a certain extent, I'm not involved in reviews". Relatives gave us different responses to whether they were in planning and reviewing their family members

## Is the service responsive?

care. One relative told us they were not aware of or involved in their family members care plan, another relative said they had been involved and all changes and decisions are made jointly.

Each person had a care plan that was personal to them. Care plans did not always contain information about the support required to meet people's needs. For example, where a person had a health condition there were no details in their care plan of how staff should support them in relation to this. It was identified in another person's care plan they had difficulties communicating and this could result in the person become anxious, the care plan did not include strategies for staff to support the person to enhance their communication. Some of the care plans lacked information relating to people's histories, their preferences around how they liked to spend their time and what activities they would like to be involved in. Staff were able to tell us about people's likes, dislikes, personal histories and preferences.

The manager told us they were introducing a new care plan format which they stated would incorporate all of the person's individual needs, routines and preferences. They told us they were using a dementia care mapping tool on Waverly unit to develop a person centred care planning approach. The new care plans were going to be updated over the next few months and any new people admitted to the service would use this care plan format.

A relative raised concerns over their family member not receiving support from staff to maintain their mobility. They felt due to the lack of staff available their relative was unable to be supported to walk to the dining room for meals; they said this had resulted in them needing a wheelchair sooner than expected. People told us staff supported them to maintain their independence with one person commenting "They let me do what I can do and step in when I need help" another said "Staff help me if I am not able to do something for myself."

People told us they felt able to raise concerns with the manager, one person said "If I am unhappy I go and see the manager, I can see him when I like". Another person told us they had raised a concern with the manager who had "Dealt with it." One relative told us when they had concerns they had reported it to staff and nothing had happened in

response to this, they said they were unsure of who to raise concerns with to ensure they were responded to. Another relative told us they had raised their concerns with the manager and felt they had been listened to and was hopeful of a better outcome in the future. Another relative told us in response to a concern they had a staff member had told them not to go to the manager as they were not approachable. We discussed this with the manager and they made an arrangement to meet with the family member to discuss their concerns. The home had a complaints procedure and complaints raised were investigated and responded to by the manager in line with the policy. We found there was a lack of visual information relating to the complaints policy available for people and their relatives. The manager told us they would look into ensuring this information was visible and available.

Meetings were held three monthly for people and their relatives to raise concerns and receive information relating to the service. A meeting had been held in April 2015 and an action plan had been developed relating to the points raised. For example, the named key worker system was to be updated; this had been signed off as complete. Staffing concerns had also been raised at the meeting and the manager had acknowledged there had been difficulties with staff recruitment. However they were confident the recruitment drive and employment of new staff members would reduce the amount of agency staff used. There were enough staff available on the day of our visit and the manager had new arrangements in place to ensure staff absence was covered.

Surveys were undertaken to receive feedback on the service. For example, service user's views on the laundry and catering service, visitor's survey, social activities and privacy and dignity. Overall people living at the home were satisfied with the service they received. One person said they would like the food to be "More tasty". Another person said they would like their food to be hotter when it was served in their rooms. The issues identified had been incorporated into an action plan and we saw progress was being made against each item. For example, regular meetings were being held with the catering service and they were addressing the issues around the temperature, choice and lack of flavour of the food.



# Is the service well-led?

## Our findings

At our last inspection in October 2014 we identified the quality assurance system was not effective in identifying where there were breaches in regulations. During our inspection we found some improvements had been made. For example, the manager had an audit system in place and they had started to complete audits of the service and develop an action plan where shortfalls had been identified. Audits completed included infection control, the environment, medicines and surveys.

A manager was appointed for the day to day running of Summer Lane; however the manager was not registered for the service with the Care Quality Commission. The manager told us they were about to start the process of applying for the registered manager's position with CQC. There had not been a registered manager in post since December 2014. People and their relatives raised concerns over the amount of managers that had been in post at Summer Lane. One person told us "This is the fourth manager we have had." Relatives raised concerns saying each time a new manager comes they say they are going to make big improvements but do not stay long enough to see things through. Staff also raised concerns about the amount of managers the home had commenting "There have been so many new managers and each time a new one comes they change things." The manager told us they had been brought over from another service owned by the provider and they had plans to relocate to the area and remain in the role to see the proposed changes through.

One person told us the manager was approachable commenting "I can approach the manager and see him when I like." A relative told us they felt able to raise any concerns with the manager. Staff told us the manager was approachable. Comments included "The managers are really approachable and willing to listen" and "The manager is very approachable, they take our ideas on board and listen to us." Another staff member said "The manager is making improvements." The manager told us they promoted an open and transparent culture with an 'open door policy' and they were 'visible on the floor'. They recognised staff as the key to providing an effective service and said they always listened to the staff.

The manager told us they planned to arrange staff meetings regularly throughout the year to provide information and keep staff up to date, they had recently held a senior staff meeting to receive feedback on any issues or concerns from staff. A senior staff member told us this meeting had been useful to discuss issues and set out plans to move the service forward. A staff member told us staff meetings were held during the day with the nurse's to receive feedback, discuss concerns and improve practice. A provider staff survey has recently been completed and feedback was being presented to staff by directors in July 2015 to encourage two way feedback and further develop the vision of the service.

We spoke with the manager about the values and vision for the service. They told us their vision was to provide a service with "Happy residents and staff" they said they wanted people to feel valued and have a good quality life. They acknowledged the service had been through a difficult period and they planned to train and retain a consistent staff team. A staff member told us the visions of the service was to "Provide a safe environment and make the residents happy."

The manager had plans in place to refurbish the Waverly unit to update it and make it a more suitable environment to meet the needs of people who lived with dementia. During the inspection flooring had been replaced in bedrooms and communal areas. The manager showed us the plans they had to create themed areas in the corridors and lounges and they told us the plans would be completed by in August 2015.

The manager told us they felt supported by the organisation and they were in regular contact with senior managers. The manager was a registered nurse and trained mentor, they told us they kept up to date with best practice through on-going training. The manager told us the providers learning and development programme was supportive and kept them up to date with changes in legislation and practice. The manager attended the provider's manager's meetings where specific subjects are covered including health and safety. They planned on attending local provider meetings in the future to obtain information and keep themselves up to date with current guidance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not always protected from the risks associated with medicines because staff were not always looking after people's medicines in line with the home's medicine policy and guidance from the National Institute for Health and Care excellence. Regulation 12. (1) and (2) (b) and (g).