

Raycare Limited

Summerhill

Inspection report

The Dunterns
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was carried out over two days. We visited the service unannounced on 4 August 2015 and announced on 18 August 2015. Our expert by experience contacted relatives by telephone following our visits to the service.

The service met all of the regulations we inspected at our last inspection in April 2015.

Summerhill provides care for up to 29 older people, some of whom have a dementia related condition. Nursing care is not provided. There were 27 people living at the home on the days of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People, relatives and health and social care professionals spoke positively about the service. One relative said "I would thoroughly recommend it. It's a fantastic place and the staff are excellent."

Summary of findings

We checked the premises and saw that the home was clean and well maintained. We observed however, that the windows did not have restrictors fitted and a risk assessment had not been completed to assess this risk. This meant window safety did not comply with current guidance from the Health and Safety Executive on preventing falls from windows in care homes.

Most people and relatives informed us that there was enough staff to meet people's needs. One relative informed us that more staff were required to cover annual leave and sickness. The manager told us that two new staff had been recruited. We found that night time staffing levels had not been assessed to ensure that there were sufficient staff on duty to evacuate people safely in the event of an emergency. The manager told us that this would be addressed immediately.

Staff knew what action to take if abuse was suspected. There were no organisational safeguarding concerns. Safe recruitment procedures were followed.

We checked medicines management and saw that an effective system was in place for the receipt, storage, administration and disposal of medicines.

Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who lived there such as those who were living with dementia.

People received food and drink which met their nutritional needs. There was a happy atmosphere in the dining room and it was clear that people were enjoying their meals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care

homes. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people are looked after in a way that does not inappropriately restrict their

freedom. The registered manager was aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty and was liaising with the local authority to ascertain the impact this ruling had on people who lived at Summerhill. While we saw that some mental capacity assessments were in place, further work was needed to ensure that decision-specific assessments were carried out and best interests meetings held to ensure that all actions taken were in the best interests of people in line with legislation.

Staff were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected.

We saw that an activities programme was in place. People were supported to access the local community. A complaints process was in place. Most of the people and relatives told us that they had no concerns about the service. One relative informed us they had not received a response to their complaint. This was not connected to staff or the care and support provided. The manager told us that she had passed the complaint to the provider, who was currently on annual leave and would deal with it on their return. We spoke with the provider who confirmed that he had written to the relative about their concern.

The manager assessed and monitored the quality of care. Surveys were undertaken for people, relatives and health and social care professionals. Audits and checks were carried out to monitor a number of areas such as health and safety, medicines, care plans and meal times.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the premises. The action we have asked the provider to take can be found at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

Windows did not have restrictors fitted and a risk assessment had not been completed to assess this risk. This meant window safety did not comply with current guidance from the Health and Safety Executive on preventing falls from windows in care homes.

Most people and relatives informed us that there was enough staff to meet people's needs. We found that night time staffing levels had not been assessed to ensure that there were sufficient staff on duty to evacuate people safely in the event of an emergency

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Requires improvement



Is the service effective?

The service was effective.

We saw that people and relatives were involved in their care and were asked about their preferences and choices.

People received food and drink which met their nutritional needs. They received care from staff who were trained to meet their individual needs.

People could access appropriate health, social and medical support as soon as it was needed.

Good



Is the service caring?

The service was caring.

During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect.

People and relatives told us that they were involved in people's care. Surveys were carried out and meetings were held for relatives and friends.

Good



Is the service responsive?

The service was responsive.

Preadmission assessments were carried out before people came to live at the home to make sure that people's needs could be met.

An activities programme was in place. People were supported to access the local community.

A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The manager assessed and monitored the quality of care. Surveys were undertaken for people, relatives and health and social care professionals. Audits and checks were carried out to monitor a number of areas such as health and safety, medicines, care plans and meal times.

Good



Summerhill

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 team consisted of an inspector 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 service.

The inspection was carried out over two days. We visited the service unannounced on 4 August 2015 and announced on 18 August 2015.

We spoke with 10 people, two relatives and an aromatherapist, during our visits to the home. Following our inspection, the expert by experience contacted five relatives by telephone to find out their opinion of the

service. We conferred with a local authority contracts officer and safeguarding officer. We also consulted with a reviewing officer and social worker from the local NHS Trust.

We spoke with the registered manager, two deputy managers, three care workers, the cook, the driver and maintenance man. We also spoke with two night care workers to find out how care was delivered through the night.

We checked three people's care plans and looked at all people's medicines administration records. We looked at one staff recruitment file. We also checked various records relating to the management of the service such as minutes of meetings and audits.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) because of the late scheduling of the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

We spent time looking around the premises and noticed that the home was well maintained and clean.

We saw however, that the windows to which people had access, had not been fitted with window restrictors and a risk assessment was not in place to assess this risk. This meant window safety did not comply with current guidance from the Health and Safety Executive on preventing falls from windows in care homes. We spoke with the manager about this issue. She told us that she had not been aware of the most recent guidance, but would immediately carry out a risk assessment of the home and take action to meet the guidance.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and Equipment.

Most people, relatives and staff did not raise any concerns about staffing levels. One relative told us that more staff were required to cover annual leave and staff sickness. We spoke with the manager about this comment. She said that two new care workers had been recruited. She told us, and records confirmed, that staffing levels were maintained at four staff in the morning, three in the afternoon and evening and two overnight. In addition, the manager worked Monday to Friday and a driver was employed to take people out on trips in the mini bus three days a week. The manager said, and staff confirmed, that staffing levels would be increased if more staff were required for events and trips out.

We spent time observing staff practices on day shift and noticed that they carried out their duties in a calm, unhurried manner. Staff spent time with people on a one to one basis. They also had time to take people out into the local community.

We spoke with night staff who told us there were sufficient staff on duty overnight to meet people's needs. They explained they could contact the manager or deputy managers if there were any concerns or support was required. We found, that night time staffing levels had not been assessed to check that people could be evacuated safely with the number of staff on duty. We spoke with the manager about this issue. She told us that this omission would be addressed.

We checked three people's care plans and noted that risk assessments were in place. These covered a number of areas, such as mobility, nutrition and skin integrity. Following our inspection we contacted relatives by telephone to find out their opinions of the care provided. One relative told us that their family member had stumbled whilst getting onto the mini bus and injured their leg. We spoke with the manager about this incident. She told us that the incident had been recorded in the accident book and a risk assessment had been completed for people accessing the mini bus to help prevent this happening again.

People told us that they felt safe at the home. One person said, "They are always so lovely, I never feel worried." We spoke with two health and social care professionals who did not raise any concerns about people's safety in the home.

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. We spoke with the local authority's safeguarding adults officer who told us that there were no organisational safeguarding concerns about the home.

We checked the management of medicines and saw that safe procedures were in place for the receipt, storage, administration and disposal of medicines. We read the results of the most recent survey. All 23 people who had completed the survey stated that they were "happy" with the way their medicines were managed.

Staff told us that relevant checks were carried out before they started work. These included Disclosure and Barring Service checks. In addition, two written references were obtained. These checks were carried out to help make sure that prospective staff were suitable to work with vulnerable people.

We saw a Disaster Plan was in place in case of an emergency. This detailed the actions staff should take to maintain the safety of people who lived there, staff and others. The manager told us that another local care home had been identified should people need to be evacuated to a place of safety.

Is the service effective?

Our findings

People, relatives and health and social care professionals told us that staff met people's care needs effectively. One relative said, "Mother was in for respite but her diet and medical needs were fully met. She was safe, happy and we had no concerns at all, she enjoyed her stay and we would use them again." Another said, "My mother is well looked after, she's well fed and her physical needs are met."

Most people and relatives considered that staff were knowledgeable and knew what they were doing. One relative said, "The staff seem to know what they are doing." Other comments included, "The staff provide just the right amount of support, a balance between practical support and encouragement" and "They are always on top of the game for training." One relative told us, "I'm not sure if the staff have dementia training and sometimes they don't seem to engage with people if they are just sitting in the lounge." We spoke with the manager about this comment. She told us, and records confirmed, that staff had completed training in dementia care. We observed staff interacting with people throughout the day.

Staff informed us that training was available. The manager provided us with information which demonstrated that staff had completed training in safe working practices and training to meet the specific needs of those who lived at the home, such as those who lived with dementia.

Staff told us and records confirmed, that regular supervision sessions were undertaken. Supervision sessions are used amongst other methods to check staff progress and provide guidance. We saw evidence that annual appraisals had also taken place.

People told us that staff asked for their consent before carrying out any care or treatment. We observed that staff asked people for their consent before delivering any care. We talked with staff who demonstrated they were aware of the importance of involving people in decisions and listening to their views about what they wanted. We found that people's care records had a consent form and these had been signed by the person or their relative or representative if they were unable to sign.

People, relatives and visitors were positive about the meals. One relative said, "The meals are very nice. I have

sampled the food and it's all nicely home cooked." Other comments included, "The meals are very nice and the portions are ample" and "The food is excellent, when mother was ill earlier this year she had little appetite and they made every effort to get what she wanted."

The aromatherapist said, "I've never tasted the meals but the food smells lovely."

We spent time with people at lunch time and saw that staff provided discreet support to those who required assistance. There was a happy atmosphere in the dining and lounge areas where people were eating and it was clear that people were enjoying their meals.

The cook served cakes at teatime and also assisted staff to serve breakfast. She explained that she liked to do this because it gave people the opportunity to speak to her about the quality of their meal.

CQC monitors the operation of the DoLS which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. She was liaising with the local authority to ascertain the impact which this had on people who lived at Summerhill.

While we saw that some mental capacity assessments were in place, further work was needed to ensure that decision-specific assessments were carried out and best interests meetings held to ensure that all actions taken were in the best interests of people in line with legislation.

People told us that staff supported them with their health care needs. One person said, "I had this happen this morning [she had accidentally cut her arm]. They got the district nurse straight away. They also get the doctor – mind you, the less I see of him the better!" We read that people attended appointments with their GP, consultants, community psychiatric nurses, dentists, opticians and podiatrists. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

People, relatives and visitors were complimentary about the caring nature of staff. One person told us, "They help you as much as they can. It's wonderful to be so well looked after." Other comments included, "She is so lovely, such a happy person [member of staff]. She makes such a difference to the people in here," "It's very good and friendly. I never feel awkward when I visit," "They care, they really do care," "I felt comfortable knowing that the night that my mum died, they were sitting with her. They are a perfect substitute for what you would want to do yourself," "They genuinely do care, they really do" and "You can't fault the care, it's second to none" and "The care is outstanding."

We read the results of the most recent survey. All 23 people who had completed the survey stated that they found both staff and management caring and compassionate about their care needs.

Staff displayed warmth when interacting with people. Staff were very tactile in a well-controlled and non-threatening manner. We noticed positive interactions not only between care workers and people, but also other members of the staff team, such as the maintenance man, the mini bus driver and the kitchen staff who all took time to speak with people. We visited one person in her room with the maintenance man. The person was pleased to see him and reached over and kissed his wrists. The maintenance man smiled and said, "You see, I'm the luckiest guy in the world." The person told us how much she appreciated him and the other staff in the home. We visited another person and the individual immediately reached out for a hug from the maintenance man.

People appeared happy and looked well presented. We saw staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. Staff were able to divert an altercation in the lounge about whether the curtains should be closed or open. A compromise was reached that the curtains should be half open, so the sun did not shine into people's eyes.

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member said, "This is why I work here – for

the residents." Another said, "My aim is to make sure they are happy, comfortable and make sure that everyone is treated with respect, treating them how you would your own mum and dad."

We were sad to learn that one person whom we had met at our last inspection had died. She had enjoyed sitting in a particular chair in the reception area of the home and liked flowers. Staff had set up a little area with flowers and a sign saying "[Name of person's] garden" for people and staff to remember her.

Staff informed us that they treated people equally. One member of staff said, "There's no them and us." This was confirmed by relatives. One relative said, "They don't talk down to them, they involve them in what's going on, like the hen party." There was much laughter at lunch time because people told us that they had been measuring the bride to be, to make sure that she did not put on any weight for the wedding. One person said, "She's going for her final fitting so she has to be good." On our second visit to the home, we looked at photographs of the wedding. The member of staff had come to the home in her wedding dress and brought in a wedding cake for people so they could join in the celebrations. The manager told us, "That's what we're all about here; it's all about the connections. Everyone was talking about the wedding; it was if they were there."

At lunch time, we saw that there was an emphasis on promoting people's independence. There were individual tea pots which people could use and one person had her own gravy boat, so she could choose how much gravy she wanted on her meal. We observed that people helped others that they were sitting beside. We saw two people encouraging one person to eat and asking him if he wanted another drink. Although staff were available to assist where necessary, it was clear that people appreciated appropriate help from their friends who lived at the home.

We found staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We found that people's privacy was promoted by staff. We saw they knocked on people's bedroom doors before they entered. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

Is the service caring?

People and relatives told us that they were involved in their care and asked for their views. We read the results of the most recent survey. All 23 people who had completed the survey stated that they were included in discussions about their care.

We noted that care plans were signed by either the person or their relative. This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care.

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. One person told us, “They can’t do enough for me – mind you, they haven’t come up with a new pair of legs for me!” A relative said, “It’s a fantastic place, mother can opt in or opt out of things but she is very happy. Mother has improved so much since she came to Summerhill. Her medical and nutritional needs are met and she leads a very full and wholesome life. I wouldn’t fault it and neither would my mother.”

Health and social care professionals told us they thought the home was responsive. We read one questionnaire which had been completed by a GP. This stated, “I always find staff at Summerhill very helpful. They know their residents well and are always willing to support or help residents around decision making and planning health needs. Requests for visits always seem appropriate.”

We looked at three people’s records and noted that pre-admission assessments had taken place to make sure the service could meet people’s needs before they moved to the home. We saw that people had care plans in place which aimed to meet their physical, social and emotional needs. However, we found that care plans did not always clearly document people’s needs since each care plan consisted of a number of questions and answers which made it difficult to find relevant and important information. The manager told us that she would look into this issue.

Most people, relatives and visitors spoke positively about the activities. One relative said, “They go that extra mile with activities” and “They had a hen party for one of the staff – how sweet.” Another relative told us that more activities would be appreciated.

We spoke with one visitor who told us that her family member had lived at the home, but had sadly died. She said that she wanted to give her time to the home because of the “lovely care” staff had provided. She told us, “I do flower arranging, poetry, bingo - when my mum passed away, I wanted to give my time [to them].” On the afternoon of the inspection poetry reading had been planned. One person enjoyed reading Rudyard Kipling’s ‘The Jabberwocky’. A short story about the Tiller girls was also read by the volunteer.

One person told us about the arts therapy group which had been set up. She said, “It’s wonderful, my painting has been

sent away to get externally marked. I had to draw a panda – I’m doing a tea pot at the minute, I think it’s so we can practice our composition. It’s a brilliant class, I love it.” She also told us, “At the end of the month [name of arts therapist] is bringing in her husband who is in the air force, he is coming in with his uniform so we can paint him, isn’t that exciting.”

A mini bus was available for supporting people to access the local community. Trips were organised three times a week to various places of interest, such as local seaside villages and countryside locations. We spoke with the mini bus driver who said, “We go all over – to Seahouses, up in the hills in Rothbury. We teck [take] our tea with us. I make the tea in the bus and we have biccies and cups of tea and coffee on the bus.” He could not speak to us for long as people were waiting to go out. We heard one person say, “Come on [name of mini bus driver].” “I’m ready” was the reply and off people went to the local music festival. We spoke with an aromatherapist who was visiting the home to give people massages and Reiki [a type of alternative therapy]. She told us that she enjoyed coming into the home and staff were very helpful. The manager told us, “I try and make sure that the residents do whatever they want to do.”

On the second day of our visit staff had organised an entertainer to visit the home. The entertainer was an ex Emmerdale star [soap actor]. The manager explained that the focus of the entertainment was the 1980’s show Hi-de-Hi which was based on a fictional holiday camp in the 1960s. She said, “It was all about the memories, it really made them think about their memories.”

People told us about the recent ‘hen party’ they had been involved in. The ‘hen’ was a member of staff who was getting married the week after our inspection. We were shown photographs of the party and saw people and staff in fancy dress enjoying themselves. There was also a video of the manager singing. One person said, “She’s got a lovely voice – she’s very good.”

There was a complaints procedure in place which informed people how their complaint would be dealt with and the timescales involved. The manager told us, “We deal with any little mole hills here, before anything erupts, that’s why I have an open door policy. It’s open and friendly and family orientated and that’s what makes it work.” Most people and relatives informed us that they had no complaints about the service. One relative said, “The manager has told me to

Is the service responsive?

talk to her if I have a concern, sooner rather than later.”

Another relative said they had made a complaint and had not yet received a response to their concern. The complaint was not connected to staff or the care provided. We spoke with the manager about this issue. She told us that she had

passed the complaint to the provider who had been on annual leave. She said that it would be addressed immediately following the provider’s return from leave. We spoke with the provider who told us that he had written a letter in response to the relative’s concerns.

Is the service well-led?

Our findings

The home was established in 1988 and was originally registered for 14 people. In 2000 an extension was built and the home is now registered to provide accommodation for up to 29 people.

The manager had worked at the home for 11 years. She had previously been the deputy manager and became the manager in 2006. She told us and people, relatives and staff confirmed that her extensive tenure as manager helped to stabilise the home. She had completed her Level 4 Registered Manager's Award. There were also two deputy managers who had worked at the home for over 10 years.

Everyone was complimentary about the manager. One relative said, "[Name of manager] is second to none." Other comments included, "She steers the ship well;" "She is wonderful;" "Nothing is a problem, you can approach her or any member of staff whenever." We read the results of the most recent survey. All 23 people who had completed the survey stated that they found the manager approachable and helpful.

We spoke with the provider [owner] of Summerhill. He spoke enthusiastically about the home and the staff. He said, "I love the home... It's not an institution, it's a homely home where the residents have the best quality of life. We've had a new lift installed so the residents were as independent as possible." He spoke positively about the manager and staff. He said, "[Name of manager] has a wonderful personality. I also have two wonderful deputies and the staff are so refined." We discussed the issue regarding the window restrictors and risk assessments. He said, "I'm so glad that you come in and inspect the homes... We don't know everything and we will put right anything that you say, we want things to be right and will work with you. I want the highest standards; in fact I want to have the best home in England."

The manager told us that she spoke with the provider each week about what was happening at the home and he visited every three months. We noted that records of these visits or telephone calls were not documented. We discussed this with the manager who told us that she would now document these calls and visits. This was confirmed by the provider.

Staff told us that morale was good and they enjoyed working at the home. One staff member said, "I love working here and seeing the difference we can make." This was confirmed by people and relatives who said, "Staff seem happy enough" and "They are all so cheerful." The manager also spoke positively about the staff. She told us, "I love this crew of mine."

We read the home's mission statement. This stated, "To provide the highest quality care in the most exclusive surroundings, without losing the intimacy of a small friendly family orientated run home. Summerhill care home is a home that makes you feel at home where residents are not the object, but the subject of our home." This was confirmed by all people and relatives who we talked with. Comments included, "It's as near home as they can make it" and "They go out of their way to make it a home for the residents."

We saw that various audits or checks were carried out to make sure that the service was meeting recognised standards. These included infection control, meal times, health and safety, medicines and care plans. Action was taken when any concerns or issues were raised. We read the medicines audit and noted that new photographs of people had been taken for their medicines administration records.

The manager explained that she had recently taken short periods of time off work due to personal reasons. She explained that there had been a lapse in some of the audits and checks that she normally carried out. We noted that these had now resumed. One relative told us, "The standard of care slightly reduced when the manager was off earlier this year, but overall it's very good." We considered that arrangements should be in place to ensure that monitoring systems to review the quality and safety of the service continued to be carried out when the manager was on leave or temporarily absent from the home. We spoke with the manager about this issue. She told us that systems were now in place to ensure that the deputy managers oversaw all quality monitoring checks when she was on leave from the home.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Windows did not have restrictors fitted and a risk assessment had not been completed to assess this risk. This meant window safety did not comply with current guidance from the Health and Safety Executive on preventing falls from windows in care homes.</p>