

Crosscrown Limited

# Summerhill Residential Home

## Inspection report

46 Glenwood Road  
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Date of inspection visit:  
28 June 2016  
29 June 2016

Date of publication:  
03 August 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 28 June and was unannounced. The inspection continued on 29 June 2016 and this was announced.

Summer Hill Residential Home provided personal care with accommodation to 15 elderly people. The service was a two story house with eight bedrooms on the ground floor and seven on the first floor all of which were en suite. There was a large communal living area and separate dining room which both led off the hallway. People accessed the first floor using a lift or the stair way. There was a large enclosed level access garden and patio area which was from French doors in the living area.

The service had a registered manager in place. 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, relatives, a health professional and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and accurate.

Medicines were managed safely, were securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training in response to people's changing needs for example one person was displaying behaviour which challenged the service and staff were being trained to support them safely.

Staff told us they received regular supervisions which were carried out by the manager. We reviewed records which confirmed this. Staff told us that they found these useful.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Capacity assessments were completed and best interest decisions recorded as and when appropriate. Summerhill had a set of Aims and Values which put people in the centre of the care they received. These reflected giving people who use the service control over their daily life, safety and dignity. Staff and management demonstrated these using person centred approaches by acknowledging them, promoting choice and talking them through the support they were providing in an empowering way.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food was regularly discussed in resident meetings and people's likes and dislikes recorded in their care plans. The chef told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, District nurse, mental health team and a chiroprapist.

People told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to give feedback about the care and support provided in the home. We reviewed the people satisfaction survey report for 2016 which contained mainly positive feedback. This report reflected results from feedback questionnaires sent to people. The results had been analysed and actions were set for the registered and service manager to follow up. We saw that the actions identified from this were being addressed.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

People and staff felt that the service was well led. The registered and service manager both encouraged an open working environment. A staff member told us, "The service manager keeps the team motivated, we look forward to working here".

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring audits were completed by the service manager and monthly management reports were sent to the registered manager. The registered manager analysed the detail and identified trends, actions and learning which was then shared as appropriate. This showed that there were good monitoring systems in place to ensure the service improved. Safe quality care and support was provided to people.

## 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 sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency contingency plans were in place, up to date and understood by staff.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

### Is the service effective?

Good ●

The service was effective. Capacity assessments were completed and best interest decisions were recorded by the service. This meant any decisions made on people's behalf were in the person's best interest and the least restrictive.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to access health care services and other professionals.

People were supported to eat and drink. Fluid and food intake was recorded when necessary and menu's were discussed in resident meetings.

### Is the service caring?

Good ●

The service was caring. People were supported by staff who spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities as part in activities within the home.

A complaints procedure was in place. People told us they felt able to raise concerns with staff and the manager.

Resident meetings took place which provided opportunity for people to feedback and be involved in changes.

### Is the service well-led?

Good ●

The service was well led. The registered and service manager promoted and encouraged an open working environment.

The service manager was flexible and worked regular care shifts to ensure quality care was being provided and any shortfalls were actioned promptly.

Regular quality audits and staff competency checks were carried out to make sure the service was safe and that staff had the skills they needed to do their job.

# Summerhill Residential 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 28 June and was unannounced. The inspection continued on 29 June 2016 and this was announced. The inspection was carried out by a single inspector on day one and two inspectors on day two.

This was the first inspection that the service had had since registering with CQC. Before the inspection we looked at notifications we had received about the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who use the service, one friend of a person and two relatives. We received feedback from a District Nurse who visits people at Summerhill regularly and had a good understanding of the home.

We spoke with the registered manager and service manager. We met with two care workers and the agency chef. We reviewed four people's care files, policies, risk assessments, health and safety records, quality audits and the 2015 quality survey results. We observed staff interactions with people, a meal time and a staff handover. We looked at three staff files, the recruitment process, resident meeting notes, complaints, training, supervision and appraisal records.

# Is the service safe?

## Our findings

People commented to us they felt safe living in the service. One person said, "I'm happy here, I feel safe". Another person told us, "Yes I'm safe here, I'm relaxed, staff are ok. I'm treated well" they went onto tell us, "I feel free to move around. I like to sit in the hall way and watch people".

Relatives and friends were very positive about the service. One relative told us, "I feel Summerhill is a safe home. Mum is happy when I leave. I know she's ok". Another relative mentioned, "My family member is free to move around the home". Another relative mentioned that they never worry about their family member being at the home and believe they are safe. A family friend said, "It is safe here, staff are very attentive".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with management. A staff member said, "Summerhill is a small home. There is a family feel and it's homely. Our safeguarding systems keep people safe and there are always staff around". Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team and Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. The service had a comprehensive safeguarding policy in place which detailed definitions, preventative measures, the investigation process, key contacts and record keeping.

Risks to people were managed and appropriate assessments completed. We reviewed four care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. One person had guidance from a speech and language therapist about eating and drinking safely in place. Staff and the chef were aware of this which meant that the person was at a reduced risk of choking. Another person was assessed as being at high risk of skin damage. The risk was reduced by using an air-mattress. Checks on the air mattress were carried out daily to ensure it was in working order and set according to person's weight; we checked this and noted that it was. Risks to this person were further reduced through regular changes of position every three hours this was achieved as part of their daily routine.

A staff member told us, "Risks are minimised by access areas being kept clear and cleaning up spills immediately. One staff member is always present during meal time. The manager writes risk assessments. Staff are required to read and sign the change sheet". We reviewed this and found that risk assessments were completed by the service manager. They were reviewed monthly, signed and up to date. Any changes were made and reflected on a care plan review sheets which were shared with staff via the handover folder. Staff were required to read and sign a record sheet.

People had Personal Emergency Evacuation Plans in place. These plans detailed how people should be supported in the event of a fire. We reviewed the fire safety record which recorded regular fire alarm and equipment tests. Health and Safety checks took place regularly and were recorded these included environmental checks and wheelchairs and hoists. The service had emergency contact details for services such as the gas and electricity providers.

The registered and service manager told us that they do not use a specific staff dependency tool to assess staffing levels. They said that the management team work care shifts to assess the levels. The service manager told us how many staff were required throughout the day. We reviewed four weeks of the rota which reflected the numbers given to us by the manager. People, staff and relatives told us that there were enough staff. One person told us, "There is enough staff; we don't have to wait ages". Another person said, "I get support when I need it. There is enough staff to support me". A staff member told us, "There are enough staff to meet people's needs and the manager works care shifts too". A relative said, "There is enough staff to meet my family member's needs". A district nurse (DN) told us, "There are always carers around and it appears to be well staffed when I'm here".

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the home. Checks included references, criminal records checks with the Disclosure and Barring Service (DBS), identification and employment history. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

People's medicines were managed safely. Medicines were stored securely and keys to medicine storage were held by authorised staff. People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. When medicines had not been administered there was a recorded reason for this on the medicine administration record. The manager told us that medicines were audited which included checks on stock and recording of administration. We saw staff wore 'do not disturb' bids when administering people's medicines and kept medicine storage locked when not in use.



## Is the service effective?

### Our findings

Summerhill Residential Home was effective. Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. A plan for staff training was in place. There was a variety of training such as fire, health and safety, food hygiene, infection control, MCA, moving and handling, safeguarding. This was delivered using a mix of training methods including face to face sessions and workbooks. The manager said that training was planned around people's needs, for example, a person recently had a change in their behaviour so staff completed training in managing aggression and coping with challenging behaviour. The manager said that there are no restrictions on funding for training and has been able to get what she needs. A staff member told us, "We are well trained. We use both on line and in house training. The moving and handling trainer is coming next week. We can request additional training. Staff are working through or have completed their Diplomas in Health and Social Care". We reviewed the training matrix which confirmed this. A visitor told us, "I have trained staff in care homes before and see this as a very good home".

Staff told us they felt supported. We saw that all supervisions were completed by the manager. The manager told us they aim to do these every eight weeks and complete annual appraisals. All supervisions were on a 1:1 basis we noted that there was also an 'open door' policy if issues were to arise in-between 1:1's. A staff member told us, "I receive regular supervisions. They are very useful. They help me identify weaknesses and look at developing".

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 were aware of the MCA and told us they had received MCA training and were able to use it in their work. The training record we reviewed confirmed this. A person told us, "I'm supported to make decisions. I am asked if I'd like things or not" A staff member told us, "MCA is in place to make sure people can understand and retain information to make decisions".

We reviewed people's care files and saw that consent to care was recorded. We observed that people's capacity was regularly assessed using an effective system. Staff provided guidance to ensure the person had all the appropriate information to make their own decision. Best interest decisions were recorded and involved staff, family and professionals.

One person who was at a high risk of falling was assessed as not having capacity to consent to sensor mats being used in their room to keep him safe. We reviewed the recorded capacity assessment and best interest decision. This demonstrated that people were assessed appropriately on an individual basis and that the five principles of the MCA were understood and followed.

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 registered and service manager told us that five Deprivation of Liberty Safeguards (DOLs) applications had been sent to the local authority.

People were supported to maintain a healthy diet and food charts were maintained where appropriate. A person told us, "I like the food here. I get tea when I want it". Another person said, "It is good food, I'm happy with it. It's ordinary food which is nice". A relative commented that, the food always appeared very good and that their family member had fed back that it is good. They told us that the person had a choice of food and said they had been here when they had chosen alternatives. We reviewed menus and saw that there were two lunch and tea options. We noted that in a recent resident meeting food had been discussed and no concerns raised. The service manager said that the menu changes seasonally and people are involved in choosing meals and planning. We were told food is always on the people's meeting agenda.

We observed the chef talking to people about food on a few occasions. The chef was able to tell us which people were on soft diets and who had safe swallowing plans in place. They said that they "really like" the home and that they were "inducted really well". The chef said that meals were mainly home cooked from fresh ingredients.

We observed people eating their dinner in the dining room independently and saw staff offering people a choice of drinks and support where required. There was a calm and relaxed atmosphere which added to the homely feel. On several occasions throughout the inspection we observed staff and the Registered Manager offering and making people drinks.

People's food and fluid intake was recorded when necessary on their individual report sheets which staff completed at the end of each shift and were regularly reviewed. We found these to be up to date.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit, the outcome and any actions which needed to be taken by the care staff. Recent visits included; District Nurse, GP, Chiropodist and hospital appointments. A District Nurse told us, "I visit the home regularly. There is one person who is diabetic and requires morning blood sugar tests before my visit. I worked with the home to train staff to take these. This means the test results are now ready for my review before I arrive".

## Is the service caring?

### Our findings

We observed staff being respectful in their interactions with people. During both days of the inspection the atmosphere in Summerhill Residential Home was relaxed and homely. We noted a number of relatives and friends visiting people in the home. A relative told us, "Since our family member moved here they have seemed relaxed. We like the small homely feel here. We are always made to feel welcome and are able to visit our relative anytime".

People, staff, relatives and health professionals all said that the service was caring. One person told us, "I'm comfortable here, staff are caring and friendly". Another person said, "It's very good here, there are nice staff who are caring. I get on well with other people who live here especially (person's name)".

A staff member told us, "I like to think I am caring. I treat people as I would like me or my family treated". A district nurse said, "Yes the staff are caring. They seem to want to be here and have good rapports with people. People appear to trust them". A relative said, "This is a caring environment. Relaxed but professional. I have real confidence in the staff".

We observed staff and management acknowledging people as they entered the communal areas on several occasions. We noted that staff got down to people's level when in conversation with them. People were comfortable in staff's company and often engaged in conversation.

The care files we reviewed held pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information supported new and experienced staff to understand important information about the people they were supporting and helped them build relationships.

Staff promoted choice and decision making. They supported people to make these in relation to their care and support. For example, we observed people being asked for choices of food, drink, activities and places to sit on several occasions. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I provide people with enough information to make a choice or decision. For example if it is cold outside I would let the person know or for food I may show them options".

People's privacy and dignity was respected by staff. People's individual records were kept securely in locked cabinets to ensure sensitive information was kept confidential. Staff we observed were polite, treated people in a dignified manner throughout the course of our visit and knocked on doors before entering people's rooms or communal bathrooms. We asked staff how they respected people's privacy and dignity. One staff member told us, "I close doors, cover private areas and talk to people at their level. I do not discuss people's personal care in communal or public areas".

## Is the service responsive?

### Our findings

Summerhill Residential Home was responsive to people's changing needs. A relative told us, "My family member had a fall recently. They called for an ambulance and supported her to hospital. The home has supported them well throughout the recovery. My relative is now fine". A family friend said, "The service is responsive to my friend's needs. For example, this morning my friend did not have their hearing aids in. Staff quickly supported them so they could hear me".

During a discussion with a staff member a person started to cough quite loudly. The staff member stopped the discussion to go and check on them, after some reassurance and interaction the person was fine. We observed staff promptly responding to people's call bells on several occasions. These approaches demonstrated that staff were responsive to the people they supported.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. For example, we were told that one person can wash independently but asks for assistance from staff to wash their back and soak their feet. We reviewed the person's care file and saw that this information was clearly recorded in their plan.

Care files had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that there were actions under each key area of care which detailed how staff should support people. As people's health and care needs changed ways of supporting them were reviewed. All changes were recorded in the care files and on a care review sheet which was shared with staff in a handover folder which they were expected to read and sign. We observed a staff handover which took place in the dining room to ensure confidentiality. The shift leader led the handover and updated the afternoon staff on the main events which had occurred that morning. They then discussed each person individually and covered key areas for example; activities, personal care and health concerns. Logs were also checked and completed.

We identified that one person had recently been displaying behaviours which were challenging the service. We saw that the service had been working with their GP regarding medication and the local mental health team. We noted that there were clear guidelines and control measure in place for staff to follow. We were told that staff had recently started to record behaviours. We reviewed the behaviour chart which captured events leading up to the event, action taken during and any follow up or action required post incident. These charts enabled the service to monitor behaviour, identify any trends and share information with health professionals to help the person.

A staff member told us, "I listen to people and record information. People have opportunities to feedback on a daily basis through chats with staff". We observed on several occasions people asking for different drinks and noted that staff responded in a timely fashion to these requests. A relative said, "My daughter got married recently. We really wanted our family member there. The service manager arranged staff support for our relative for the whole day which enabled them to be part of the celebration. I was very pleased and thankful for this".

We reviewed the last resident meeting notes. This evidenced feedback from people and actions the service had taken in response, for example; people had fed back that they wanted more quizzes and in response to this the service manager had contacted another care home across the road and asked people there if they wanted a quiz competition. The service manager told us that a trophy had been made for the winning home and that this will continue into the future. People we spoke to were excited about this. We also read in the notes that people had fed back that they were happy with activities, food and the new bathroom on the ground floor. These meetings showed us that people were given the opportunity to feedback to the service and that actions were taken in response to the feedback received.

There was a notice board in the hallway. This displayed photos of previous activities and listed upcoming events such as, movie time, bingo, singing and flower arranging to name a few. We noted that the board also detailed when the next hairdresser and chiropodist visits were. We observed people being given the choice to take part in a bingo game where the winner would receive a box of chocolates or sweets. People who chose to participate appeared engaged and happy to be involved.

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. The procedure was displayed in the entrance; we noted that it detailed escalation to the ombudsman and that there were no details of internal escalation past the manager. The service manager and registered manager said they would address this immediately and this was caused by a printing error. People and staff we spoke to all said that they would feel able to raise any concerns they may have. A relative said, "If we had a concern or complaint I'd go to the manager. I have never had to raise any complaints before". A person told us, "There's nothing to grumble about. I have no concerns here".

## Is the service well-led?

### Our findings

On the first day of our inspection the operations director and nominated individual were visiting Summerhill. We observed them talking to people and staff. People seemed relaxed talking to them and told us that they were always approachable. We observed on several occasions throughout our visit the registered and service manager engaged in conversation with people. The service manager was also observed delivering personal care. This demonstrated a very positive culture between people, management and staff. The service manager told us that they often work care shifts as part of quality monitoring and to reduce the need to use agency staff during sickness and vacancies.

The service had a set of aims and values which put people in the centre of the care they received. These reflected giving people who use the service control over their daily life, safety and dignity. Staff and management demonstrated these using person centred approaches by acknowledging them, promoting choice and talking them through the support they were providing in an empowering way.

People, relatives, health professionals and staff commented on how well the service demonstrated good management and leadership. We asked one person if the management was good in their home? They told us, "The manager must be good because the place is so good". A relative said, "The manager leads by example and makes time to spend and talk to people". A staff member told us, "The manager does an amazing job. They manage us well, are always approachable and contactable. I can't praise them enough".

Staff told that the manager completes audits on care plans, charts, medication and is always making sure quality care is delivered. We reviewed the monthly management report which is completed by the service manager and sent to the registered manager. We saw that this covered the areas fed back from staff and also included others such as incidents, falls, safeguarding referrals, deaths and new starters. Findings were reviewed by the management team and actions set in response to these. We reviewed the monthly management reports file and saw that these were completed regularly and were up to date. We noted that there were no actions in progress or required.

In addition to the management report the service manager also completed monthly environmental audits of the home which cover bedrooms, communal areas and bathrooms. We saw that in June's action plan it was identified that a call bell in one room was not working and that another had been misplaced. We noted that these actions had now been signed off as completed. These systems demonstrated good management and effective ways to monitor quality service provision.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We reviewed the services quality assurance survey results. This was carried out March 2016. There were a variety of aspects looked at including food, staff, environment, management. People, visitors and relatives were sent these surveys. An action plan had been created for aspects which were not rated positively, eg hair

salon- plan to decorate and add flooring by September 2016.