Care Quality Commission

Bupa Care Homes (CFChomes) Limited

Summerhill Nursing and Residential Home

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 27January 2015. We last inspected Summerhill Nursing and Residential Home in September 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Summerhill Nursing and Residential Home (Summerhill) provides nursing and residential care for up to 71 older people. The home is divided into 4 suites: Buttermere for general nursing care, Windermere for nursing care of people living with dementia, Grasmere for high dependency personal care with mental health needs and Thirlmere for people with personal care needs only. The home is on two floors that can be reached either by a passenger lift or by stairs. All the four have single bedrooms with en suite facilities.

There are secure garden areas to the side and rear of the home that are wheelchair accessible and private and have outdoor seating for the people living there. There is parking available at the front and side of the home for staff and visitors. The home was being well maintained and we found that all areas were clean and free from unpleasant odours.

Summary of findings

The service had a registered manager in post. 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.

At the time of the inspection there were 70 people living in the home. Those we spoke with told us that they felt safe living there and there were enough staff available when they needed them. Friends and relatives of people living at Summerhill we spoke with told us that were satisfied with the care provided and had no concerns about their relatives wellbeing. The registered provider had a procedure to receive and respond to complaints. People living there and visiting relatives told us they knew there was a procedure to make a complaint and could speak to the manager about anything that concerned them.

People were able to follow their own interests, see their friends and families as they wanted and go out into the community with support. All the visitors we spoke with told us that staff made them welcome when they came to visit or when they wanted to speak with them. The atmosphere in the home was informal, open and people were regularly asked for their views of the home and their comments were acted on to make changes they wanted.

The staff on duty we spoke to knew about the people they were supporting and the choices they had made about their care and daily lives and respected their wishes. People had a choice of meals and drinks, which they told us were good and that they enjoyed. We saw that people who needed support to eat and drink received this in a supportive and discreet manner.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's physical and emotional needs.

We saw that people were supported to maintain their independence and control over their lives as much as possible. Risk assessments were in place to allow people to keep their independence in ways that mattered to them such as accessing outdoor spaces.

Effective systems were in place for the recruitment of staff and for their induction and ongoing training and development. The care and nursing staff employed were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

There were quality monitoring systems in place to assess and review the quality of the services provided. We saw from the audits that had been done that the registered manager was identifying areas of service provision that needed to be improved to meet their internal quality standards.

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?

Good

The service was safe.

Staff understood their responsibility to safeguard people and what action to take if they were concerned about a person's safety or wellbeing.

Staff had been recruited safely with appropriate pre employment checks. There were sufficient staff to provide the support people needed, at the time they required it.

Medicines were handled safely and people received their medicines appropriately. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

Is the service effective?

Good

The service was effective.

Staff working in the home received training and supervision to make sure they were competent to provide the support people needed. The management and staff worked well with other agencies and services and people received the support they needed to maintain their health.

People had a choice of meals, drinks and snacks. People who needed additional support to eat and drink received this help in a patient and kind way.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Is the service caring?

Good

This service was caring.

People told us that they were being well cared for and we saw that the staff were respectful, friendly and treated people in a kind and compassionate way.

People had their independence promoted and their privacy and dignity was protected and staff interacted with people in a positive way. The staff took time to speak with people and gave them the time to express themselves.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes, dislikes and preferred activities.

Is the service responsive?

Good

The service was responsive.

People made choices about their daily lives in the home and were provided with a range of organised activities if they wanted to take part.

Support was provided to follow their own interests and faiths and to maintain relationships with friends and relatives and local community contact.

Summary of findings

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good

The home was being well- led.

Quality monitoring systems were in place to monitor the services provided and action was taken when it was identified that improvements were required. Staff told us they felt supported and listened to by the registered manager.

Staff were able to raise any concerns or make suggestions about the service provided. People who lived in the home and their visitors were given regular opportunities to give their views of the service and their comments had been acted on.

Summerhill Nursing and 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 27 January 2015 and was unannounced. The inspection was carried out by the adult social care lead inspector, a pharmacist specialist advisor 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.

The pharmacist special advisor carried out a detailed assessment of medicine management, storage, administration and disposal. As part of the inspection we also looked at records and care plans relating to the use of medicines.

During our inspection we spoke with 12 people who lived in the home, five relatives, three nurses, five care staff, five ancillary staff, including, laundry, domestic and activities staff. We spoke with the registered manager, the suite managers and also a visiting Nurse Practitioner. We observed the care and support staff provided to people in the communal areas of the home. We spoke with people in communal areas and in private in their bedrooms. We looked at the care plans and records for nine people and tracked their care. We looked at records that related to how the home was being managed.

Before our inspection we reviewed the information we held about the service. We also contacted the local authority and social workers who came into contact with the home to get their views of the home. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

Good

Is the service safe?

Our findings

All of the people we spoke with who lived in the home told us that they felt "safe" and "comfortable" and also "secure" living at the home and with the staff who supported and cared for them. Relatives we spoke with also told us that they felt their loved ones were safe living there. People who lived there told us that staff came when they used the call bell and that "There is always someone about if you want someone".

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. Staff told us they had received training in safeguarding adults. The nursing and care staff we spoke with could tell us of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One care worker told us they felt "Encouraged to report anything that had gone wrong in the home". We were told by staff "It's easy for us to whistle blow, we have a policy called Speak Up". Staff told us that this had been used to good effect to report any poor practice and so keep people safe.

When there had been any safeguarding incidents or accidents at the home the registered manager had referred incidents to the appropriate agencies. Staff also told us that restraint was "never" used on people living there. Risks had been assessed for using equipment such as bed rails and wheelchairs. We saw in care plans that occupational therapists had been involved in assessing people for the use of 'lap belts 'and advising on safe working practices. This was to prevent people with certain medical conditions falling forward when using their wheelchairs.

The risk assessments we saw had been regularly reviewed so that people received appropriate support to stay safe. We looked at the risk assessments in place for people that identified actual and potential risks and the control measures put in place to try to minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within.

We saw that risk assessments were in place to allow people to keep their independence in ways that mattered to them such as making their own drinks in the suite kitchen. There were secure gardens that were well maintained and accessible. A relative told us their relative, "Walks in the garden every day" and they were pleased that they could do this safely as they had been "Used to being outdoors". They told us it was very important to their relative to be able to go outdoors in the garden as they wished during the day. The home's call bell system could be taken outside so people could summon assistance whilst out in the gardens.

The registered provider for the service had good systems in place to ensure staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of two staff that had been recruited before our inspection. We saw that all the checks and information required by law had been obtained before the staff were offered employment in the home. Checks were made to ensure that nurses working in the home were registered with their professional body and fit to practice.

The staff we spoke with said there were enough staff to provide people with the support they needed and to keep people safe. A relative told us that "There are always sufficient staff on duty when I come to visit and they understand his care needs". We were aware that the registered manager had been using agency nursing staff to try to maintain appropriate staffing on the suites at all times. This was because of nursing staff leaving, sickness and covering annual leave. The management team had put staffing contingency plans into operation to help maintain the staff levels in the short term. In the longer term recruitment was underway with open days and nursing terms and conditions had been improved to help attract suitable staff.

We saw that more senior care staff had been recruited for day duty, night duty and an evening 'twilight' shift had started. This was for staff to work from five o'clock until midnight to provide additional support for staff and people living there and help people get ready for bed when they wished. The use of hostesses on the suites to provide assistance with serving and clearing meals, doing menus and making drinks and snacks also freed the care and nursing staff to spend their time with the people living there. Staff told us that these initiatives allowed them more time to spend with people living there.

We looked around the home and saw that all areas were clean and fresh. The home was fully staffed with housekeeping and laundry staff to maintain a clean and

Good

Is the service safe?

hygienic environment. The maintenance and gardening staff kept the garden and premises in good order and there was a full complement of kitchen staff to make sure people had a variety of food they enjoyed.

As part of the inspection we looked at medicines records, supplies and care plans relating to the use of medicines. On all four suites there were clear protocols for giving 'as required' medicines in place that said if an 'as required' medicine might be required and also if the person could communicate the need. Variable doses for these medicines were clearly recorded on the medicines administration record (MAR) along with specific time of day given. This allowed staff to check that there had been a four hour gap between pain relief.

We observed staff handling medicines and spoke with nursing staff about medicines procedures and practices. We saw nursing staff giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support they needed to take their medicines.

Covert or hidden medication protocols were in place and there were medicines being administered covertly on Grasmere suite. Covert administration relates to the administration of medicines a person needs in their food or drink to people unable to give their consent to or refuse treatment. There was a clear covert multidisciplinary procedure and forms in place. These stated why a person needed this and the advice obtained from the GP and pharmacist to do so safely was documented in relation to giving the medicine. Staff described best interest meetings and how they worked with the pharmacist to review medicines and try alternative formulations for residents struggling to take their medicines.

We looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. We looked at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Medicines storage was neat and tidy which made it easy to find people's medicines. Clinical room and refrigerator temperatures were monitored the records showed that medicines were stored within the recommended temperature ranges. This helped to make sure that the medicines were in good condition for use.

Good

Is the service effective?

Our findings

People we spoke with who lived in the home told us that they made decisions about their daily lives in the home and said the staff supporting them respected the choices they made. People told us the nursing and care staff who supported them knew " What they needed" and provided this at the time they required it.

We spoke with people visiting the home who had relatives living there about how their loved one's needs were met living there. We received positive comments on this, including, "The staff know what they are doing with him and keep his diabetes in check. He is well fed and has sufficient to drink". Another relative told us, "They (staff) work as a team and are very well trained". Another relative told us that "Communication between the staff is very good" and that they were always kept up to date with any changes regarding their relative's care.

We spoke with health care professionals who supported people who lived in the home and who were involved in the 'Kendal Care Home Project'. This project was set up by local GP surgeries to support the key objective of NHS Cumbria Clinical Commissioning Group (CCG) to improve

the care and experience of people living in care homes. They told us that the service had "Really engaged with the project" and that the registered manager and staff had worked "proactively". Information gathered before the inspection indicated that as a result of the joint working hospital admissions from the home had reduced significantly in the previous 12 months. This indicated that the staff were planning ahead to assess and identify any potential health issues and enable swift access to the right health care professionals or support agencies. The project team had also supported the homes with analysis of incidents to help prevent reoccurrences.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as mental health teams and social service. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

All of the care plans we looked at contained a nutritional assessment and a regular check on people's weight for changes. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT). Where the home had concerns about a person's nutrition they had involved appropriate professionals to help make sure people received the correct diet. A relative told us, "They (staff) manage the dietary intolerance well".

We observed how people in the dining areas of the home were supported as they had their lunch and saw that it was a social and relaxed occasion. We saw that care staff assisted people who needed help to eat their meals in an unhurried and sensitive way and also prompted and encouraged people with their meals. There was a choice of food at all mealtimes and a choice of hot and cold drinks available during the day. Some people had chosen to have an alcoholic drink with their meals.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The Mental Capacity Act (MCA) and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The nursing staff we spoke with knew why a Deprivation of Liberty Safeguard would be required for a person. All staff we spoke with demonstrated an awareness of the MCA code of practice and the process to assess someone's capacity to make a decision. Records confirmed that staff received training on this topic.

We saw that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make important decisions about their care or lives due to living with dementia or mental health needs. We looked at care plans on the suites to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual's ability to make a particular decision.

All the staff we spoke with told us that they were supported to attend training and develop their skills and knowledge. Newly qualified nursing staff had appropriate support under a preceptor programme. Preceptors have an important role in ensuring successful transition of the newly qualified nurse and have been recommended by the Department of Health during the first year of registered nurse practice.

Good

Is the service effective?

There were records of the completed training and what was planned for staff and training provision was overseen by the registered provider's training officer to help maintain consistent standards of training to meet the needs of people living in the home. On the day of the inspection a group of new staff were receiving induction training to help make sure they had the right knowledge to carry out their roles. A visiting health care professional told us that within the home "Training is very good and staff skills are maintained".

Staff we spoke said they had regular supervision meetings with a senior staff member to discuss their practice and any areas for development. This helped to ensure that nursing and care staff had appropriate support to carry out their roles safely and effectively and have their performance monitored.

Good

Is the service caring?

Our findings

The people who lived in the home we spoke with told us they were "happy" and "very satisfied" with the care and support they received. People told us that the staff "know me and my ways" and "I am being well looked after". One person told us, "This is a lovely place to live" and another that, "I can honestly say I like it here, the food is very nice and I have my friends here".

Relatives we spoke with were positive about the care their relatives received. We were told by a visiting relative, "Care is focused on the person, the knowledge that each carer has of (relative) is great". They also told us the staff were "Very kind and compassionate" and that they were able to visit at any time. They told us there were no restrictions on the times they could visit. We were also told that by relatives, "They (staff) support (relative) very well to maintain his relationships with the family" and "We are never in the dark about (relative) care, we can visit at any time".

During our time in communal areas and as we went around the home we saw staff spending time talking and giving people individual attention. We saw staff sitting with people, talking, looking at newspapers, pictures and singing with them. Relatives we spoke with also commented upon this and we were told by one relative, "There is a lovely mix of staff and they are all very caring". Other relative's said "You could not wish for kinder more committed staff" and "This is the fourth home they've been in and since being here their behaviour has altered and is much calmer now". We observed that the atmosphere on the suites we visited was calm and relaxed.

Health care professionals we spoke about the service were positive about the personal and nursing care and support being provided. We were told, "It (the home) passes my mum's test".

We observed people in communal areas of the home. We saw that people who could not easily tell us their views were comfortable and relaxed with the staff that were supporting them. We saw that the staff on duty on the suites treated people with respect and kindness.

People living there and their relatives told us about activities in the home. A relative told us that staff helped people maintain their hobbies. They said they appreciated the use of memory books that have been put together by staff with families. Memory books are compiled to capture memories and stories about a person's life. It can enable greater interaction and open up communication channels between someone living with dementia and those caring for them, their family and friends.

Bedrooms we saw had been personalised with people's own belongings, such as photographs and ornaments to help people to feel at home. We saw staff talking to people in a polite and friendly manner. They called people by their preferred names as stated in their care plans.

People's privacy was being respected. We saw that staff protected people's privacy by knocking on doors to private rooms before entering. Some people used items of equipment to help them maintain their independence. We saw that the staff knew which people needed pieces of equipment to support their independence and provided these when they were needed. We saw that staff maintained people's personal dignity when assisting them with mobility and in using the mobility equipment they needed. All bedrooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to.

We found that information in leaflets and booklets was available for people in the home to inform and support their choices. This included information about the registered providers, the services offered and about support agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support. We spoke with one person who had used this service to get external support when they had needed it.

The care staff we spoke with understood the importance of providing good care at the end of a person's life. Care plans contained information about people's care and treatment wishes should their condition deteriorate. We could see that personalised end of life and emergency care plans had been developed to communicate clearly what people's wishes were to all those who may be involved in their care.

Good

Is the service responsive?

Our findings

People living at Summerhill told us that staff respected their choices and also helped them take part in activities and pastimes they enjoyed. For example, some people were taking part in craft sessions making items for a party they were going to have and there was a lot of light hearted chatter and conversation going on. One person told us "I like the crafts, making things but can't knit, I don't do that. People we asked told us there was a choice of what they could do but we were told, "I don't feel I have to do everything just what appeals".

A range of organised activities were available for people and were led by the home's three coordinators, two of whom had occupational therapy training. People were also supported to go outside the home for recreation and one person was going out to a singing group.

We were told by people, and we saw from the records, that people were able to follow their own beliefs. There were monthly multi denominational religious services for anyone who wanted to participate and people could see their own priests and ministers if they wanted.

The service had a complaints procedure that was available in the home for people. Relatives who were visiting told us that they had "Never had any concerns" about the safety or welfare of their relatives and also "We are encouraged to make our views known". They were aware of there being a formal complaints procedure and said they would be "confident" speaking to the suite managers or registered manager of the service if they had any concerns. One relative told us "We do not have any concerns over (relative) care but would feel comfortable if we had to complain".

Relatives told us that they had the opportunity to take part in helping to develop life histories and comment on their relative's social and cultural preferences. Information on people's preferred social, recreational and religious preferences were recorded in individual care plans. This helped to give staff a more complete picture of the individuals they were supporting. Staff we spoke with did know about the person and their families not just about their care needs.

People's care records showed that their individual needs had been assessed prior to coming to live in the home. This was to help make sure the service could fully meet their needs before they came to live there. The information gathered had been used to develop care plans.

We looked at care plans for people with complex healthcare needs and saw that these had been regularly reviewed so that people continued to receive appropriate care. For example, we could see where changes in wound management had happened following an evaluation.

We saw that where they could people had been involved in putting what they wanted in their care plans and where possible had signed to agree the plan in place. A relative told us they had been involved in reviews of care plans and their relative as well. We were told by a visitor that when their relative came into the home "We were all involved in helping with the care plan".

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that they felt that this service was being well managed. People living there told us that they knew who the registered manager was and saw them to speak to "most days" as they went around the suites. The relatives we spoke with also knew who the registered manager was and that they could speak with them if they wanted to. Relatives also told us a resident meeting was due to be held and that they were welcome to attend. A relative told us that they had attended these meetings previously and found them to be "useful" as they were asked for their ideas and views as well.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they supported in the home to undertake training. They said they had regular staff meetings to discuss practices, share ideas and any areas for development. One staff member told us, "The manager is brilliant, so professional and forward thinking". Nursing staff we spoke with told us the registered manager was "approachable" and that they had been "Always available when I have needed them on call".

Staff said they felt able to raise concerns with the registered manager and suite managers and felt listened to by the registered manager and senior colleagues. Staff told us they felt able to suggest ideas for improvement or needed to raise a poor practice issue. All the staff we spoke with said that they would be confident speaking to a senior person in the organisation if they had any concerns about another staff member. Some staff we spoke with gave us examples of when they had done this and that the registered manager had taken action to prevent poor practices. Staff said when they had their supervision and annual appraisals they had the opportunity to raise any concerns and to discuss their performance.

Health care professionals who supported people who lived in the home told us they had positive professional relationships with the registered manager and nursing staff employed there. A visiting health care professional told us that the service was being well managed and that, "If something isn't quite right the manager or deputy address it quickly".

We attended the daily meeting with the registered manager and staff leads from the suites. A range of service and quality issues affecting the daily running of the suites was discussed. Such as the arrangements for anyone who was going out for the day to attend appointments or for recreational classes. Staff reported back on how people who were new to the home were settling in or if they needed support with making the change to living there. Any high risk clinical needs were raised for the attention of the nurse practitioner or GP visits and any issues that needed to be followed up. This allowed for the exchange of information so everyone had a current overview of what was happening and what needed to be done and by whom.

The registered manager had notified, as required by regulation, the CQC of a period when staffing levels had been reduced on night shifts. They informed us of the actions they had taken to prevent this reoccurring with the redeployment of staff and use of agency staff as an interim measure to maintain safe staffing levels. There were monitoring systems in place for reporting incidents and we saw that these were being followed. Incident reports included details of the incident and any follow up action taken and were reviewed by the registered manager to identify any patterns that needed to be addressed.

The registered provider for the home had established systems in place to oversee the quality of the services it provided. The registered manager monitored and reported to the registered provider's internal quality monitoring and assurance systems. This included monitoring any complaints, safeguarding concerns and referrals, accidents, equipment and premises, any hospital admissions and weight monitoring. This promoted the effective monitoring of the quality of the service to learn lessons and make any identified improvements.

The inspection had identified some inconsistencies in medication practice on the different suites. Staff practices had varied on units and there were examples of good practice and some that were less good so standards could fluctuate. However audit records demonstrated that in house audits had identified these issues and steps were being taken to address the inconsistencies. We could see that some work had already been carried out by the pharmacist working with the 'Kendal Care Home Project' and the nursing staff were working with them to help ensure the same good standard across all the suites.

We saw that an annual satisfaction surveys were done to get people's views of the service and also a staff survey had been done. The results and action plans for any issues

Good

Is the service well-led?

raised were made available within the home for people to see. This indicated to us that the registered manager and provider listened and responded to suggestions made by the people who lived there and staff working there.

There was also a programme of audits undertaken to assess compliance with internal standards and regular quality monitoring reports required by the registered provider. We could see that there had been care plan audits that had identified that there were some inconsistencies in the standard of these across the suites.

Action was being taken to address this and also a review of the care plan systems was about to be implemented. It had been identified that care plans needed to be improved to make them more person centred and clear. Staff and time resources had been made available to do this without affecting staff levels on the suites. This way people living there would not experience any reduction in their care and support whilst care plans were being reviewed and improved.