

Your Health Limited

Summer Fields

Inspection report

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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 ●

Summary of findings

Overall summary

Summer Fields is a residential care home for 49 people. Summer Fields is a large property owned by Your Health Limited. The home is registered to provide accommodation for people who require nursing or personal care. At the time of inspection the home was providing care for 42 people.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns, however Summer Fields had achieved a rating of requires improvement in the safe domain. We found medication procedures at the home were safe, however we identified a recording problem regarding medication.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We spoke with the people who lived in the home, relatives and visiting professionals who all gave positive feedback about the home and the staff who worked in it. The service had a relaxed and homely feel and people were supported to have maximum choice and control over their lives and participate in activities they enjoyed.

People told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well. People and relatives we spoke with said they would know how to make a complaint. No-one we spoke with had any complaints.

Care plans and risk assessments were person centred and detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The registered manager used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service.

Staff were recruited safely and there was evidence that staff received a proper induction and suitable

training to do their job role effectively. All staff had been supervised in their role. Staffing levels were consistent and were adapted to meet people's needs following dependency assessments of people living in the home.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The registered manager told us that DoLS applications had been submitted to the Local Authority for some people.

Infection control standards at the home were good and standards were monitored and managed and the maintenance records were up to date and legible, this meant the home was a safe environment.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has deteriorated to Requires Improvement

Medication records were not always correct.

People were protected from harm and received support from staff who safeguarded them.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Requires Improvement ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

Summer Fields

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 21 March 2018 and was unannounced. This inspection was carried out by one adult social care inspector.

Before the inspection we contacted Wirral Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from, the service since the last inspection.

During the inspection we spoke with the registered manager, care manager and two care staff. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We were able to speak to two people living in the home, three relatives and a visiting district nurse.

We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.



Our findings

We observed care being provided in the home and we spoke with relatives who all told us how they thought that their loved ones were safe in Summer Fields. One relative told us "I feel [person] is very safe and well looked after." The manager maintained a clear audit trail of any safeguarding incidents and the required notifications had been sent to CQC. The manager had changed the way safeguarding was documented so that incidents were clearer and any trends were easily identified. We asked staff members if they knew safeguarding processes and they told us they felt confident to report any type of potential abuse. We looked at the records for accidents and incidents, we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

We looked at how Summer Fields managed people's medication. We checked a sample of three people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We found that people's MAR's showed that people's medications had been administered accurately. We found that the medication cupboard was locked and that controlled medications were kept securely. However, we found that staff had not always completed the documentation appropriately when returning medication to the pharmacy. This was brought to the manager's attention who took immediate steps to retrain staff and audit the medication management processes. People we spoke with and their families told us that there had been no problems regarding medications. A visiting nurse told us that they had no concerns about the care being provided.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored. This included the risks associated with moving and handling, falls, continence, pressure area care and nutrition and that plans had been put in place to minimise risk. We saw how changes had also been acted on, an example of this was referrals to the falls team when risk assessments needed to be updated.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required in the event of an emergency. We also saw how other checks were carried out to ensure the safety of the home. These included monthly checks on window restrictors, fire extinguishers, fire doors and nurse call points.

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. There was a disciplinary policy in place that had been followed when needed. We saw the manager looked at dependency levels of the people who used the service and planned staffing levels according to their findings. There appeared to be enough staff on duty on the day of the inspection.

We saw that staff had received infection control training, this helped staff to minimise the risk of spreading infection. The home also employed domestic staff and we observed that home was clean with no offensive odours.



Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment.

We looked at five staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We identified that the documentation did not always reflect the induction processes, however on speaking to staff we were told of the inductions they had received and these were robust. Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. The staff were trained regularly and this was demonstrated by the records in staff files. Staff had training in all of the required areas and in additional areas to meet the needs of the people whom they supported.

The home was bright and cheerful this created a friendly and homely environment, people were able to personalise their bedrooms and communal areas were welcoming and well kept.

We observed a meal time and saw a variety of nutritious food and drink was provided in line with people's preferences and dietary needs. Each care file contained a nutrition and hydration assessment and care plan that had been updated regularly and people's weights were also monitored regularly. Those who had dietary needs such as diabetes had individual care plans in place. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given. We saw how one person who came from another country had their preferences catered for, this was supported in discussion with the person.



Our findings

We asked the people living in the home and their relatives if they thought the staff were caring and each person said that they did. Comments included. "[Person] has been looked after by these girls, she's getting the best care" and "The girls are lovely". We observed staff caring for people in the home and saw that people were treated respectfully and with dignity. One relative told us, "I've phoned on many occasions and I've been dealt with utmost courtesy and I've been given all the information that I need".

We observed that people made choices and decisions about their lives when they were able to and staff respected these decisions, for example people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not, for example we saw that some people wanted to stay in bed and this was respected by the staff.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to respond to any issues accordingly. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected, we observed this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care.

Staff engaged with people and visitors in a warm and friendly manner. The relatives told us that there was always good communication between them and the staff and they were updated if necessary. We were told by one relative, "There's always been good communication here" and the visiting nurse was able to tell us about one instance they were involved with and that "There's good communication with the family".

We saw that the registered provider circulated a regular newsletter that was available for people to read. This contained information that included facilities, services and staff. It also had information about how health and wellbeing was being promoted within Summer Fields specifically. We were able to see that people had access to advocacy services.



Our findings

We looked at care files for six people. The care files contained assessments that were reviewed regularly to monitor the person's health and welfare. This included assessments of their communication, dependency levels, personal care needs and mobility. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required. Care records showed that staff had worked in partnership with the individual, their relatives and other professionals to develop a support plan outlining how people needed and wanted to be supported.

Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff. We were told that there were no visiting restrictions and visitors said they were always offered refreshments.

A copy of the complaints procedure was at the entrance to the house and this gave information on who to contact if people had a complaint. We asked people and relative if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke to had any complaints about the service. One comment was, "If I had any problems I'd be happy to speak to any of the staff".

The home had an activities programme and activities co-ordinator who ensured any activities that were happening was advertised on the main notice board in the entrance of the home. We also saw how the care manager had adapted a room in the home so that it was able to be used as a cinema room for the benefit of the people living in the home.

We were able to see how the managers and staff supported families and people regarding end of life care. Staff had completed the "Six Steps" programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. We spoke with families and professionals who told us that the care that had been delivered in these situations had been kind, caring and compassionate. We were also told how the communication between the managers, staff and families had been very good. A district nurse told us "They [staff] explain things to the family prior to us coming".



Our findings

There was a registered manager in post who was supported by a care manager, administration staff and senior care workers. 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. We spent time talking to the registered manager who told us how committed they were to providing a quality service.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The registered provider had displayed their ratings appropriately in a clear and accessible format at the entrance to the home.

The manager and registered provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff training, health and safety, care plans, catering and infection control were completed regularly. At the entrance of the home we saw a 'You said, We did' document. This showed that quality questionnaires had been used to ask people's opinions and that actions had been taken on the feedback. We also saw that staff meetings had been carried out regularly.

We also saw how the registered manager was continually looking at ways to improve, an example of this was visiting other services that had been rated Outstanding by CQC to see if they could learn from their practice.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians.

We saw from the documentation in the care plans and other records that there was good communication with other professionals and peoples families. Policies and procedures were in place to inform staff practice and other documentation, such fire and other health and safety checks had been regularly completed and updated.

There was a positive person centred culture apparent in the home and obvious respect between the registered manager, staff and people who lived in the home. Staff told us that they felt supported in their role and that the registered manager and care manager were approachable. We saw that the manager also invested time in promoting the knowledge of the care staff as they had plans in place to take them to

external provider meetings that was held with the local authority. This meant the home promoted an open culture of learning.