

Crosscrown Limited

# Summerhill Residential Home

## Inspection report

46 Glenwood Road  
West Moors  
Ferndown  
Dorset  
BH22 0ER

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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 ●

# Summary of findings

## Overall summary

The inspection took place on 17 November 2018 and was unannounced.

Summerhill Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Summerhill Residential Home is registered to accommodate 15 older people. The home is split over two floors with the first floor having access via stairs or a lift. On the ground floor there is a large lounge and a separate dining room. There was level access to the outside patio area at the rear. There were 15 people living at the home at the time of inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse. Staff told us who they would report this to both internally and externally.

Staffing levels were sufficient to provide safe care and recruitment checks had ensured staff were suitable to work with vulnerable adults. Staff had received an induction and continual learning that enabled them to carry out their role effectively. Staff received regular supervision and felt supported, appreciated and confident in their work.

When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with monthly audits to ensure safety with medicines.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. The service had hand sanitiser in the corridors along with hand washing guidance.

Accident and incidents were recorded and analysed. Lessons learnt were shared with staff by letter and during monthly meetings.

People and their relatives had been involved in assessments of care needs and had their choices and wishes respected including access to healthcare when required.

The service worked well with professionals such as doctors, nurses and social workers.

People had their eating and drinking needs understood and were being met. People told us they enjoyed the food and thought the variety and quantity was good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager actively sought to work in partnership with other organisations to improve outcomes for people using the service.

People, their relatives and professionals described the staff as caring, kind and approachable. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs. Their life histories were detailed and relatives had been consulted.

The home had an effective complaints process and people were aware of it and knew how to make a complaint. The home actively encouraged feedback from people, their relatives and professionals.

People's end of life needs were included in their care and support plans. Feedback received by the service showed that end of life care provided was of a good standard.

Activities were provided and these included staff, people and their relatives. Individual activities were provided for those that preferred them.

Relatives and professionals had confidence in the service. The home had an open and positive culture that encouraged the involvement of everyone.

Leadership was visible within the home. Staff spoke positively about the management team and felt supported.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and lessons learnt.

The service understood their legal responsibilities for reporting and sharing information with other services.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 site visit took place on 17 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and two relatives. We spoke with two health and social care professionals and three staff.

We spoke with the southern operations manager and the registered manager. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

We asked the registered manager to send us information after the visit. They agreed to submit this by 23 November 2018 and did so via email.

# Is the service safe?

## Our findings

People felt safe living at Summerhill Residential Home. People told us, "I feel safe here, there is always someone here". "I am safe, if I need them [staff], I press the bell and they are here within seconds". "Yes, I feel safe, much safer than I did at home". A relative told us, "I know my loved one is safe, if there is a problem they call me". Another relative said, "They are safe, very much so, I have no worries at all". A professional told us, "I don't think there are any unsafe practices at Summerhill". Staff told us that people were kept safe, they felt confident about this, with one staff member saying, "They are extremely safe here". Risk assessments, policies, audits, quality assurance and support systems were in place.

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were trained and had their competency assessed by the senior staff. Medicine Administration Records (MAR) had a photograph of the person and their allergies. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. A person told us, "They [staff] stick rigidly to the times for my tablets". Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The service had enough staff to meet people's needs. The registered manager spoke with staff and worked within the home to determine how many staff were needed. People's individual needs were taken into account and staffing levels were constantly reviewed. Staff were working at a relaxed pace throughout the day and were spending time speaking with people. A person told us, "There are enough staff, they pay us a lot of attention". Another person said, "There is more than enough staff". A staff member told us, "There are enough staff, and the registered manager works with us". A relative told us, "There is enough staff, they don't have a big turnover. Staff have time to sit with residents".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean. A relative told us, "The home is clean and tidy, even under the bed". There were gloves, aprons and hand sanitiser supplies in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day. All staff had received training in the prevention and control of infection. There were posters around the home reminding everyone to wash their hands and information about how to stop the spread of colds and flu. A professional said, "The home is always clean". Another said, "It is a lovely home, clean and well maintained".

All staff members prepared and served food from the kitchen and had received food hygiene training. The service had received a Food Standard Agency rating of five which meant that conditions and practices relating to food hygiene were very good.

Staff demonstrated had knowledge of recognising the signs and symptoms of abuse and who they would report concerns to both internally and externally. A staff member said, "A resident may become withdrawn, aggressive, there may be visual signs. I would tell the manager straight away, if I couldn't I would inform the safeguarding team". The registered manager was very clear of the home's responsibility to protect people and report concerns. Records showed concerns were referred appropriately. There were posters giving details on how to report safeguarding concerns along with telephone numbers of the local authority safeguarding team. A professional told us, "I have no concerns at all".

Accident and incidents were recorded and analysed and reviewed monthly by the registered manager and the southern operations manager. Actions were taken and lessons were learned and shared amongst the staff through monthly meetings. This helped to reduce the likelihood of reoccurrence. An example was they had identified a pattern with a person who had falls. The person fell at certain times of day, they had then put equipment into place to help keep them safe. The service had involved the persons GP and made a referral to the falls clinic. Records showed the falls had reduced.

Risk assessments were in place for each person for all aspects of their care and support along with general risk assessments for the service. The risk assessments were reviewed monthly, or as things changed, and staff had access to them each day when delivering care. Staff confidently told us about the risks for different people including the measures they took to reduce the likelihood of harm. Risk assessments were detailed, an example was the falls risk assessment which looked at the environment and the way the person moved. The assessment considered factors such as, fall history, sensory impairment, feet and footwear, equipment and different times of the day.

The registered manager and southern operations manager monitored health and safety within the home and carried out various visual and maintenance checks monthly. The service had used an external health and safety company who did a full service audit annually. All electrical equipment had been tested to ensure its effective operation. The service had moving and handling equipment which had received the necessary service. People had personal emergency evacuation plans (PEEP) which told staff how to support people in the event of an emergency.



## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service met the requirements of the MCA. Assessments had been carried out for people to determine their capacity to make certain decisions. Following this the service had held best interest decision meetings which involved the person, family members and medical professionals. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "We should never assume a lack of capacity. We make sure they have choices, what they want to eat and how they wish to spend their time".

Consent to care was sought by the service from those that had capacity and this included consent for photographs. People's records showed signed consent for care or decisions made in people's best interest if required. We overheard staff asking people's consent during the inspection at various times. A person told us, "They ask me before doing anything". A relative told us, "Every single one of the them [staff] talk to my loved one, they explain things to them".

People can only be deprived of their liberty to receive care and treatment when it 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of MCA and applications made under DoLS had been completed where necessary. The applications were reviewed monthly. Records showed input had been sought from the local authority mental capacity team. We observed people freely accessing different parts of the service including the outside areas.

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Many of the staff told us they held or were completing the Care Certificate and national health and social care diploma's which were supported by the home. A staff member told us, "I have completed my level three diploma and a team leading course. All of this is supported by the registered manager [name] and the home".

Staff received training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding, dementia, infection control and fire safety. A staff member told us, "We have enough training, we have workbooks, outside trainers who come in and group training". A health professional told us staff were skilled in their role and said, "Staff are always up to date

about their residents. Staff often assist me with examination".

Staff told us they had regular supervision and appraisals. They felt these were positive experiences and that they were a two-way process. Supervision records showed they were completed jointly between the registered manager and staff. One staff member told us, "We don't have to wait for a supervision to have a chat, we talk all the time". Another staff member said, "Supervisions are every three months. I do feel appreciated".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. People had individual care plans for each aspect of their needs, some examples were; personal care and hygiene, mobility, physical health, medication and seeing, hearing and communication. Records showed people were involved in these plans. A senior carer told us, "I review the care plan every month. I speak to the residents in private and go through each plan. I ask them if they want to add or change anything. Once this is done I read through it and if they are happy they sign it". A relative said, "They ask my loved one what they want to do. They involve us".

People were supported to have enough to eat and drink, and we received positive comments about the food they included: "The food is nice, I love it that they offer choices". "The food is quite good". "The food is nice". "The food is so good, they can have whatever they want". There were snack baskets and fresh fruit in various communal areas. People were asked for their input regarding food and drink regularly. Menus were printed and displayed on each table. There were various choices for each meal with a selection of desserts. We observed staff supporting people to eat and drink by giving various levels of support. Some required physical support to eat and some just required verbal encouragement. Staff had a good understanding of people's needs regarding food intake, likes, dislikes and special diets. This information was written and a copy was in the kitchen to ensure the chef knew people's requirements.

We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had small tables laid with fresh flowers, drinks, condiments and people enjoyed background music while they enjoyed their meal. People used the dining room, lounges or their bedrooms to have their meal. Food looked appetising and plentiful. A selection of drinks was available, both alcoholic and non-alcoholic, these were offered to people throughout their meal. Tea and coffee was served with biscuits and cakes. A staff member told us, "The food is amazing, they have so many choices. I have never known so much food in a home".

People were supported to receive health care services when they needed. All records seen showed evidence of regular health care appointments and medical or specialist involvement. The registered manager said they worked well with medical professionals and were comfortable seeking their input when needed. The registered manager had made many referrals to various specialists such as falls clinics and mental health teams. Copies of those referrals were kept in the healthcare section of the care and support plans. A relative said, "If my loved one needs the doctor they will call them and inform us straight away". A professional told us, "They [staff] follow plans very well. We give advice and they adapt and learn".

The service was accessed by people across two levels and had been adapted to ensure people could use different areas of the service safely and as independently as possible. There was a lift in place for access from the ground to the first floor. There was level access to the rear patio area and out onto the drive and pathway at the front of the home.

## Is the service caring?

### Our findings

People, their relatives and professionals thought staff at Summerhill Residential Home were kind and caring. One person told us, "We all get on really well together, particularly the carers. They are excellent". Another person said, "Staff are excellent". Relative comments included; They have a laugh. They keep a sense of humour". "They have all been so kind to my loved one". "They go beyond what they have to do". "Staff are always smiling". "Staff give a good welcome, they are friendly".

People were treated with dignity and respect. We observed many respectful interactions during the inspection. Staff were attentive to people when they asked for them. A relative said, "They treat my loved one with dignity and respect". Staff members told us they knew how to respect people. A staff member said they did this by "Giving them privacy, talking to them, using their preferred name and earning their trust".

People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files and they were supported to attend religious services which visited the home monthly. A person told us, "The minister is visiting me next week, I like to read my bible". The registered manager told us a past resident held a church service in the home. They told us that they would support any religious and cultural needs a person had.

People told us they were happy with the care they received. Comments from people and their relatives included: "I couldn't be happier". "I was blessed to find this place". "I feel at home here, they pull my leg and I pull theirs". "They try and make it good for you". "They go beyond what they have to do". "I would give it ten out of ten". "It's a blessing for my loved one to be here, I couldn't ask for more". Staff were proud to work at Summerhill Residential Home and told us, "It's a great place to work, very personal, we are like a family". Another staff member told us, "I love it, it's homely and you get to spend time with people. The residents are not just surviving, they are living, everyone gets what they need".

There was a fun, calm and relaxed atmosphere in the service. We observed staff spending time with people individually and in groups in the lounge and dining areas. We overheard laughter and singing between people and staff throughout the day. The registered manager told us that they actively encouraged staff to get to know people's life history so they could better care for them. We overheard various conversations throughout the day between staff and people. Conversations were about people's interests, families and work histories.

People were encouraged to make decisions about their care. People and their relatives were involved in their care. Records showed input from the person, their family and professionals. There was a system for review in place and records showed this happened monthly. Life histories contained information that was important to people. A professional told us, "Communication is really good".

The service had received many compliments about the care they give. These included: 'We consider ourselves lucky to have found Summerhill'. 'Thank you so much for all your care and love. We are so grateful to you our relative was so happy at Summerhill'. 'Our relative enjoyed the company, the banter and the

pampering'. 'I always knew my loved one was safe and secure in your care and I am grateful for that'. 'You showed our relative the utmost respect, care and dedication, which makes for a superb care home'. 'They couldn't have been in a better place; your staff are brilliant'.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care plans were in place and reviewed monthly. Plans were personalised, detailed and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. A staff member told us, "People are involved in their care plans. If things change we need to record what they want. It's important for us to know how they want it done". A relative told us, "They involve us in the care". Plans were detailed and contained clear instructions for staff on how to care for people. The plans considered people's abilities, this was to promote independence. Each plan directed the reader to another care plan, for example, in the mobility care plan it advised you to check the dementia care plan which gave guidance to staff about how the persons mobility was affected due to their dementia.

People told us that there were a lot of activities at the service and the walls in the reception area and notice boards had photographs of past events. The service produced a booklet for people which was on display in the reception area and lounge. This detailed each activity that was available for people and told them how it could benefit them. This helped people select activities that they enjoyed but also what would suit them. An example was, monthly church services, benefits were, meeting others with the same beliefs, friendships, improves mood and reduces loneliness. In addition to inhouse activities, the service had professional performers into the home at least twice weekly. A person told us, "They look after us very well, the entertainment is very good". A relative told us, "They have very good quality performers here for the residents, they recently had a group of singers in who were in 1940's style uniforms and sang wartime songs. It was so good". The registered manager told us they had a musical singing session every day at around 11.30 to get people energised and ready to have their lunch. We observed people enjoying this session during the inspection and everyone joined in with either singing or playing percussion instruments.

The service arranged both group and individual one to one activity sessions for people. Each person had a detailed activity plan which was reviewed monthly. The plan included activities people had always enjoyed, it considered their work history and things that they had always wanted to do. One person wanted to learn how to play the drums, the registered manager ordered the drums and supported the person to use headphones and a laptop to watch online instruction videos. The person told us, "The bongos are lovely. I am very interested in it. I have enjoyed learning it and having time to myself". That person's relative told us, "It is just amazing. They really go beyond what they have to do. The manager is still trying to develop them, constantly thinking of something else to do". Another example was, two people were supported to provide a tuck shop trolley for the home each week. They sold chocolate, biscuits, magazines, greetings cards and second-hand books from a trolley. One person told us, "I help with the tuck shop, it gives me something different to do". A relative told us, "They got my relative a uniform to wear and they manage the tuck shop. It makes them feel part of the home, they enjoy it". They then told us, "Staff ask her to help with folding washing and other jobs. She feels like she is helping them rather than them helping her. For my loved one it's very important".

People knew how to make a complaint and the service had a policy and procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to

people's satisfaction. The registered manager said that they do not have many complaints as people speak about things in the residents meeting each month. A person told us, "I would speak to the registered manager [name] if I had any complaints. Another person said, "If I needed to I would go to the office and speak to the manager". A relative told us, "I have not made a complaint but I would speak to the registered manager [name] and feel confident they would sort it out". Another relative said, "I have not made a complaint but there was something that we needed to sort out and it was done immediately".

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires providers make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand, to comply with the AIS. People had details of their communication needs in their care plans.

At the time of the inspection no one at the service was receiving end of life care. People's individual end of life wishes were recorded by the service in their care plans. The registered manager told us they worked very closely with the palliative care nurses and the GP to create a plan as required for end of life. The registered manager told us that staff had received training around death, dying and bereavement and it was very important to them. Staff had worked extra shifts where needed to sit with people so they are not alone during this time. The service had received many compliments about their end of life care and support. We read: 'Thank you Summerhill for the care of our relative during their stay and the respect you gave them during their final few months. We were able to have peace of mind and for that we thank you'. 'We would like to express our enormous thanks for you all for the looking after our relative so well and giving them a comfortable and dignified end to their life'. 'Never could there be kinder and more professional souls than those who looked after my relative for the last few months of their life'.

## Is the service well-led?

### Our findings

There was 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.

The provider, southern operations manager and the registered manager had a clear vision for developing the service. The registered manager told us, "I want people to be happy and want to have a family feel to the home". The registered manager had created an open working culture and told us, "I work in the home, it's the best way of getting to know people and staff". They told us they felt supported and had a wonderful team of staff."

Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. The comments included; "The registered manager [name] is so down to earth, honest, approachable and helpful". "The manager is a caring person and approachable". "I have never known a manager so hands on". "The registered manager is approachable and has everyone's best interests at heart". "The registered manager is very good and friendly". "The registered manager [name] is a great leader". "The registered manager is fantastic, open, approachable, always follows through". A professional said, "The registered manager is supportive to the team and empowers them to be involved in decision making".

The service sought people's feedback and involvement through meetings and minutes of those meetings were made available. The registered manager told us that people were reminded at each meeting There was a suggestion box in the reception area and people were encouraged to give their thoughts. The service had conducted various quality assurance surveys with people, relatives and visitors which included professionals. Recent surveys had included a focus on general satisfaction, menus and activities. People survey results showed that satisfaction of the service was rated by all as 'quite satisfied or very satisfied'. Staff surveys showed they thought 100% of care plans were person centred. The results were analysed by the southern operations manager and action plans created. The service had an employee of the month award, this was voted by people and staff. The staff received a certificate and a gift, the certificate showed the quotes people and staff had said about them. Staff told us this meant a lot to them. People were involved by choosing from photographs of staff.

The home had made links with various community organisations such as local churches, schools and charitable organisations. The registered manager told us, "Some of our residents were invited to a local school for afternoon tea". People, their relatives and staff had been involved in fundraising and there were 'thank you' letters displayed in the reception area. The registered manager told us they will actively seek to involve people in the community.

Learning and development was important to the registered manager. They attended regular registered manager network meetings, learning hubs, training through the local authority and used online guidance and publications to keep updated. The registered manager had recently attended managers updates in

both safeguarding and the Mental Capacity Act.

The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They confidently told us the circumstances in which they would make notifications and referrals to external agencies and showed us records. The registered manager told us they were supported well by the southern operations director who visits the home a few times a week.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. Systems were in place for learning and reflection. The registered manager had completed various audits such as call bells, medication, recording, falls, accidents, incidents and health and safety. We saw accident reports and changes to care plans in response to this.

The service had good working partnerships with health and social care professionals. They told us, "The registered manager and their team appreciate the pressures of general practice and therefore always communicate with us appropriately". "They always follow guidance and keep us informed".