

Mr and Mrs M Gilliland

Summerfields House Rest Home

Inspection report

12 Burton Road
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Staffordshire
DE14 3DN

Tel: 01283540766

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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

We inspected this service on 31 March 2017. This was an unannounced inspection. The service provides accommodation and personal care for up to 21 older people who may be living with dementia. There were 19 people living at the home on the day of our inspection. At our previous inspection visit on the 11 February 2015 the provider was meeting all the regulations relating to the Health and Social Care Act 2008.

The home does not need to have a registered manager, as the registered provider manages the home on a day to day basis.

We identified that not all risks had been proactively managed to keep people safe, which had led to one person being put at risk of harm. The provider following this event had put measures in place to minimise this risk.

People told us they felt safe with the staff and staff understood their role in reporting any concerns. People received their medicines at the right time and medicines were managed safely. There was enough suitably skilled staffed to support people according to their needs. Checks were carried out prior to staff starting work to ensure their suitability to support with people.

Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions when possible. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals when needed to maintain their health and wellbeing.

Staff understood people's needs, preferences and interests and were caring towards them. People were supported to maintain their dignity and privacy and relationships that were important to them.

People knew who the provider was and how to complain. When complaints were made these were responded to in line with the provider's policy. Staff felt listened to and were happy to raise concerns. Quality monitoring checks were completed by the provider and they sought people's opinions. When needed action was taken to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks to people's safety were not always managed in a proactive way to protect them from the risk of harm. Staff that understood their responsibilities to report safeguarding concerns to the registered manager. There was enough staff available to support people and the recruitment practices in place checked staff's suitability before they started work. People received their medicines as prescribed and medicines were managed safely. Equipment used was serviced and maintained to minimise the risk of injury to people.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received the training and support required to meet people's needs. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked the capacity to make decisions for themselves. People's nutritional needs were met and monitored and they were supported to maintain good health and access healthcare services when they needed them.

Is the service caring?

Good 

The service was caring.

People were supported by staff that knew them well and spoke to them in a friendly and caring way. People's privacy was respected and their dignity promoted. People were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good 

The service was responsive.

People and their relatives were involved in discussions about how they were cared for and supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people and their relatives and any complaints made were addressed.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the provider and deputy manager were approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Summerfields House Rest 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 visit took place on 31 March 2017 and was unannounced; it was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the provider the opportunity to provide us with information they wished to be considered during our inspection.

To gain people's views about the care and to check that standards of care were being met we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service, three people's visitors, three members of care staff, a senior carer and the provider who also managed the home.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

Although in general we saw that people's assessed risks were managed well; one incident brought to our attention meant we could not be confident that sufficient measures were always put in place to keep people safe. Following this inspection we were advised by the local authority of a recent incident where a person living with dementia, had left the building unattended without staff knowledge. Although no harm came to this person, the provider was aware that there was a short delay in the front door locking when closed. We saw that staff escorted visitors out of the building. However staff, when leaving were not escorted to ensure the door was locked. This had led to the person being able to leave through this door. This person's bedroom was near to the front door and they were known to walk around the home and go the front door. Since this incident the provider has amended their procedure. They confirmed that everyone leaving the home would be escorted out; and confirmed a notice had been placed by the door for all persons leaving the home. This was to remind them that they must be escorted out of the home, to ensure the door was locked behind them.

People told us they felt safe with the staff that supported them. One person told us, "I'm as safe as houses here. They are a marvellous bunch of staff very caring." Another person said, "I am safe here, at home I didn't feel very safe on my own but I do now, I perhaps should have come here sooner, it is a nice place." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns to the manager and she would then send it on to the safeguarding team. I know that I can also contact them myself, if I think it hasn't been dealt with but I have never had to do that." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the process for raising concerns about poor practices.

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. One member of staff told us, "Most people can walk; there are some people that need supervision because they are at risk of falls and some people need the hoist to move." Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

People and their visitors did not raise any concerns regarding the availability of staff to support them. One person told us, "The staff are always nearby. If we need them for anything they always seem happy to help." Another person said, "They are very good and help me whenever I need them." A visitor told us, "The staff sometimes are busy but it doesn't seem to compromise on the care provided." Staff we spoke with

confirmed that the staffing levels in place were sufficient to meet people's needs. We saw that staff were available throughout the day to support people with their personal care needs and their social needs.

We saw the provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) check in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place, which demonstrated the provider had checked staff were suitable to work with people.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "They are very good, they never forget to give them to me." Another person said, "I don't have to worry about that. The staff give me my tablets when I need them." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "They definitely know what they're doing; the care here is first class." Another person told us, "They are well trained for sure, very efficient." A relative said, "I can't fault the care, the staff know what they're doing they look after [Name] very well." Staff told us that there was an effective induction process in place to help them understand their role. We saw that new staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. We saw and staff confirmed they received the training they needed to care for people effectively and confirmed they received regular supervision to support them in their professional development. One member of staff said, "I get supervision meetings every three months but I can go to the manager or any of the senior staff any time, the support is good."

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. We saw that where people lacked capacity, assessments were in place that clearly identified their capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them and supported them to make decisions. For example we saw that staff asked people if they wished to wear clothing protectors when they ate their lunch. When people declined this was respected. One member of staff told us, "Most people can tell us their preferences, some need a bit of support. We might have to show them rather than just asking them." This demonstrated staff respected people's rights to make their own decisions when possible and provided them with support when needed.

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 application 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. At the time of our visit, we saw that six people had DoLS authorisations in place. Staff we spoke with were aware of these authorisations and the reason for them and supported people in their best interests regarding these. The provider confirmed that applications had been made to the Supervisory Body for everyone that used the service as they all met the DoLS criteria. This demonstrated the provider ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the meals and were happy with the quality and quantity of food provided. One person told us, "The meals are very nice here." Another person told us, "The food is first class, the plates are always cleaned." Another person said, "The food is restaurant standard." People confirmed and we saw there were choices available. One person told us, "If you don't want the choices they will make something different."

We spoke with the chef who had a good understanding of people's dietary needs and preferences and planned meals around people's preferences and specific dietary needs. They told us, "Every couple of months I do a review and ask everyone what their preferences are. There is always a second choice on the menu. If people don't like a certain thing I will do an alternative for them." We saw that people were supported to maintain their nutritional health. Nutritional risk assessments had been carried out and people's weight had been monitored regularly. Referrals had been made to the appropriate health professionals when a risk to a person's nutritional health was identified.

We saw that people's health was monitored and referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "If I need the doctor they call them for me, no messing about." Records demonstrated that people had access to health care services and received ongoing healthcare support. Visitors said their relative's health care needs were met and health care professionals were contacted as needed. One visitor told us, "[Name] has only been here since February and they have already seen the optician. They were due an appointment and it was sorted very quickly." Visitors told us they were kept informed of any changes in their relative's health.

Is the service caring?

Our findings

People told us that the staff team were caring and friendly. One person told us, "The staff are wonderful, never a cross word." Another person said, "I can't thank the staff enough, everyone is so kind and friendly." A visitor told us, "I have no concerns the carers are wonderful with [Name] they are all very nice and very friendly." We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. It was evident from conversations heard that staff knew people well. One member of staff was talking to a person about the local pubs and we saw them discussing which pubs still remained in the area.

People told us staff supported them to maintain as much independence as possible. One person told us, "They definitely help me but they don't take over, I can still do some things for myself and the staff let me." We saw that one person was supported to wash some cups and saucers following a drink and people walked around the home freely throughout our visit. One person told us, "I like to have a walk around the garden and usually do this in the morning and the afternoon." We saw that the garden was secure to ensure people's safety was maintained.

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. We saw the staff respected people's rights to privacy when they wanted it. One person's visitors told us, "[Name] will come out for meals but they prefer to stay in their room most of the time, they don't like talking to others." One member of staff said about this person, "They don't initiate conversation and prefer to stay in their room. We do check they are alright but we have to respect their choice, they seem more comfortable in their own company." Another person liked to watch DVDs in their bedroom and we saw they were supported to do this.

We saw and people confirmed that they were supported to maintain relationships with family and friends that were important to them. One visitor told us, "I am always made welcome; in fact I get invited to Sunday lunch which is lovely. I get here about half past eleven and leave at half past three. It means I have lots of time with [Name] which we both enjoy."

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person told us, "The staff look after me very well." Another person said, "I'm very happy with the care I am given. The staff know what I like and what I don't; they are like friends to me." We saw that staff knew people well and understood their needs and preferences.

We saw the provider had supported people living with dementia as signage was available throughout the home to orientate people. Toilet seats and handrails were also brightly coloured so that they stood out from the surrounding décor.

We saw that opportunities were provided for people to participate in recreational activities. On the day of our visit some people participated in craft work in preparation for Easter and in a game of giant snake and ladders. One person told us about external entertainers that visited and said, "It was marvellous there was snakes, spiders and all sorts even a tortoise. I really enjoyed it." Another person told us, "I really liked the snake, it was a good day."

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "[Name] had a review a couple of weeks ago and we were involved." Care plans were regularly reviewed which meant the manager and staff knew when people's needs and abilities changed. People's visitors told us they felt well informed about their relative's lives and welfare.

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. One person told us, "I would just talk to the staff. I have never found anything to complain about." A visitor told us, "I would speak to the manager if I had anything to complain about. I think she would sort it out." Another visitor told us, "Any comments I've made have been sorted quickly." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to and addressed.

Is the service well-led?

Our findings

The provider who managed the home and deputy manager were well thought of by people using the service, visitors and the staff team. One person told us, "They are both really nice and always stop have a chat with me." Another person said of the provider, "A wonderful person, I am so very grateful for everything they have done for me." A visitor said, "The care is really good. I am actively involved in my relatives care and kept fully informed. The communication is very good."

Arrangements were in place to enable people who used the service and their representatives to provide feedback about the quality of the service. We looked at the responses from satisfaction surveys returned between January and March 2017 and saw that all provided positive feedback.

Audits were undertaken by the provider and deputy manager to monitor the quality of the care and services provided to drive improvement. This included audits of monitoring the housekeeping standards, care practices and food hygiene standards.

Records seen and discussions with the provider demonstrated that falls were monitored and reviewed for any patterns or trends. The provider told us, "I don't reduce the staffing levels when we have less people or the dependency levels reduce. If the trends identify a pattern of falls at a specific time of day then I would increase the staffing levels to cover that period." This assured us that people's safety was monitored and the appropriate actions were taken to reduce the risk of falls.

Staff told us they were supported and provided with team meetings to update them on any changes and support them in their professional development. We saw from the minutes of the meeting held in March 2017 that the staffs understanding of the Mental Capacity Act and associated Deprivation of Liberty Safeguards had been undertaken.

The provider understood the responsibilities of their registration with us. They had in generally reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. We identified that one event had not been reported to us and the provider sent us this information following this inspection.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.