Care Quality Commission

Summerlands Care Limited

Summerlands

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

We inspected Summerlands on 13 May 2015. Summerlands is a residential care home that provides accommodation and support for up to 31 people. The people living there are older people with a range of physical, mental health needs and some people living with dementia. On the day of our inspection there were 30 people living at the home. Summerlands does not provide nursing care. Summerlands is a large detached Victorian House spread over three floors. People's bedrooms were situated on the ground, first and second floors. The house is set within a large landscaped garden with accessible pathways and a pond.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The concerns identified at the inspection in 2014 related to there being no assessments regarding people's needs before they moved to the home and an absence of the recording of capacity assessments as required under the Mental capacity Act 2005. There were also gaps in the recording of medicines administration and gaps in

Summary of findings

recruitment records. An action plan was received from the provider which stated they would be meeting the regulations by 13 October 2014. At this inspection, we found that improvements had been made and that the compliance actions had been met.

People who lived at Summerlands told us they were safe. One person said "I feel safe here, the staff are lovely". People said they felt safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults and were in the process of updating their training.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "There's always good food, the menu gives choice, it's well served and presented"

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice.

Prior to admission, people were assessed by the registered manager so that care could be planned that was responsive to their needs. Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Staff followed clinical guidance and ensured that best practice was followed in care delivery. Daily records showed how people had been cared for and what assistance had been given with their personal care. People were encouraged to stay in touch with people that mattered to them. There was a range of social activities on offer at the home, which people could participate in if they chose. The home had a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly.

The home was well-led by the registered manager who felt supported by the provider. A positive culture was promoted and new staff had a good understanding of how to communicate with people in an accessible way. There was a range of audit tools and processes in place to monitor the care that was delivered, ensuring a high quality of care. People could be involved in developing the home if they wished. They were asked for their views about the home through questionnaires and relatives were also asked for their feedback.

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 home was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely

Is the service effective?

Good

The home was effective.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to, and visits from, a range of healthcare professionals.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care.

Is the service responsive?

Good

The home was responsive.

People were assessed by the registered manager before admission to the home.

People were supported to stay in touch with people that mattered to them. There was a range of activities available for people to engage in at the home.

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed current good practice.

Complaints were listened to, investigated and acted upon.

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

Summary of findings

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Robust quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

Summerlands

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 13 May 2015 and was unannounced.

Two inspectors visited the home to carry out the inspection.

We checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

On the day of our inspection, we spoke with six people living at the home and three relatives. We spoke with the registered manager, the provider, deputy manager and three carers. We also spent time looking at records including four care records, four staff files and medical administration record (MAR) sheets. We looked at staff supervision files, incidents and accidents forms, quality assurance audits and other records relating to the management of the home. We contacted local health professionals who have involvement with the home, to ask for their views. They were happy for us to quote them in our report.

Good

Is the service safe?

Our findings

As a result of our inspection in August 2014 a compliance action was set in relation to regulation 13 which corresponds to regulation 12 (f) and (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to gaps in recording of the administration of medicines. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

Medicines were stored and administered safely. A local pharmacy dispensed medicines and supplied medication administration record (MAR) charts. There was a protocol in place for PRN (medicines to be taken as required) and the administration of homely remedies. We observed medicines being administered at lunchtime and staff administered these safely. One person who had a headache was given paracetamol and this was recorded appropriately in the homily remedy book and then in the person's care plan. The staff member asked people about their pain levels and if they required analgesia. We observed the staff member explaining what medicines were for and gently prompting the person to take them. The medicines trolley was locked when it was not attended. The staff member wore a tabard to indicate that they were administering medication and were only to be approached if really needed. This ensured that the risk of being interrupted and making a mistake was minimised.

People told us they felt safe. On person told us "I feel safe here", another said "I feel safe here, the staff are lovely". The three relatives we spoke with told us that they thought their family members were safe living at Summerlands. This was due to a trust in the caring nature of the staff and their ability to meet their needs.

Where one person was not available to take their medicines this was correctly labelled and stored to administer later when the person was available. The local pharmacy collected medicines that needed to be returned and these had been recorded in a 'returns' book. The pharmacy carried out audits which ensured that there was an oversight from an external organisation to identify good practice and areas where improvements were needed.

As a result of our last inspection in August 2014 a compliance action had been set in relation to regulation 21 which corresponds to regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014 which relates to requirements relating to workers. This was in relation to gaps in recruitment records. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

We looked at four staff files and saw that all the appropriate documents were in place. For example everyone had two references on file, their application form and their Disclosure and barring home (DBS) number. This ensured that people were protected against the risk of unsuitable staff being recruited to the home.

The registered manager told us that there were no current safeguarding investigations taking place at the home and none had taken place since the last inspection. The registered manager knew who to contact in the event of identifying a safeguarding concern and had access to the local authority's multiagency policy and procedure. Staff received safeguarding training and knew what action to take if they suspected abuse. Staff told us that they would report any concerns to a manager immediately. Staff also knew about the different types of possible abuse and how to recognise behaviours that may indicate that someone had been abused.

People were safe as their health needs were identified and then acted upon. We looked at four people's care plans and risk assessments which described the care that they received and identified areas that were a priority. The care plans and assessments demonstrated that people were receiving care specific to their individual needs. For example where people needed support with managing their skin integrity, a waterlow risk assessment had been completed. Where someone needed support with manual handling and use of a bath hoist a risk assessment was in place Staff knew how to deliver people's care because plans were in place that detailed the care needed and equipment required.

Accident and incidents were recorded for each person and their care plan was updated if needed. Actions that took place as a result of the incident were recorded and the record was signed by a staff member. For example where someone had had a series of falls, their falls risk assessment was updated to reflect this and whether a referral for additional assessment and support was required. Staff were made aware of the updated risk assessment and care plan by the registered manager.

Good

Is the service safe?

The registered manager told us that she "has enough staff to do the job". She had introduced an additional shift between five pm and eleven pm to provide extra support with people's needs in the evenings. On the day of our visit there were enough staff on duty. A dependency tool, which is a tool that identifies the levels of need for people living at the home and indicates the number of staff required to meet those needs, was in place. We looked at the rotas for the previous four weeks which showed us that enough staff had been on duty. People and relatives we spoke with told us that there were enough staff on duty. One person told us "If I call my bell they come to me to help".

Good

Is the service effective?

Our findings

As a result of our inspection in August 2014 a compliance action was set in relation to regulation 9 which corresponds to regulation 9(3)(b)-(h) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to the recording of mental capacity assessments At this inspection, we found that sufficient steps had been taken and that the compliance action had been met.

Consent to people's care and treatment was sought in line with legislation and guidance. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. People's capacity to consent to care or treatment was recorded in their care records; these showed that people were involved in reviewing their care on a continual basis. An initial assessment was recorded for people around their ability to make decisions. Where people had given lasting power of attorney to relatives this was recorded so if someone didn't have capacity or were to lose capacity to make decisions the registered manager knew who could be the decision maker for these.

People's care files had forms in them that people signed to give consent for support with having their medicines administered and consideration of whether they wanted to self-administer medicines. This was accompanied by a risk assessment tool. This demonstrated that people's agreement was sought and choices offered around care.

The registered manager told us that she was aware of who to contact should a person need a Deprivation of liberty safeguard (DoLs). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager informed us that she had made one application the local authority for an authorisation. This was in relation to someone being unable to use the keypad at the entrance gate. We saw a copy of the request that had been made and was awaiting action. This showed us that the registered manager understood her duty to refer people for a DoLS. Staff we spoke with told us that they had received training in the Mental Capacity Act 2005 and DoLs and were able to tell us about the principles of these pieces of legislation. We saw from the training plan that people had received this training recently. The registered manager also showed us a copy of a summary of what people need to know about the mental capacity act published by the department of health that supported staff to become familiar with the principles of the legislation.

Staff told us that they received an induction. The registered manager told us that the induction process consisted of staff shadowing shifts in order to get to know people's needs. The process also consisted of carrying out training courses which included safeguarding adults, infection control, manual handling and fire safety. We saw that staff had requested additional training via the staff questionnaire and this had been sourced through the local authority training department. The registered manager was in the process of introducing the Care Certificate for new staff. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. The registered manager had supported staff to keep up to date with recent changes in legislation that relates to health and social care and had given staff a summarised version about The Care Act 2014. Staff had also received training in dementia awareness which staff told us had supported them in understanding how to respond to the needs of people with dementia. We observed that staff engaged well with people living with dementia, speaking to them in gentle reassuring tones and re-orientating people when they became confused.

The staff records we looked at showed us that staff had regular supervision meetings and a yearly appraisal. Staff told us that they felt supported to carry out their roles. One staff member commented that they had "a good manager, supportive, gives us training and support".

People told us that they had enough eat and drink and that they liked the food. People told us that they were given choices. One person said "the food is good, I have a choice, today, chicken or pork roast dinner. There's always lots of nice food". Another person said "The food is always good, great variety. I can request what I like". A four weekly menu plan was in place that changed each week. The daily menu was displayed on the wall in the dining room along with information about a historical even that had happened on that day. There was also a snack menu on the wall in the dining room which people could order from at any time

during the day. Drinks were readily available and a drinks trolley was provided mid- morning and mid- afternoon and there was a cold drinks dispenser in the dining room that people could access whenever they wanted.

At lunch time we observed that the tables were attractively decorated with a tablecloth, flowers, condiments and menus. Meals were served and people told what they had ordered. People who needed assistance were supported. For example one person was having difficulty cutting their meat so a staff member offered assistance and cut the meat and encouraged the person to eat. People who wanted to eat in their own rooms were supported to do this.

Staff used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. People's weights were recorded. For one person we saw that it had been identified that they needed to lose weight and a plan was in place to support the person with this, including smaller portion sizes and limited cakes and biscuits. The registered manager told us that when people moved into Summerlands a food diary was kept for the first seven days which enabled staff to establish people's preferences and eating patterns and identify any areas of ongoing need.

People's health needs were met by visiting professionals such as community nurses and GPs. These health professionals told us that they were contacted in a timely way and that staff were able to identify the need for input which meant people received additional assessment and treatment of their health when needed.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person said there were "excellent staff, very friendly, always nice and do a good job". Another person said "Staff are very nice, always helpful with anything I need". Another person described Summerlands as a "Lovely home, happy place, lots to do. I'm having fun.

For someone living with dementia they told us "I have dementia, I have times I forget but I get help".

A relative we spoke with told us that the home had a "really nice ethos, incredibly thoughtful and very caring". Another relative said that the atmosphere at the home "feels like a family, staff are amazing". Another relative whose family member had recently moved to Summerlands under difficult social circumstances praised the registered manager and staff team for supporting her and her family member through a challenging time of transition. She described the team as "absolutely brilliant".

Throughout the day of our inspection we observed that interactions between people and staff were gentle and kind and full of humour. We observed a session of bowls in the morning where there was a light hearted atmosphere. People were laughing and cheering and looked like they were enjoying themselves. Staff engaged well with people encouraging them to join in.

We observed people being offered choices regarding their care and support throughout the day. These were in relation to food, activities and medicines. Resident's meetings took place and we saw from the minutes of the last meeting that people had been consulted regarding the lay out of the living room and the position of the chairs. Chairs were arranged around the walls of the room. An external consultant had suggested that the arrangement wasn't suitable. People who lived at the home were asked about this and whether they would like the room layout changed but decided that they wanted the arrangement to remain as it was.

Personal preference forms had been completed for people regarding the activities they like to do and they were fully involved in this process. People met regularly with the activities co-ordinator to identify their activities of choice. Feedback questionnaires were also completed by people which gave them an opportunity to express their views regarding the home. The results of this were analysed and an action plan devised for example around environmental improvements. Copies of these were available in the front entrance of the home for people to take away and read. We observed friends and relatives visiting throughout the day and they told us that they popped in to see their family members' at any time. People were encouraged to maintain contact with the people that were important to them.

People's privacy and dignity was respected. We observed people knocking on doors before entering and staff offering support discreetly when needed for example at lunch times. People's preferences were recorded in their care files for example whether they wanted to vote in an election and whether they needed support to do this. Information about advocacy homes was available for people.

There was nobody receiving end of life care on the day of our inspection. The registered manager said that they could support a person with end of life care and would access support from the community nurses if someone needed this.

Good

Is the service responsive?

Our findings

As a result of our inspection in August 2014 a compliance action was set in relation to regulation 9 which corresponds to regulation 9(3)(b)-(h) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to there being no pre-assessments in place for people when they moved to the home. At this inspection, we found that sufficient steps had been taken and that the compliance action was met.

People's care needs were assessed prior to moving to Summerlands and when we looked at care records these had been completed and detailed people's care needs and a brief description of people's likes and dislikes. There was a specific document that recorded people's dietary intake for the first seven days. This documentation ensured that people's needs could be met immediately when they moved to the home.

The registered manager was in the process of implementing a new care planning system across the home. She felt that this was a simpler and more holistic system for recording people's needs. The care records we looked at represented people's individual care needs. People told us that they were involved in their care plans. One person told us "My care plan is spot on. I'm involved in it and helped in everything I need".

The registered manager talked to us about the individualised care provided at the home and gave us an example of this. They told us "Not all men want a male carer, not all women want a female carer, and people are given a choice". People told us they were given a choice of who cared for them.

Care records had information regarding people's life history which included their previous employment, family, religion, hobbies and interests. People's views were recorded. One record stated that the person 'remains very happy with her life' and described her religion and that she had experienced difficult times but had loved to travel. This formed part of her activities profile and the subjects they liked to chat about.

The care that people needed was recorded and clearly personalised to the individual. People had night care records that were specific to the individual. For one person it was recorded that they liked three pillows, the door shut and lights out. For another person they wanted a small light on and the call bell positioned where they like it. People had care plans regarding a range of needs which included plans around falls, manual handling, skin integrity, nutrition and mental health. These explained what each person needed in this area and reflected the care that they received.

For one person with a diagnosis of dementia and an identified risk of feeling lost and disorientated there was clear plan that stated that this persons environment was to be made homely and familiar to them and for them to have a whiteboard with day, date and what was going on in the home. This person also used a notebook that they wrote their plans in. When we spoke with this person we saw that these actions were implemented. This person told us "I have dementia, I have times I forget but I get help". The relative of this person told us that staff had been "absolutely brilliant" with supporting their relative to settle in to Summerlands. We also saw that some doors had handles in place that made them look like front doors. This is considered good practice to help orientate people who have some memory loss to their environment.

People had personal preferences forms in their care records which indicated how they liked their money to be managed and whether they wanted keys to their bedroom. The form also asked people about whether they wanted to vote and what support they may need to do this. This demonstrated that the provider had a tool in place that ensured people's democratic right to vote was considered and supported where needed.

The registered manager told us about the range of activities on offer for people who lived at Summerlands. They described group activities and one to one activities. One person said "We are playing bowls today, it's fun, it's great fun here". We observed a bowls session in the morning which people visibly were enjoying. In the afternoon we saw people doing one to one activities for example one person was playing scrabble with a member of staff and people were sitting out in the garden by the pond chatting. One person told us "The garden is improved, it is lovely". The home had an atmosphere that promoted involvement in activities. There was an activities co-ordinator in post and they had competed activity profiles for each person describing their individual likes and dislikes and details of what was important for that person.

Good

Is the service responsive?

We saw in records that the activities co-ordinator met with people regularly and offered one to one time with people often taking them for a walk and having a chat. There was an activities schedule in place and activities included cinema club, art, exercises, bingo, Tai Chi and flower arranging. People from the local church came to visit and people gave musical recitals. We saw that an activities audit had been carried out in January. Actions that had been identified through this such as instigating a resident and relatives meeting, a feedback system for people and a system for recording which staff had participated in activities had been implemented.

There were no formal complaints on file but we saw that a concern raised by a relative had been thoroughly investigated by the registered manager. The actions taken had been recorded and the relative informed of the outcome. It had been recorded that they were happy with the outcome of the investigation. A residents and relatives meeting had taken place where the registered manager had been introduced by the provider and let people know there were available to discuss any concerns. The registered manager was also putting in place relative's surgeries where family members could raise concerns or have a general chat about things. We saw that three were scheduled for 2015.

Good

Is the service well-led?

Our findings

People who lived at Summerlands thought the home was well led. One person said it was "Excellent living here, owner controlled not company controlled; they have the right ideas and a good manager who is full of drive and kindness". A relative told us the manager was "very responsive to any issues, cannot fault the home". Another relative said "It feels like a family, staff are amazing, they always update us or call us so we know what's going on".

Staff told us "The new manager, she is brilliant, very helpful, the owners are hands on, nice people, this is a great home, and we really care". The registered manager said that they had a good relationship with the provider and we observed this on the day of the inspection. The registered manager and provider had created a culture within the home that valued the individual and placed caring for people at the centre of what they did. They wanted people to feel valued and to be available to answer questions and queries and be transparent in how they run the home.

We saw that there were regular staff meetings. These meetings discussed topics such as health and safety and rota's. We saw in the minutes of the last meeting areas for improvement following an external consultant's visit had been discussed and areas for improvement identified. Staff had the opportunity to express their opinions. Staff signed to say that they had read the minutes.

People visited from the community and a parishioner from the local church was at the home on the day of our visit socialising and chatting with people. This had been organised by the registered manager and demonstrated links being developed with the local community. People told us they valued these visits. A GP we spoke with told us that the registered manager was "very good" and "very available" and that Summerlands "provide a high standard of care". A community nurse we spoke with also commented that the registered manager and staff worked in partnership with their team to provide good quality care.

The registered manager said "It's a lovely home" and "The residents are happy". People told us they were happy living at Summerlands and we observed this to be the case. The registered manager was fully involved in the running of the home and told us they "often work the floor" which meant they were involved in the direct delivery of care for people sometimes and therefore aware of the day to day issues that arose for people and staff.

Staff told us that the manager was approachable and responsive to any concerns raised.

The registered manager had introduced forums for people to feel empowered and involved. These included staff and resident meetings and surgeries for relatives. A resident's questionnaire had been completed and consequent actions recorded. Where a minority of people had raised issues regarding staffing levels a response had been given about how staffing levels were assessed and what tool was used. Reassurances were given that people's levels of need were reviewed regularly to establish if more staff were needed. The results of the questionnaire were available to people in the front entrance of the home. Residents and staff meetings were recorded and minutes made available. These showed us that people were happy with the care they received at Summerlands.

The registered manager had tools in place that ensured the quality of the home provided was monitored. These included audits of for example infection control and health and safety, regular reviews of care plans and risk assessments and an analysis of accidents and incidents. Actions were carried out as a result of audits for example an infection control audit in January had identified a need for hand hygiene foot operated bins and this had been actioned and signed for. Medicine management was audited once a month by the manager and there were no medicine errors reported. An external pharmacy also carried out audits which supported the staff to ensure good practice in the area of medicine management.

The registered manager kept up to date with current practice and was aware of the care Act 2014 and the changes in social care that it brings in. They had ensured that staff were aware of the changes by giving them a summarised version of the legislation. A tool had also been developed to support staff with the CQC's new way of inspecting which equipped staff with the knowledge of what to expect from an inspection and guidance about the areas that would be looked at.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.