

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?	Outstanding ☆

Summary of findings

Overall summary

This was an unannounced inspection on 8 and 9 February.

Summerlands is a residential care home for up to 31 people older people. At the beginning of the inspection there were 28 people living at the home. Some of the people had dementia so had limited verbal communication. Summerlands is a care home over three floors with bedrooms on each one. There are communal areas such as a living room and dining room. The owners have spent time improving the surroundings including recently having the garden landscaped. There was still some work being undertaken 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.

At this inspection we found the service remained Good.

Why the service is rated Good

Since the last inspection there had been a change in registered manager and the owners had worked hard to ensure there were continual improvements at the home. These had been recognised by two members of staff receiving awards from the local authority to recognise the care and support they were delivering.

The owners promoted a drive to create an excellent care home by encouraging staff to identify new approaches and ways to have person led support. There was a strong emphasis on working with the community and empowering staff to champion different areas of care. These provided opportunities for people's care to improve and promoted their well-being by being valued. There were occasions when the owners and registered manager went above and beyond to ensure people had received individualised care. Staff at all levels felt supported and were proud their work to improve the lives for people had been recognised.

The home had owners and management who strove to provide people with excellent care. People, visitors and staff told us the registered manager and the owners were excellent and had ensured the best care and support was provided. The registered manager and owners continually monitored the quality of the service and made improvements in accordance with people's changing needs. When specialist knowledge was required the management brought in external agencies to assist with the auditing of the home.

People received good care from staff who knew them well and appreciated they were working in their home. Feedback from people, relatives and visitors to the home informed us about how well cared for they felt.

Care and support was personalised to each person and being enhanced by using new systems they were introducing. This meant people were able to make choices about their day to day lives in line with their needs, hobbies and interests.

People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences facilitated by staff to help provide a dignified death. The owners and staff were currently working towards a nationally recognised standard to further improve people's end of life care.

The service provided to people was responsive to people's individual needs. There was an activities coordinator who strove to get feedback from people about the activities they ran. There was a range of opportunities for people and their families to participate in. Activities considered people's hobbies and interests and were personalised as much as possible.

Complaints were fully investigated and responded to in a timely manner. The registered manager and owners valued any concern a person or their relative raised. People and relatives felt there was an open atmosphere at the home where they could speak with the management. Their feedback was regularly sort through formal and informal opportunities.

There were suitable numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People who required special diets had their needs met and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments. Two health care visitors were very complementary about how the home supported the people they saw.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has improved to Outstanding	Outstanding ☆

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

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection took place on 8 and 9 February 2018 and was unannounced.

The provider had completed a Provider Information Return (PIR). 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. Before the inspection we reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service and 10 visitors including people's relatives and two health care professionals. We also spoke with 10 members of staff. This included the two owners, of which one was the operations director, the registered manager and care staff.

During the inspection, we looked at two people's care and support records in detail. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Following the inspection the registered manager and provider sent us further information which we considered.

Is the service safe?

Our findings

People continued to receive safe care and support. They told us, "I feel very safe here" and, "I couldn't have better. I feel safe". Relatives all agreed people were being kept safe. One relative said, "I do not feel anxious leaving my mother here". Interactions were positive between people and the staff. People were comfortable in staff presence. The operations director told us they, "Felt everyone was safe" and explained they risk assessed daily.

People were kept safe from potential abuse by staff who understood how to recognise signs and knew what action to take. Members of staff said they would, "Go straight to senior" and, "Go straight to manager". All staff agreed it would be followed up by the management. Staff knew how to contact outside agencies if their concerns were not addressed by the home's management. If they were concerned it was not then they knew about the external agencies they could speak with to keep people safe.

People were supported by enough staff to meet their needs and keep them safe. One person said, "When I ring the bell they come quickly, I don't have to wait long". Relatives told us, "I see lots of different people and I come at different times". All staff agreed there were enough staff. One member of staff said, "We have enough staff". Some of the staff had worked at the home for a long time. Two staff told us they had worked there for 14 years. They explained they stayed because they liked coming to work so much. One health professional said, "Staff don't turn over that fast" and explained when they leave they usually move onto another profession like nursing. This meant there was consistency for people living at the home.

People were supported by staff who had been through a recruitment process to identify they were safe to work with vulnerable people. This included obtaining references from previous employers and police checks. Improvements could be made because not all staff had a full employment history. The registered manager confirmed these had not been requested on the provider's application form. Following the inspection the provider sent us additional employment history checks completed and information about their updated application process.

The PIR told us, and we saw, people's medicines were safely managed and administered by staff who had received appropriate training. Staff knew how each person liked to have their medicine. When people had 'as required' medicine they always made sure to check if it was required. One person was sitting down so the member of staff administering medicines got down to their level and discretely asked if they required any painkillers. The person chose not to have any and this was respected. Systems to identify errors in variable dosages had not identified an error in one person's medicine records.

People were kept safe because most risks to them had been assessed and mitigated. One person who was at risk of falls had clear assessments in place with ways to reduce the likelihood of them happening. This included the use of a special piece of equipment to help them transfer between a seat and wheelchair. One health professional said, "When resident behaviour was risk to them and others they told me straight away and are managing appropriately".

People were kept safe from harm by the health and safety checks which were being completed. There were regular fire alarm and fire extinguisher checks. The operations director had completed additional training around fire risk management. The home was clean and people were safe from infections spreading. There were occasions when environmental risks to people had not always been fully considered.

Improvements were made and lessons learnt when there had been accidents or incidents. When people had falls there had been contact with other professionals. Care plans had been updated to reflect people's changing needs and actions taken to support staff with their learning through further training and supervisions.

Is the service effective?

Our findings

People continued to receive an effective level of care.

People were asked for their consent prior to anything being done. One health professional said, "They [meaning staff] understand capacity for a particular decision. Trying to get people to make those decisions". One member of staff told us they would talk people through decisions and give all the options.

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. Staff understood about considering what was in people's best interest when they lacked capacity. One member of staff explained they would consult other professionals and relatives of the person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked people who lacked capacity and were deprived of their liberty had the correct process in place. The management had made eight DoLS applications to the local authority and these were in the process of being assessed.

People were supported by staff who had enough training to meet their health and care needs. One relative agreed staff had received enough training to support their family member. One health professional told us the home was the only one in the area to take up a specific set of training offered by the local health authority. One member of staff told us, "There is loads of training here. They are always happy to help you progress". Another member of staff said they had, "Opportunities to develop". Some staff had recently been signed up for courses on mental health, end of life care and cleaning principles relating to their roles.

People were supported by staff who regularly liaised with other health and social care professionals. One person told us, "Sure I will be looked after if I don't feel well". They were working with local health care professionals implement a monitoring system. This would send weekly observations to the health professionals who could then identify if the person's health had declined and deliver appropriate treatment.

People with different needs and disabilities were respected and there was some equipment in place to help them. The activity coordinator told us they produced large print copies for some people. There was a machine which read out printed information for those who were unable to read for themselves. One person had a visitor who came to read their documents weekly.

People and their relatives had mixed opinions about the food and drink on offer. One person said, "Nothing wrong with the food". Another person told us, "The food isn't brilliant". One relative explained, "They put

[people's] favourite things on the menu". Another relative told us, "They [meaning staff] promote hydration. Always tea and coffee available". One health professional said, "The food looks excellent".

There was a 'food for thought' group who would help to feedback about the food being offered to people in the home. This was a group of people who fed back what they thought of the food being offered in their home. As a result of discussions explanations were added to foreign options they did not recognise. They also adapted the meals being offered. People had access to a smoothie bar which provided them with a variety of drinks to choose from.

People had access to other health and social care professionals to meet their needs. Relatives told us, "They [meaning staff] always call someone out when needed." One health professional told us staff have, "Sensible first line actions" and explained they tried to be proactive about supporting people. Another health professional told us, "Never known them not to follow instructions". During the inspection we saw when people needed support from another health care professional this was arranged.

People were thoroughly assessed prior to moving into the home so their care and health needs could be met. One relative told us their family member had the opportunity to complete a month's trial to see if it was the right move and they settled. After two days their family member said, "This is my home" and continued "They are so kind here".

Following the inspection, the provider informed us of the lounge design. They involved people to choose the colour scheme and associated decoration. Six different armchairs were 'tested' by a selection of people and the preferred option was purchased.

Is the service caring?

Our findings

People continued to be supported by kind and caring staff.

People told us, "They are lovely people" and, "The carers chatter with me when they are helping me. They don't talk over me". One relative said, "I find the staff charming and very helpful. They have patience". Another relative told us, "This is a very happy place. They [meaning the staff] are very caring and care for the individual". Other relatives told us they could, "Feel the love when they walked in" and, "There is a feeling of warmth and care". One health professional said, "The care here is excellent".

Compliments from people and relatives received by the home reflected how caring the staff were. Examples included, "We would like to take this opportunity to give our heartfelt thanks for the excellent care that you gave [name of person] during her time at Summerlands" and, "I would like to express my gratitude and thanks for all the love, kindness, care and compassion you showed my mother [name of person]".

One person began to feel unwell during the inspection. Immediately a member of staff went to comfort them. The staff member said, "I am sorry you feel like that. Is there anything I can get to make you feel better?" The person responded positively to the attention and gradually cheered up. One member of staff said, "Staff are very respectful. They support residents". Many staff expressed how they would be happy to use the home for their family members. Members of staff told us, "I would leave my mother here" and, "It is a home you can leave your mother in".

One relative explained their family member was anxious when they were moving in. They told us there was a, "Lovely greeting" from staff and the family member was made to feel, "Part of a family". The person's other relative told us staff had asked, "Nice questions" so they could find out about their life history.

There were occasions the management went above and beyond to ensure people received individualised care. One relative told us about, "An act of kindness" where the providers arranged for fake grass to be put on a flat roof outside their family member's bedroom window. Their family member was really happy because it was, "Now nice and green". They explained this reflected the beautiful view their family member used to have when living at home. One relative told us, "[Names of owners] try and personalise the care. Each person is bought a different gift [at Christmas]. Taking that extra step". They explained the gifts were carefully considered and individual to the person's likes and interests. This meant they valued people and wanted to make their experience as good as possible.

People were able to make choices and these were respected by the staff. One person said, "Long ago I said I did not want men [to help with intimate care]. They listened". Every morning there was no set breakfast time. People rang the bell and their breakfast was brought to them at their chosen time. One member of staff said, "They can have as many baths as they want. Most have showers in their room". Another member of staff agreed and explained if they wanted them daily they could.

People were supported by staff who understood how to protect their privacy and dignity. One person said,

"They are really, really good" and continued, "I couldn't ask for more". Staff always knocked on doors and waited for an answer before entering bedrooms. One member of staff told us, "Always shut doors" when supporting people with intimate care.

People were supported to maintain relationships with those who were important to them. One relative told us, "People come in 24 hours a day unannounced" and explained the management encouraged them to do this. One family were disappointed they were not able to continue eating with their family member at meal times. The provider did have plans to improve the dining room. Another relative was happy because a weekly wheelchair taxi was arranged so their spouse could visit them at home.

People with different cultural and religious needs were respected by the staff. One person had regular visits from their church members. Other people had opportunities to attend church services at the home. One relative said, "The vicar comes in every week and talks to people". During a recent resident meeting they discussed the upcoming Chinese New Year. One person suggested they should have a Chinese meal to celebrate it and this was facilitated.

People were supported by staff to have a range of activities to promote their well-being. This included doll therapy for people with dementia, a sound system with individual playlists they could listen to and a 'resident of the day' system. These all helped people remain settled and feel positive about the time they spent living at the home.

Is the service responsive?

Our findings

People were still receiving responsive care.

People were able to participate in activities in line with their needs and interests. Each person had an 'Activity Profile' which described different activities they enjoyed and alternatives they could be offered. One person said, "We go in minibus. Went yesterday to the garden centre" and explained they were able to, "Have a cup of tea and a cake". They told us it was, "A jolly afternoon for the ladies out". During resident meetings opportunities were discussed. They were asked if they would like opportunities to go out for lunch. Some people wanted to do this so the activity coordinator arranged taxis for small groups of people. The discussions also resulted in a choir coming to the home and visits to local attractions.

People were positive about the support and input the activity coordinator gave them. One person told us, "[Name of activity coordinator] is a very good organiser. Charming helpful lady". The activity coordinator told us after every activity they completed an evaluation with the people who participated. Any suggestions made by people were then acted upon if it was possible. Every six months they completed an activity survey. When people were unable to complete the forms on their own staff supported them.

At specific times of the year special events were held for the people to attend and participate in. There was a pantomime at Christmas and a summer event. One relative told us, "Staff become part of the panto. They dress up and above the call of duty. They try and involve people and relatives. Bring a bit of gaiety".

People had care which was designed around their individual needs and wishes. Care plans reflected this. For example, one person's care plan explained they loved to read and the genre.

Staff knew people's needs and wishes so they could provide them with the support they required. When we asked two staff about a person's daily care needs they were able to explain their preferences in detail. One staff explained they were transferring care plans to a new electronic system. They were not always involving people in the care plans. They did try and explain what they were doing on the new handsets they were using. Some people and relatives were not always aware they had been involved in writing the care plan.

People received care which met their up to date needs. When there were changes to people's needs, care plans were updated to reflect this. One person had been in hospital for a few weeks. Their care plan had been reviewed to include new information following their requirements changing. Staff were able to tell us about the current support this person needed.

People and their relatives knew how to complain and told us something would be done about it. One person said, "It is all very good. Really couldn't complain about anything". One relative said, "I wouldn't have any qualms about complaining. Simple and easy. Taken on board. Bosses are here". Other relatives told us, "There is always someone I can ask". There was an example of a small concern they raised which was followed up and resolved. They told us, "They bothered and they had done it for her [meaning family member] as they were worried about her distress".

People were supported to have a dignified death. During the inspection we saw how compassionate staff were when supporting people at the end of their life. Staff remained to support the person and family even when their shifts had finished. People's care plans reflected their wishes and included what they would like to happen. One person had requested a priest visited. Others had specific requirements about whether they were buried or cremated. The management and staff were working towards the Gold Standard Framework to ensure people's end of life wishes were considered and any final aspirations were put in place when possible. The Gold Standards Framework is a scheme designed to improve the quality, coordination and organisation of end of life care to promote high quality personalised care at the end of their life.

One of the owners had developed an 'End of Life Care Pack' with input from the local hospice. This included assessments to monitor the person's pain and anxiety. Following the inspection the provider informed us they have seen significant improvement in their communication with relatives and people improving after this pack was implemented.

Is the service well-led?

Our findings

Throughout the inspection the feedback we received was incredibly positive about how well led the service was. People, relatives and staff spoke highly of the registered manager and owners. 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. One person said, "She [the operations director] is most kind and friendly. Have a chat and a laugh. Couldn't ask for more". One relative told us, "The owners are here all the time" and continued, "They go that extra step". Another relative said, "The owner is always available".

Other health and social care professionals appreciated how well run the home was. One health professional said, "Personally I think it is a brilliant home" and continued, "They are very receptive and responsive". As a result of their visits they had chosen to move a family member into the home when their health declined. Another health professional said, "The home I would most want to be in [out of the ones they visit]". One staff member said, "[Name of registered manager] knows us all well". Other staff said, "Couldn't imagine working anywhere else" and, "[Name of the operations director] is like my mum. I am very supported. [Name of registered manager] is brilliant". The registered manager felt supported by the owners. They said, "[Name of the operations director] is very supportive. She is always here with me".

Both owners spoke passionately about the ethos they were trying to create in the home. They explained they wanted it to be person focussed and feel like their home. The operations director told us, "I know the residents. Speak with them daily and hand out newspapers". One person confirmed the operations director, "Comes up and brings me a daily paper". Everyone we spoke with reflected the vision the owners had for their home. Relatives said, "It felt like a community" and, "Feel that this is a family organisation". One health professional said, "Just feels very homely. Very individualised". They gave us an example of what they meant with a person who liked baking. One member of staff said, "I think the home is lovely" and continued, "It is like being in a hotel". Other staff told us, "It is very open, friendly and family orientated" and, "We are trying our best to really feel like a family".

The owners and registered manager promoted the drive for excellence at all times. They had introduced detailed supervisions for all staff to ensure they were delivering high quality care for people and felt supported. This meant other staff were consulted for feedback as well as people who lived in the home. One person said, "There is a spirit of co-operation between the carers. They support and help each other, especially with new carers". Some staff told us how much they had been supported by the management. Other staff explained they had worked for the owners for a long time and had no plans to leave. The owners valued the staff who worked for them by offering a benefits scheme. This promoted staff wellbeing and provided opportunities for them to attend gyms, receive support towards a variety of health treatments and discounts to a range of opportunities.

There had been recognition for work the staff and management were doing by external agencies. Two members of staff had received awards from West Sussex Partners in Care, who represented all independent

care homes in West Sussex, for their achievements. The activity coordinator had been recognised for their hard work and dedication they had put in to enrich people's lives whilst living at Summerlands. They were constantly finding new activities to reflect people's hobbies and interests. The operations director had received the, 'Care Employer Award 2017'. One relative said, "[Name of the operations director] is on site all the time" and continued to tell us they were, "Very personable". They told us they were, "Passionate about providing good care". They had also been one of ten care providers which had contributed to an annual parliamentary review.

The management repeatedly demonstrated their commitment to provide excellent quality care. They had been developing links with the local community. Groups such as Scouts and Brownies were welcomed into the home. People living at the home would help the children pass badges such as art and music by helping the young people. The management team and staff had linked up with a charity working with older people living alone in the community to help prevent loneliness. Seven older people came for tea as part of this project. This provided people living at the home with opportunities to make new friends.

The owners and registered manager placed a strong emphasis on continuous improvement to drive the quality of care forward. Staff were encouraged to complete research projects to try and improve the support people were receiving. Recently, the registered manager had reviewed the top five common health issues for people living at the home such as high blood pressure. As a result of the research, they had signed up to a pilot scheme with the local health care professionals to monitor people's basic health each week and send the information to community nurses. By doing this they were being proactive in identifying any decline in people's health early so appropriate interventions could be put in place.

The PIR told us, and we saw, some staff were champions for specific areas of care. They were encouraged to look at latest research, current best practice and find ways to apply it in the home. One member of staff was a dementia champion and explained how they had completed additional training. They had started to redevelop care plans for those with dementia in line with a tool produced by some national research. This meant there was more detail in their care plan for staff to deliver individualised care. Staff informed us how this had improved their understanding and support they provided for people living at the home who had dementia.

Another member of staff was a hydration champion. They had helped to lead the 'hydrate project' being trialled at the home. This was a project being carried out in a number of regions in care homes to promote people drinking more and reducing urine infections. Throughout the inspection staff were aware of the importance of people drinking enough. Every room had drinks available at all times. One health professional informed us Summerlands staff had reduced the amount of urine infections in people they supported.

There was a strong importance placed on continual improvement. There were regular meetings for people using the service, relatives and for staff. One person said, "I do feel I can go and discuss things. The meetings are open to suggestions". One relative said, "Staff don't wear name badges. It is the residents home" and explained this was people's choice when they were asked. Another relative told us there is, "Always constant communication". The owners were constantly trying to improve the environment of the home. The garden had been landscaped to be suitable for people using the service and the feedback was positive about this improvement. One relative said, "The garden is lovely. In summer my mother goes out and looks at flowers". Other relatives told us, "She [meaning their family member] likes to sit by the fish pond when she wants to" and, "They have invested loads in the garden. It gets used a lot". Another action taken as a result of these meetings was to complete some dementia awareness training for relatives.

The management were constantly seeking ways to improve the care and support people were receiving.

Recently, the owners had purchased a new electronic care plan system in an effort to improve the personalised care. One member of staff explained the system meant every member of staff would have a hand held unit to carry around. As a result, every time a staff member went to support a person their care plan could be updated immediately. The hand held devices also had a function so people could dictate verbally into them and update their own care plans even if unable to see what was on the screen. Staff could use this function too which, in turn, was hoped to increase the time they spent with people rather than updating and writing care plans.

The management had liaised with the NHS Head of Care Certificate to ensure the provider's was central to the people living at the home. The Care Certificate is a set of basic standards all health and social care workers should complete so they can deliver safe care and treatment to people. Their plan was to adapt it and make a bespoke version for staff to complete when they began working at the home. This was because not all areas were applicable to all staff. They told us they wanted to ensure specialist things were included in future inductions for new staff. This was so their service was reflected when staff completed their induction.

There were effective quality assurance systems operated by the registered manager and the operations director. These included regular audits, quality surveys and informal conversations throughout the day. When it was identified improvements could be made they were actioned. Some audits were completed by external agents with specialisms. When action had been identified the management ensured it was completed. For example, an outside agency was checking fire safety in the home. They had recommended more in depth fire safety training for staff; all staff had received this recently. This included the operations director completing additional fire management training to a higher level. Every six months there were external pharmacy checks who provided guidance about ensuring current best practice was being followed. During the inspection if anything was raised with the management they would immediately find solutions.

Policies and procedures in the home reflected current legislation and best practice had been considered. Notifications were sent in line with current legislation which meant other agencies were able to monitor the care and safety of people.