

Mrs Luisa Backhouse

# Summer Wood Residential Care Home

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 20 September 2018 and was announced. We gave the provider 24 hours' notice so we could be sure the right people would be available when we visited the service. At the last inspection we found three breaches of the regulations regarding risk assessment, recruitment practices, and records and the service was rated as requires improvement in safe, responsive and well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions of safe, responsive and well led to at least good. At this inspection we found there had been improvements and the breach of regulations had been met and the service is now rated as good.

Summer Wood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to up to four people living with a learning disability.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The service continued to be well managed by the provider, long standing registered manager and staff team.

As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk. The home was clean, and people were protected from the risks of poor infection and prevention control.

There were enough experienced and suitable staff to support people to stay safe and to meet people's identified needs and preferences. Staff were supported with training, supervision and appraisals to help them develop the skills they needed to provide good quality care. Staff reported incidents and accidents properly, and if these did occur, the registered manager made sure they were investigated.

People were supported to eat and drink enough. Food was nutritious and people gave us positive feedback about the choice and quality of food. People accessed the healthcare they needed to remain well, such as the GP or practice nurse, and their medicines were managed safely.

People were able to express their choices and preferences and these were respected and promoted by staff. People led the lives they wanted to and staff supported people to go out or join in activities in the home in

the least restrictive way possible. People were supported to maintain contact with those people that were important to them.

People experienced compassionate care that met their needs, and were supported by kind, caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were supported to be involved in their care reviews as much as they wanted to be. People had their care needs regularly reviewed and updated. The building and environment met the needs and preferences of the people who lived there.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be deprived of their liberty for their own safety or unable to make informed choices about their care.

The registered manager was well regarded and staff felt supported. People's views were asked for and the provider had taken action to improve the quality of service after feedback from the last inspection. People experienced good quality care and staff provided good support. The registered manager and staff had taken action and had made the improvements that were needed, so the regulations were now being met and the service was rated good. 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?

Good ●

The service was safe. The provider had a process in place to make sure appropriate checks would be completed when new staff were employed to work at the service.

As far as possible, people were protected from the risks of harm, abuse or discrimination. Risk assessments and risk management plans were in place and helped to keep people safe.

People's medicines were safely managed and there were enough staff on duty to meet people's needs.

The environment and equipment was safely maintained and infection control practices were safe. Incidents and accidents were well reported and investigated.

### Is the service effective?

Good ●

The service was effective. People had their needs and choices assessed and met. People were cared for by staff that had received appropriate training and had the right skills to meet their needs.

People's nutrition and hydration needs were met, and food was homemade and nutritious.

Staff asked for people's consent before providing care and had a good understanding of the Mental Capacity Act 2005 (MCA). The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring. People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected and their independence was promoted.

People were supported to make their own decisions and choices about how to live their lives.

### **Is the service responsive?**

The service was responsive. People's care plans provided staff with information about their preferences and support needs and people were involved in planning their own care.

People were asked for their feedback about the service and this was acted on. There was a complaints procedure in place. Complaints and concerns raised had been investigated and action taken to put things right.

**Good** ●

### **Is the service well-led?**

The service was well-led. Systems and processes for monitoring quality had improved and records were accurate and up to date.

There was good leadership and staff understood their roles and responsibilities.

People and staff had been asked about their views on the running of the service

**Good** ●

# Summer Wood Residential Care 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 comprehensive inspection took place on 20 September 2018 and was announced. We gave the provider 24 hours' notice of our visit, to make sure people's day to day lives would not be disrupted. We also wanted to make sure the right staff would be available to talk with us as part of our inspection. The inspection was carried out by one inspector.

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

We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with two people living in the home. We spoke with two members of staff and the registered manager. We were unable to speak with any relatives. We sampled various records including two care plans, medicines records, staff recruitment policies and other records related to the management of the service. We observed how people were supported and how staff interacted with people.

# Is the service safe?

## Our findings

At the last inspection on 30 March 2017, we found the registered manager had not completed all the relevant pre-employment checks, including employment history and evidence of conduct in previous employment. This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. No new staff had been employed since the last inspection, but the registered manager had introduced a new recruitment policy, which detailed what they needed to do to ensure all relevant checks were completed when they employed any new staff in the future. This regulation was now met.

We also found that risks to people's safety had not been fully assessed with regards to people staying away from the home overnight which was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager had taken action and risk assessment and risk management practices now met the requirements of the regulations. This included people staying out overnight, managing public transport independently, and support for people during the night, such as using a mobile phone, if they wanted to come home. This regulation was now met.

Other risks to people's safety were assessed and properly managed. People were supported to live as independent a life as possible, and positive risk taking was incorporated into each person's care plan. Staff knew what they needed to do to make sure people remained safe and described how they would identify risk and what action they would take to minimise it. This included supporting people who may become anxious or managing a health need such as high blood pressure.

People told us they felt safe living at Summer Wood Residential Care Home. When we asked if they felt safe people told us, "Oh yes. I couldn't cope on my own," and, "I do feel safe here". Staff knew what they should do to protect people from abuse. They could recognise types of abuse, and how people might behave if they were at risk of abuse. Staff and the registered manager knew who to report any concerns to and what action they should take if they thought a person was at risk of harm. There were appropriate policies and procedures for staff to refer to, to help them do the right thing.

There were enough well-trained staff on duty to meet people's care needs in a safe way. All of the staff had worked at the home for some time and knew people well. People had their levels of need assessed and the registered manager made sure there were enough staff available to safely meet people's identified care needs.

Medicines continued to be managed safely. Medicine administration records were accurate and staff were knowledgeable about people's medicines and any possible side effects. There was clear information about medicines needed on a 'when required' (PRN) basis including pain relief and everyone was able to ask staff when they needed their PRN medicine. Medicines were stored, administered, recorded and disposed of safely. One person told us about their medicines and what they were for, and that staff always made sure, "We have our medication".

The home was clean, and the registered manager made regular checks to make sure cleanliness standards were maintained. Staff knew what to do make sure infection prevention and control was considered and used the relevant personal protective equipment (PPE) such as gloves or apron when needed. The registered manager made sure that all the relevant maintenance was up to date and regular checks were carried out to ensure the environment remained safe, which included checks of the fire safety equipment and gas and electrical safety.

Incident and accidents were recorded and reviewed. Any concerns were reported and the registered manager had reviewed any incidents that occurred and took appropriate action to reduce the risk of the incident happening again.

## Is the service effective?

### Our findings

People experienced effective care and support because their needs and choices were properly assessed. People were supported to make their choices and preferences known, and the registered manager made sure these were incorporated into each person's individual care plan. If people's health needs changed, staff and the registered manager took the right action, such as reviewing the person's care plan. People's care needs and care plans were reviewed annually and updated more frequently if needed, to make sure each person experienced care that was right for them, and met their identified needs.

Staff training was up to date, and care workers were supported with regular supervision and appraisal. They had regular opportunities to talk about the people they supported, and reflect on their practice. All of the staff were supported to complete additional training to further develop their skills, which included the level 3 Diploma in Health and Social Care. Staff completed other training such as safeguarding and medicines management.

Staff had a good understanding of how to involve people in decision making and made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff made sure they always acted in people's best interests.

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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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). No-one living at the home was subject to a DoLS, but staff and the registered manager knew when to make a referral if it ever became necessary.

People's nutrition and hydration needs were met. Food was home cooked and nutritious and people gave positive feedback about the food. When talking about the meal that evening one person said, "The meals are nice. I'm asked what I would like". People had varied food choices and were encouraged to make suggestions about the meals they would like to eat, and were involved in ordering the food from a local supermarket, for delivery to the home. Staff knew people's food and drink preferences well, and made sure these were met. Drinks were freely available, and staff knew when to offer drinks, to make sure people stayed well hydrated.

People were supported to work with healthcare professionals so they maintained good health. Everyone was registered with a doctor and dentist and staff and the registered manager made sure people had regular health checks, such as an eye test. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed. One person told us about their recent visit to the GP for blood test and a check-up, and that they had been given the results by staff.

The building and environment was suitable to meet the needs of people who lived in the home. Everyone had access to all areas including the garden. Everyone had their own room which was decorated how they wanted it to be. People's rooms were personalised, and everyone had their own furniture and personal mementos on display, such as photographs.

## Is the service caring?

### Our findings

People were treated with care and kindness by respectful and compassionate staff. People gave us positive feedback about the caring nature of staff. Comments included, "All the staff are there to help you," and, "I get all the help and support I need". A member of staff told us they were proud of their role, and that they knew how to, "care for residents, keeping them safe and protecting them".

There was a relaxed and welcoming atmosphere in the home. People were at the centre of the home and staff knew people and their preferences well. Staff showed respect for people and understood their personal histories and backgrounds. This helped staff to understand each person and how their life history played a role in their needs and preferences now.

Staff listened to and spoke with people in an appropriate way, and made sure people felt they mattered. For example, one person wanted to talk to the inspector but felt anxious about this. The registered manager gently explained to the person they could talk about whatever they wanted to, and made arrangements for a cup of tea to be waiting for the person so they felt more comfortable. They spoke to the person in a caring way, and this action enabled the person to express their views about the care they experienced, and to be involved in the inspection process.

People had choice and control over their own lives and were encouraged to be as independent as possible. Staff had time to spend with people, and to sit and chat, or watch TV. Staff understood equality and diversity. They told us they were aware of the need to treat people equally irrespective of age, disability, sex or race and there was a policy in place to support staff with this. The provider had a policy in place which clearly detailed that people had the right to be treated with dignity regardless of their disability, and "everyone had the right to the same access to facilities as any other citizen in the community."

People were listened to and supported to make choices about their day to day lives, as well as about their specific care needs. People could go out to the shops or town, with or without the support of staff when they wanted to, and were free to join in with whatever they wanted to in the home. One member of staff told us how a person had decided what they wanted to do that day and the person, "made the choice not to go out today, as they're not feeling up to it."

People were happy to choose when they got up and went to bed at night and their privacy and dignity was consistently respected by staff. Each person's room was their own, and staff did not enter without the person's permission, whether the person was in their room or not. People's visitors were welcome in the home at any time, and people were supported to maintain contact with those people that were important to them. People's personal records were kept confidentially and securely, and only relevant staff had access to them.

## Is the service responsive?

### Our findings

At our last inspection we found the provider required improvement in responsiveness and we made a recommendation. This was because they had not updated people's care plans to accurately reflect a change in people's care needs. At this inspection we found the provider had taken action, and care plans were now accurate and up to date. People had regular reviews of all their care needs and care plans and risk assessments were amended if necessary. Support plans were clear and gave staff the information they needed to give people the care and support they wanted.

People were supported to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were also encouraged to express what their hopes and dreams for the future might be, such as moving to supported living, so they could live independently. The registered manager was supporting the person to achieve their goal and was liaising with the local authority to make sure the person wishes were respected and achieved.

Staff were always responsive to people's individual needs and communicated well with people and each other. Staff responded well to requests for support and helped people be as independent as they wanted to be. Staff knew what 'good' and 'bad' days looked like for people, and what they should do to make sure people had a good day most of the time. People said they were happy with the activities they took part in. These ranged from watching TV together, completing arts and crafts projects or going to theatre shows. One person described how much they enjoyed doing needlework with their friends in the home, and they liked to sit and chat together, listening to the radio and drinking a cup of tea.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Staff understood people's communication needs and used a variety of tools to support with communication. Most communication was by talking with each other face to face, but people also used the internet, social media and mobile phones to communicate. One person had been supported with the use of a mobile phone when they were away overnight, and they were encouraged to text or call the registered manager if they ever needed support at night.

The provider had an appropriate complaints policy in place. No complaints had been made recently, and the registered manager said they would always try and address any concerns before a formal complaint was needed. If any concerns were raised, they were listened to. The registered manager told us because they worked so closely with people every day, they, "Know when people aren't happy and we sort it straight away". They knew how people would communicate if they had any concerns and described how one person would raise concerns when it is their moment" to. One person told us they wouldn't change anything about the service and said, "All in all I'm very happy here".

At the time of inspection, no one required support with end of life care. The registered manager said that if anyone did need end of life care this would be fully assessed at the relevant time.

## Is the service well-led?

### Our findings

At the last inspection on 30 March 2017, we found the provider had not kept accurate and up to date records, including assessments staff of competency to administer medicines, care plans and records of who had completed fire drills. The provider's quality monitoring system had not identified these gaps in records. This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken action and the records we reviewed were accurate and up to date. The provider was also the registered manager and spent every day working with people and staff in the home. They regularly observed staff administering medicines and this was recorded in staff supervision sessions. Care plans had all been updated, and the registered manager had introduced a new policy to make sure any new people who moved into the home in the future, had a full assessment of their care needs recorded in a care plan. We also saw detailed records of the most recent fire drill and who had taken part. This noted how people living in the home and reacted when the fire alarm sounded, and that everyone had evacuated the building quickly. The regulation was now met.

The provider was in the process of completing a quality assurance process to obtain the views of people and staff about the quality of the service. They were waiting for a few more responses before they completed a full analysis, but said feedback so far had been positive. The three members of staff and the registered manager met regularly at staff meetings and during daily handovers, where they shared information about people using the service and any concerns or issues relevant to the running of the service.

The registered manager had been managing the service for many years and the staff team were stable. No new people had moved into the home since the last inspection and the staff team was the same. Staff and the registered manager knew people, their care needs and routines well, and the registered manager had a day to day overview of the service. The registered manager told us they assessed the quality of the service daily during the course of their working day, and knew straight away if there was action required to improve something.

Staff told us they felt supported and valued by the registered manager. They said their views and opinions mattered and if they had made suggestions to improve the quality of care people experienced this was acted on. For example, one member of staff thought the way an aspect of people's finances was recorded could be improved, to make it clear, and this was done.

Feedback about the registered manager was positive from people and staff. One person said, "She's a lovely manager. She looks after people well" and another, "She's lovely. Any problems you can go to her. She's nice and kind". A member of staff said the best thing about the home was that, "everybody gets on" and, "if there's a problem we just say something. The manager's very approachable".