

ARMSCARE Limited

Summerville House

Inspection report

Fenway
Heacham
Kings Lynn
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PE31 7BH

Date of inspection visit:
25 February 2020

Date of publication:
15 April 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Summerville House is a residential care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection; some people were living with dementia. The service can support up to 26 people in one adapted building on two separate floors.

People's experience of using this service and what we found

Improvements had been made to ensure people received safe care. Risks to people had been assessed and actions taken to mitigate them. Staff had received training in keeping people safe from the risk of abuse and knew what to look for and what actions they needed to take. Medicines were managed safely for people. There were enough staff on duty to keep people safe and recruitment processes were robust. The service was clean, and staff had the training and equipment needed to reduce the risk of the spread of infection. If things went wrong, action was taken to review the incident and any learning from this was used for future planning.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Although further work was needed to ensure records accurately reflected where people lacked capacity and who had been given legal powers to make decisions on their behalf.

Improvements had been made to the provision of meals and the choice that people could have. The registered manager had arranged a range of face to face training for staff to complete, which had improved staff competence and confidence. People's needs had been assessed before moving in to the home. The décor of the service had been improved to make the home feel cleaner, brighter and more suited to the needs of people living with dementia.

Staff were kind, caring and took time to promote people's independence. Staff knew about people's life experiences and history. This were used to meet people's preferences, likes and dislikes. Staff promoted people's dignity, and ensured they treated those they supported with respect.

Improvements had been made to the range, frequency and quality of activities and entertainment provided. This included ensuring people living with dementia had access and that these activities were meaningful. Complaints were managed within the provider's own procedures and were used to drive up quality and learning. End of life care planning took place for people who wished to do this, and staff were accessing enhanced training in this area.

The registered manager had provided much needed improvements to the quality of service provided. This had been very well received by people, relatives and staff. Improvement work was on-going, and there was a plan in place to measure this, with timescales for completion.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Summerville House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector, and an assistant inspector.

Service and service type.

Summerville House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback from local authority professionals who are involved with the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the regional director, care staff, activity staff, the cook and housekeeping staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

We also spoke with the provider's managing director who is the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider and registered manager had implemented an action plan since our last inspection to ensure risk to people were safely managed. This included completing regular checks and audits in areas of high risk such as the prevention of falls.
- In addition to this, the provider had invested in enhanced face to face training for staff in high risk areas, such as moving and handling, to raise the skill level and competency of staff.
- Our observations throughout the inspection showed that improvements had been made to ensure people were not put at risk from toiletries, razors and prescribed creams being left unsecured.
- The service assessed all the risks to each individual. There were care plans in place to guide staff on reducing risks to people. These had been reviewed regularly in conjunction with other healthcare professionals involved in people's care.
- Risk assessments relating to the environment were in place. Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

At our last inspection the provider had failed to ensure enough staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to ensure that the checks required when recruiting suitable staff had been completed.
- We observed there were enough staff on duty to meet people's needs in a timely way. People did not wait to receive support when it was required, interaction and activity provision had significantly increased.
- Relatives we spoke with told us the increased staffing levels had an extremely positive impact on the

quality of care and support provided. One family member told us, "There are enough staff to keep people safe, definitely enough staff on duty."

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.
- Care plans and risk assessments were in place to guide staff on reducing the risk of people being harmed.

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely.
- Medicines were stored appropriately, and effective stock control systems were in place. Staff received medicines training and their competence to administer medicines was checked by senior staff.
- Medicines which were only given on an 'as required' basis, had clear protocols in place to guide staff.
- Staff who worked at night time had been provided with training to administer medicines, so people would not have to wait should they require medicines, for example, to manage pain.

Preventing and controlling infection

- We observed that the service was clean, and that housekeeping staff were well trained and knowledgeable in best practice guidance.
- Audits were carried out of infection control to ensure the risk of the spread of infection was reduced.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or supporting with meals.

Learning lessons when things go wrong

- Improvements had been made in recording, reviewing and analysing information when things go wrong. New systems to monitor this by the service management, as well as the provider had been implemented.
- The registered manager had oversight of all accidents, incidents or near-misses. They reviewed all reports to ensure staff had taken appropriate actions at the time. This helped to ensure lessons could be learnt, and further incidents prevented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure care and treatment had been provided with the consent from the relevant person. This was a breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However further improvements was still required.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There had been an inconsistent approach to managing and reviewing the assessment of people's mental capacity and the decisions needing to be made on their behalf. We found that some records did not accurately reflect where legal powers had been granted to another person to make decisions on their behalf.
- Since the new registered manager had come into post, improvements had started to be made, but processes were in their infancy, and further time required for practices to become embedded. The registered manager had begun a review of all records relating to the MCA and ensuring accurate understanding of which people had attorneys appointed to manage finances or make decisions relating to health and welfare.

- People were asked for their consent to care and support. We saw staff asked for consent from people in the most appropriate way for the individual.
- Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed at the point they moved into the home. This information was then used to create individual plans of care and support. These plans reflected people's diverse needs, including aspects of their life which were important to them.
- Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of needs.
- The registered manager had arranged for staff to undertake in- depth training in key areas of care delivery, including supporting people to eat and drinking safely, to ensure that care was delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- The provider had invested significant resources in to increasing the quality and quantity of training that staff were able to access. Staff told us that this was welcome, enjoyable and gave them confidence to do their jobs well. One staff member told us, "The training is great, we do so much more face to face training now. It's given us lots of opportunities to develop."
- New staff completed an induction in line with nationally recognised standards when they started work at the home.
- People and their relatives told us that staff were competent in their roles and were well trained. We observed that staff were confident when supporting people with complex tasks such as using moving and handling equipment.
- The registered manager had introduced "Champion" roles in skill areas such as dementia care, diabetes and infection prevention. Staff appointed to these roles were completing additional training and had a job description to reflect the additional skills and responsibilities.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us that they were offered a good choice of well-made food. Improvements had been made to the way in which menus were presented and people's choices collated. This included the use of photographic menus.
- Another improvement we observed was the cook speaking with people to ask them what they would like, using the photographic prompts. This was carried out with enthusiasm, warmth and cheerfulness. Taking the opportunity to sit and chat with people briefly about their day.
- People were offered choice in fine detail, and the cook knew their preferences well, for example asking one person if they wanted extra butter with their mash, like they usually did.
- The cook told us that they had been provided with additional training on providing meals for people who require different textures and consistencies, so they can eat safely.
- Staff provided support to people at mealtimes, if they required this, in a way that promoted peoples dignity, safety and independence.

Adapting service, design, decoration to meet people's needs

- The service was undergoing a comprehensive programme of refurbishment. This was designed to enhance the internal environment and outdoor recreational spaces.
- Improvements had been made to the environment in line with best practice guidance to aid navigation around the service for people living with dementia. This included changing the colours of doors and

corridors.

- People and their relatives were all very positive about the refurbishments and how much this had improved people's wellbeing

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The service had a close working relationship with local health care professionals. People and their relatives told us that access to healthcare was arranged without delay.

- Staff accompanied people to healthcare appointments if people wished for this support. Staff knew people's health needs well. Records we reviewed showed that staff identified changes to people's wellbeing and took action.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Improvements had been made since our last inspection to ensure people were treated well by caring staff. People and their relatives told us that staff were kind and caring. One relative told us, "Over the last year things have definitely improved, [person] is always clean and fresh. [Staff] make sure [person] is not isolated. If they sleep through a meal, they make sure they have something when they wake up."
- We observed caring interactions between care staff and people. For example, we saw a staff member say to a person returning from the hair salon, "Your hair looks beautiful." Staff greeted people when they saw them, offering support and reassurance where necessary.
- Staff had started to learn the language of a person who first language was not English. We saw that staff used this to reassure the person and give them choices. We spoke to their relative who told us how important it was for the person and how touched they were by this.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager now ensured that people were involved in making decisions about their care where they could. This was recorded and noted as such in daily records and care plans.
- Where people were not able to express their views and could not be involved in decisions about their care, their relatives and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate and holistically considered their needs.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather.
- Staff were respectful towards people they supported, ensuring that preferred names were used, and checking with people first before providing them with care. Staff we spoke with told us that it was important to ensure they respected people and gave us examples of how they promoted people's privacy.
- Staff encouraged people to maintain their independence. Staff knew what people could do for themselves and were patient and supportive in helping them to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure care and treatment had been planned and delivered to meet people's individual needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care and support specific to their needs and preferences. We observed that staff knew people well and how each person wished to receive interaction.
- Improvements had been made to people's care plans and this work was ongoing to ensure these were detailed and contained clear information about preferences and what was important to the person. Each person's care and support plans were now regularly reviewed and updated to reflect their changing needs.
- The provider had invested in recruiting additional staff whose focus was to provide activities and stimulation. There was now a regular programme of events that people could join in, including events off site for example an afternoons Llama trekking.
- People were supported to develop and maintain relationships with family and friends. Relatives we spoke with told us they were made to feel welcome. Care plans showed relatives were involved in planning people's care where appropriate

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their care plan and understood by staff.
- Information was available in accessible formats, such as large print. Dementia friendly signage had been installed so that people could recognise rooms and different areas of them home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and relatives told us they knew how to make a complaint if they needed to.
- Complaints had been fully investigated and dealt with promptly and in line with the provider's own policies and procedures.
- People we spoke with told us they would be very comfortable raising any issues with the registered manager if required.

End of life care and support

- End of Life care plans were in place for people and the registered manager worked with other agencies to meet people's end of life care needs and wishes. Where 'Do Not Attempt Resuscitation' forms had been completed for people, these had been signed by the GP.
- An end of life care "Champion" had recently been appointed by the registered manager and was receiving additional training for this. Their role was to promote the best care for people at the end of their lives and upskill staff with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure systems in place to assess, monitor and improve the quality of care were effective at doing so. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People, relatives and staff all told us that the service had improved greatly under the leadership of the new registered manager. This included improvements to the environment, the leadership and training of staff, mealtimes and activities.
- Staff told us that they felt very well supported by the registered manager who was knowledgeable, open and supportive. Staff felt their own performance has improved under their leadership. One staff member told us, "[Registered manager] has turned the place around completely. Morale has improved a great deal. There are loads more things for people to do. I look forward to going to work."
- Relatives were very complimentary about the impact the registered manager had on the home, and this had also resulted in improved staff performance, particularly of the senior team. One relative told us, "I am the first to complain, but the home has been totally turned around. [Registered manager] is brilliant. [Senior carer] is amazing. This is the best the home has ran in the 11 years I have known it."
- There was a robust quality assurance system in place. This had identified shortfalls in service provision and action had been taken to make improvements as a result. The registered manager and regional director knew where continued improvements needed to be made and were working towards achieving this.
- The registered manager and regional director carried out a variety of audits to monitor aspects of the service and identify any patterns or trends. For example, infection control, cleaning, health and safety and medicines management.
- The registered manager had implemented new quality satisfaction surveys which took place every 3 months. These surveys were themed to try and improve response rates, which had a positive effect.
- Staff told us they had regular supervision sessions and staff meetings gave them the opportunity to raise concerns and make suggestions.

- The registered manager and senior staff had all enrolled in a social care management qualification and were working towards achieving this. The registered manager was passionate about improving the leadership and management skills for the whole leadership team.
- Regular meetings were held with staff about the running of the service and the people they cared for, to ensure they kept up to date with any changes or areas for improvement. The registered manager created action plans to act on the feedback from these meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and the quality assurance director understood their responsibilities relating to duty of candour. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned.
- The registered manager understood their legal duty to inform CQC of relevant incidents and had done so when required.

Working in partnership with others

- The registered manager and provider had positive relationships with healthcare professionals who supported people using the service. They also had good links with the managers of the providers other services to share experience, knowledge and best practice.