

Your Health Limited

Summer Fields

Inspection report

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Date of inspection visit:
14 March 2016
16 March 2016

Date of publication:
15 April 2016

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

We carried out an unannounced inspection of Summer Fields on 14 and 16 March 2016. Summer Fields is a large old style property owned by Your Health Limited. The home is registered to provide accommodation for up to fifty people who require nursing or personal care. At the time of our visit the service was providing support for 40 people. The service has two units and at the time of inspection, Unit 1 provided support for 14 people and Unit 2 provided support for 26 people.

The service had a registered manager in post. 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. There was a registered manager in post, they had been registered since March 2015.

We found that the service was safe and effective. People told us they felt safe and we saw that staff knew how to ensure they were safe. From our observations it was clear that staff cared for the people they looked after and knew them well.

The service was caring and people and their relatives confirmed this to us. The service was responsive to people's individual needs and made sure any concerns were addressed. It was a well led service, with staff, relatives and most of all, people being happy with the way it was managed.

All medication records were completely legibly and properly signed for. All staff giving out medication had been trained in medication administration.

We had asked the people who used the service, their relatives and the staff who supported those people, what their views were. They confirmed our findings on the inspection, that the service was good and that the people who used the service, were happy with it.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authority for some people

People and relatives we spoke with said they would know how to make a complaint, none of the people or their relatives we spoke with had any complaints.

People and staff told us that the home was well led and staff told us that they felt well supported in their roles. We saw that the registered manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well and that the staff were well supported to carry out their duties.

We saw that infection control standards in the home were monitored and managed appropriately. Audits were completed as necessary and maintenance records were up to date and legible.

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.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

We saw appropriate personal emergency evacuation plans were in place.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

Senior staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made the appropriate referrals to the Local Authority.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs

Is the service caring?

Good ●

The service was caring.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and people appeared comfortable with staff.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Is the service responsive?

Good ●

The service was responsive.

A range of social activities was provided and the activities co-

ordinator took time to build positive relationships with people

We saw people had prompt access to other healthcare professionals when required.

Each person had a care plan that meet their individual needs and risks.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

Quality assurance systems were in place to ensure the service provided safe and good care.

The manager was clearly visible and staff said communication was open and encouraged.

Summer Fields

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 took place on 14 and 16 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and one specialist advisor who was a nurse with experience of caring for older people, focusing upon nursing care and medicines management. Before the inspection, the provider 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with four people living at Summer Fields and with nine relatives and visitors. We talked with seven staff on duty including ancillary staff. We also talked with the registered manager. We were also able to talk to visiting professionals including a district nurse and G.P. We observed several other people who were supported by the service, who did not want, or were unable to talk with us. 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 observed support for the majority of people who lived at the home. We reviewed a range of documentation including eight care plans, medication records, and records for five staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with people who lived at the home and visitors and asked if they felt safe. One person told us, "Oh God yes" and when we asked a relative what their opinion was of the service, they told us, "She feels nice and safe here". We were also told by a relative that the home was, "Clean and cosy. There's a homely feel."

We looked at the records relating to any safeguarding incidents and we saw that the registered managers maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. We saw how staff practice had been changed following the learning from a safeguarding incident. We asked staff members if they knew safeguarding processes and asked if they felt confident to know how to be able to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse..

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. We saw that all the risk assessments relating to the home and the equipment were in date.

We viewed five staff recruitment files and found that all the appropriate recruitment processes had been followed and that checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person. We saw each member of staff had undertaken a comprehensive induction. One relative told us, "[name] is safe there, the staff are great".

We observed medication administration. This was carried out safely, the drugs were administered appropriately and people were observed taking them. There was a drug trolley which was appropriately secured and measures were in place to ensure the safety of the controlled drugs cupboard. There was evidence of a pharmaceutical risk assessment undertaken within the last 12 months but was now due to be reviewed.

Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. This meant that people were receiving their medications in a timely manner. All the medication was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor. We saw that those who required covert medications had had the appropriate processes documented for this decision with the input from doctors, families and staff. We also saw one person's room had a notification poster on the door that oxygen was stored in the room. This person also had a portable unit to take out on visits. People who were new to the service had their immediate medication needs met whilst waiting to be included in the regular pharmacy order and delivery scheme. We also looked at the records for accidents and incidents, we saw that actions had been taken following each event, for example referrals to the falls team.

We saw that the risk assessments for the people living in the home were in the process of being updated. We noted that care records were being re-filed and updated into new style files which would encourage staff to complete their documentation responsibilities in a timely manner. We saw that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. We saw that one person had been successfully cared for in bed for two years because their skin integrity had not been compromised.

We saw the daily cleaning rotas for the kitchen and for ancillary staff. These showed deep clean processes that were carried out in the kitchen and floor by floor. We observed that home was clean with no offensive odours. One relative told us "It's spotless, we never find any problems. You never smell anything here". We noted that gloves and aprons were freely available in rooms and were also available on a trolley that the staff would use to take to rooms if needed and that hand gel was available throughout the home.

There appeared to be enough staff on duty on the day of the inspection as all people using the service had their care needs met in a timely manner, but we noted that that paperwork was hard to complete by the care staff during the day due to them ensuring that care was provided.

Is the service effective?

Our findings

When we asked people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One relative told us, "They [staff] are trained very well, they're very competent", another person said "I think the staff are trained properly".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the manager had a full and detailed understanding of the MCA and its application. We saw that all the staff had received MCA and DoLS training.

We looked at care files and saw that the majority had an audit trail of capacity assessments, best interest meetings and DoLS applications where required. We also saw evidence in care documents that people who were able to, had signed consent to aspects of their care plans and had been involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care.

We looked at five staff files that showed all had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff attend all had attended training required by the provider, which included safeguarding, moving and handling, first aid, fire awareness, infection control and tissue viability. We saw that 13 staff had achieved their Diploma level 2 in Health and Social Care and 10 staff had achieved their level 3. There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. One staff member told us that, "If I want training it goes into supervision and I get it". This meant that people who used the service received care from staff that were skilled and competent to support them. Staff were able to be kept up to date with best practice.

We observed lunchtime and saw that people were able to choose to have their meals in their room, the lounge or in the dining room. We saw the atmosphere to be friendly and relaxed. We observed some staff taking various meals to serve to people in their rooms. This showed us that individual's choices were respected. Where people required support to eat, staff supported people in a friendly and unrushed manner and gently encouraged them with their meals.

We saw that staff told people what the meal choices were and asked what they would prefer prior to serving. We were able to sample the food offered and found it to be hot, tasty and in appropriate quantities for the people. We asked people if they enjoyed the food and all said yes. One person told us "It's delicious", another person said "The food is marvellous" and another comment made was "There's never any problems with the food".

We saw drinks and snacks appeared readily available in the lounge areas and in corridors throughout the home. We noted that some people had diet intake, fluid intake, weight and BP recorded on a daily weekly or monthly basis but if a persons risk assessment scores changed then staff monitored them more frequently and a referral was made to dieticians or G.P. if needed.

When we looked around the building we saw that everyone had a spacious bedroom with en suite shower and toilet. People had been able to personalise their bedrooms. The home provided sufficient space to allow space between chairs and beds to enable carers to help people with their needs. We saw a large outside garden with seating facilities which also housed bird tables and bird feeding stations for so that people could enjoy seeing the birds. The manager had made significant changes to the external space by having a large wooden patio built with easy access for everyone.

We also saw an active environmental action plan that had been put into place in June 2015, we could see what had been completed and what was currently being actioned, an example of this was carpet replacements that had been completed March 2016.

Is the service caring?

Our findings

One person told us staff, "Are lovely and very attentive". Everyone we spoke with said that they were treated with dignity and respect. We also spoke with relatives, one of whom told us, "They all know her name which is lovely", other relatives said "Staff are excellent" and "Staff are great, everyone is so kind and caring". Family members that spoke to were all pleased with the way that care was given to their relatives and felt involved in decision making.

We asked people if they were able to choose when they went to bed and were told by a person who used the service "I get up and go to bed when I want to".

It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We observed the staff ensured the privacy and dignity of the people who used the service. We saw the staff interact with the people and they appeared to know the person well and they had an understanding of the personal needs and the background of the person.

We observed the lunchtime period. As some people had communication difficulties due to declining mental health, we completed a Short Observation Framework for Inspection Tool (SOFI) in two of the communal lunch rooms. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

Using the SOFI, we saw that the staff interactions with people were positive. We observed staff asking people if they had enjoyed their meals, offering to assist them with their food and having a laugh and a joke with people.

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main office. We saw evidence in peoples' care plans of their end of life choices.

The home held meetings with relatives and we were told by one relative who had attended the previous meeting that the home had informed them of the future plans. We saw that the home devised and distributed a 'Summer Field News Letter', September 2015 and January 2016. This informed people of upcoming events, activities and any news regarding the home. Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues.

We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner. We were told by a visitor "The staff are great, no complaints at all. They are brilliant" and a person who used the service told us "The staff are nice, we like it here".

Is the service responsive?

Our findings

People we spoke with were satisfied with the way care was provided, told us that could not fault the approach of the staff, and felt listened to. They told us that they would certainly be able to express concerns about the service if they had any. One person told us "Any issues at all just go to the manager".

We looked at the complaints procedure and saw that it was clear and comprehensive. We noted that the complaints log had no complaints recorded during 2015.

The care files in the home were in the process of being updated. We reviewed eight care files, both old and new files, and found all the important information about the person and their care needs was documented in the file. The care files contained plans describing how the person needed to be cared for. We saw the new style files would encourage staff to complete their documentation responsibilities in a timely manner.

Assessment and care planning information identified people's needs and the care they required. For example, an assessment, mobility, eating and drinking continence, personal care requirements and sociability were all undertaken. We saw that the care plans included information on how the person wanted to be known. We were able to observe how the home had ensured people with dementia were able to have items that brought them comfort, examples being a doll or a stuffed dog.

The home employed an activities co-ordinator who provided a range of social activities each day. These activities were advertised on noticeboards throughout the home. On the day of our visit there was singing and dancing taking place. This was seen to be enjoyed by those who participated with a number of people using the service dancing with staff. We were told by relatives that they get invited to the summer barbeques and we were told by some relatives that they had been asked to get involved in planning activities with the home. We also saw that external entertainment was accessed by the home and outings were planned.

We saw that the service had clear referral systems to other agencies when the needs of the people changed. An example of this was when the district nurses were informed of a change in a persons' blood sugar reading and the district nurses were contacted for support and advice. The district nurses reported that they continued to support both the person and the care staff in monitoring the persons health and the outcome had been that no other help was required, for instance GP or hospital involvement. The referral had been appropriate and timely.

We spoke with health professionals about the home and we were told by a district nurse that "Staff are always approachable". We also spoke with a G.P. and they said "They're very good and always contact appropriately" They went on to say "They always have the observations ready for you and they can always find the notes. Seems quite organised".

We noted that a communication book and diary were used and checked every day to ensure specific appointments were not missed, for example hospital appointments, GP visiting day and people to be seen.

We observed throughout the days of our inspection that staff and people who lived at the home interacted with each other in the communal areas of the home. Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff.

People's relatives fed back during the inspection that their family member's needs were met and enhanced by the care at the home and that the care was very personal and attentive to particular needs of the person. One relative said "Any change in Mum's behaviour is dealt with straight away".

Is the service well-led?

Our findings

The staff we spoke with told us they felt supported. One staff member said "Most definitely". All staff we spoke with told us they felt well trained and felt that the home was well led. One staff member told us that the registered manager was, "Definitely good, very approachable". We asked the people who lived at the service if they felt the service was well led and we were told by all, "Yes". We also spoke to people's relatives, one of whom told us "[Manager] is a good one,

The service had a registered manager and no deputy manager support. The registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

The registered manager explained about improvements that had been made to the environment especially the basement area and the outside decking area. They explained that the provider was very supportive of enabling improvements to the home environment.

The registered manager told us that they received supervision and support from the provider. This showed that the manager was supported in their role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues. It also showed that they were able to ask for any resources they had researched that would be beneficial to the people who use the service, an example of this were items called "fiddle muffs". These had been requested as they were useful for people in advanced stages of dementia.

It was reported by relatives that we spoke with that they did feel listened to and that the home staff would support suggestions to enhance care of their relatives. We were told by one relative of how the manager had prepared the family for what was to come, as their family member had dementia. They said "[Manager] explained about the illness, they've prepared us really well".

We saw records of quality assurance records that had been completed by family and friends dated March 2015. They showed 100% satisfaction with people indicating either good or very good to the questions being asked.

We saw all policies and procedures had been reviewed June 2014 and some had been removed for review. These policies included company standards, patient and service user policies, clinical care, hotel service and personnel.

We looked at records of quality audits which included care documentation, infection control and medication. These were dated recently and identified if any action were needed.