

Bondcare (Halifax) Limited

# Summerfield House Nursing Home

## Inspection report

Gibbet Street  
Halifax  
West Yorkshire  
HX1 4JW

Date of inspection visit:  
15 June 2017  
20 June 2017

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13 July 2017

### 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

Summerfield Nursing Home is a registered service that provides support for up to 106 people living with dementia. The home has accommodation over three floors. At the time of our inspection there were 103 people using the service.

At the last inspection, the service was rated Good.

One key question was rated 'Requires Improvement.' The service had not always been effective in protecting people from abuse and recruitment processes were not always followed. At this inspection we found the provider had made improvements in these areas.

At this inspection we found the service remained Good.

Why the service is rated Good

People received support, if and when they needed this, which was individual to their needs. Risks were minimised, wherever possible, whilst maintaining people's independence. Staff received training and support which helped them be effective in their roles. The registered manager on the day of inspection had arranged further online training courses which ensured all staff were up to date with their required training. People had choice and control of their own lives. The service provider's policies and systems were up to date and effective. We observed a relaxed atmosphere throughout the home. The registered manager ensured the quality of the service was monitored, and improvements were made when required. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

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 ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Summerfield House Nursing 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 checked 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 was a comprehensive inspection which took place on 15 and 20 June 2017 and was unannounced.

The inspection, on the first day, was carried out by one adult social care inspector, a specialist advisor [Nursing] and two experts by experience who had experience with supporting people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, one inspector attended the home. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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 our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 12 people who used the service, 15 members of staff including the unit manager, chef, two nurses and the registered manager. We spent some time observing support given to people in their home. We also spent some time looking at documents and records that related to people's care and the management of the service. We looked at nine people's care plans.

# Is the service safe?

## Our findings

At our last inspection on July 2015, we rated this key question as 'requires improvement'. We identified two breaches of regulations. We found safe recruitment practices were not always in place and safeguarding notifications were not always completed. We asked the provider to submit an action plan to show how they would improve in these areas. At this inspection we found both recruitment practices and safeguarding notifications had been kept up to date. We concluded the provider was no longer in breach of the regulations.

People we spoke with told us they felt safe living at Summerfield. One person said, "Yes, I do feel safe. It's better than being at home. I got flooded so I came here. I couldn't manage, so I'm much safer here." Another person added; "I feel safe here. I'd started forgetting things at home and the Staff here are very helpful and kind."

We reviewed what the provider told us in the PIR. They said, 'Robust recruiting procedures ensuring staff are safe to care for residents, DBS, reference checks, evidence checks of driving licence passport, birth certificate. Continuous training programmes in place to meet local authority and Bondcare requirements for resident safety including safeguarding. All residents are pre-assessed prior to admission to ensure the service can meet their needs. Individual care plans and risk assessments are in place to meet the needs of the resident safely on a daily basis Nutrition, MUST and weights recorded as appropriate'. We saw evidence during the inspection which confirmed this was the case.

People were protected from abuse and harm by staff who understood the principles of safeguarding and understood when and how to report any concerns. They had confidence the registered manager and the senior members of staff would act appropriately on any concerns brought to them. We found staffing levels were adequate for the support on each floor within the home.

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way.

The home was clean and there were no odours present. We observed staff cleaning areas of the home during our visit. People's bedrooms were observed been cleaned throughout both days of our inspection.

## Is the service effective?

### Our findings

We reviewed what the provider told us in the PIR. They said, 'The home ensures that resident's needs and preferences are being met by having review meetings with families and local authority and CCG. Residents have choice and are encouraged to personalise their own bedrooms, choose their own clothing on a daily basis. Meeting nutritional and hydration requirements including a halal diet for cultural differences, healthy options and also for diabetics. SALT input for poor swallowing, kitchen is aware and the correct consistency of food and fluids is tailored to meet the resident's needs. Manager has an open door policy to ensure families can speak to him at any time'. We saw evidence during the inspection which confirmed this was the case.

People and relatives we spoke with all told us staff were skilled in supporting them or their relative. One person told us, "Staff are lovely. They are always chatting to us, more importantly they know what I like and don't like and that is really important to me."

We saw evidence to show people were involved in making decisions about their care. People's capacity to make specific decisions was well documented, with procedures in place to ensure people received appropriate support to make choices when they lacked capacity to do so. Where people had capacity we saw they had signed documents indicating their consent relating to decisions such as being photographed and the sharing of records relating to their health and social care professionals.

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). Most people using the service had a DoLS in place at the time of our inspection.

We observed most people were having lunch in the dining rooms on each floor. We saw tables had been set with table mats, cutlery, glasses and jugs of juice. We saw on a sideboard there was a variety of condiments. Everyone we spoke to told us they really enjoyed the meals. We spoke to the registered manager about looking into people's meals especially on the dementia floor in relation to when staff are asking what they would like to eat the day before. The registered manager told us they would look into this and what would be more appropriate for people.

We saw people who needed assistance in accordance to their care plan were supported throughout the meal

The home was spacious and all rooms had personalised signs throughout with pictures, names and some photographs of what were important to them in place on the door. The dementia floor was adapted to support people's needs.

## Is the service caring?

### Our findings

We reviewed what the provider told us in the PIR. They said, 'We have family reviews/meetings. Resident/family reviews. Relative and resident meetings every quarter. The home has ten dignity champions in place to promote dignity rights to residents and other staff members. Care plans are filled out with families. Residents have the choice to sit in communal areas or in privacy of own room with relatives. Take into consideration resident's end of life and beliefs. Individualised Care of Dying Documentation (ICODD) in conjunction with the palliative care specialist nurses. Family wishes also taken into consideration at this time and wishes followed as recorded in care file. Staff speak multiple languages including Muslim and Indian which in turn helps the residents feel at home. Staff are multi-cultural also and this meets the demand for the residents to be treated with dignity and respect. Equality and diversity is promoted through the home'. We saw evidence during the inspection which confirmed this was the case.

Everyone we spoke with told us they thought the staff were kind and caring. One person told us, "Staff are not bad they all listen to me." Another person told us, "I make my own choices when I get up and when I would like to go to bed." Another person told us, "The staff are mostly young, I don't know why they want to talk to us old ones but they do they are all really nice." A relative told us, "The staff here seem caring and they generally good in terms of respecting privacy and dignity. I think that the staff have a good attitude to their work here. They are good at supporting independence."

There was good interaction between people living at the service and the staff. We observed people laughing and joking with staff whilst they sat in the communal areas. We did not see any poor interaction throughout both days of our inspection. We found staff to be attentive to people's needs throughout. People looked to be relaxed in their own surroundings.

People's privacy and dignity were respected. Staff knocked and waited to be invited into people's rooms. We observed staff asking people before they did anything. For example, asking where people would like to go whether this was in the communal rooms, garden or their own bedroom

## Is the service responsive?

### Our findings

We reviewed what the provider told us in the PIR. They said, 'The home has a person centred approach to care. Residents are encouraged to express their views, wishes choices where we can facilitate and ensure their needs are met. Residents and relatives are encouraged to speak to the Home Manager in an open manner about any issue or concern they may have. Residents and relatives meetings are quarterly. Surveys are given out every 6 months. Complaints are dealt with quickly and efficiently being resolved and with minimal upset to families'. We saw evidence during the inspection which confirmed this was the case.

We saw evidence which showed professionals, involved in people's care and support, met regularly to review and update people's support plans. Records also showed regular contact was maintained with families, where appropriate, and this was agreed to by the person using the service.

We spoke to people about their activities and hobbies. The televisions were on in some lounges, and the hi-fi was playing older songs such as Vera Lynn in another lounge. One person we spoke to said, "Yes, I do activities. I have my hair done on Wednesdays every week. We have sing songs and I sometimes watch the television in the lounges." A second person said, "I join in with whatever is happening, quizzes and things like that. When there is a sing a long I partake and do my best." A third person said, "There are activities but I don't really do them. I just like to watch the telly. I like talking to people; I talk to everybody and get to know them. Saying that, we did go out on the mini-bus to Batley Variety Club recently. We had a right good day out." We observed activities through the day including a local group with instruments and music for people to sing along to. People looked engaged throughout and many participated with singing.

There were policies and procedures in place to ensure concerns or complaints were responded to appropriately. There had been one complaint since the last inspection. This had been responded to in relation to the policy in the home. We spoke to one person who told us, "I do know who the Manager is, Carl, he's alright he is. If I did have a complaint, I would feel confident in making it and I'd know what I had to do."



## Is the service well-led?

### Our findings

There was a registered manager in post when we inspected. 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.

We reviewed what the provider told us in the PIR. They said, 'Open door policy, open and transparent communication, quality assurance, listening to people, visible and approachable within the home. The manager is committed and has passion. Keeping abreast of what community requires by working closely and building relationships with local authority and CCG. Listening to the residents on the service provided. Implementing change for best practice. Learning from complaints, Incidents and accidents and ensuring best practice approaches'. We saw evidence during the inspection which confirmed this was the case.

We saw the registered manager was a visible presence in the service, and observed they had positive relationships with staff and people who used the service. We saw evidence of an open culture. Staff at all levels were comfortable speaking with the registered manager, and we were told staff felt able to speak openly with them.

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards. People who used the service were asked for their opinions, and we saw the provider's analysis of responses to surveys showed people were happy with the service. Where people had given any examples of improvements to be made, we saw action had been taken as a result.