

N H Care Limited

# Summerfield House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 9 November 2016 and was unannounced. At the last inspection in December 2015 the service was in breach of regulation 18 of the Health and Social Care Act 2014. We asked the provider to take action to make improvements in how they ensured there were enough staff with the suitable skills and knowledge required to support the people who used the service. We found that the provider had taken effective action to address our concerns.

Summerfield House provides personal care for up to five young people with learning disabilities. At the time of our inspection the service was supporting five people who lived at the home.

There had been no registered manager working at the service since December 2015 however a new manager was in the process of applying to become the registered manager. This person was not present during our inspection but we spoke with them on the telephone. 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 of the Health and Social Care Act 2008 and associated

People told us and indicated that they felt safe. We saw they were happy to approach staff for support and reassurance. Staff were aware of the need to keep people safe from harm and they knew how to report allegations or suspicions of poor practice. The manager had assessed any risks associated with people's conditions and staff knew what to do to reduce these risks.

People were supported to take their medicines appropriately. Staff could access medication which was suitably stored and knew how to dispense it safely. There were regular checks to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs.

People were supported by staff who knew their preferences and what they liked to do. Staff supported people to choose food and drinks they liked and ensure they received the appropriate nutrition to stay well.

People were supported to have their mental and physical healthcare needs met. The manager sought and took advice from relevant health professionals when needed.

People said staff were caring and we saw that people enjoyed the company of the staff who supported them. People were involved in deciding how they wanted their care to be delivered and their choices and wishes were respected. Staff respected and promoted people's privacy.

Staff supported people in a range of activities to promote their independence and involvement in the local

community.

People had access to a complaints system and the manager responded appropriately to concerns.

There was effective leadership from the manager and senior members of staff to ensure that staff in all roles were well motivated and enthusiastic. The provider understood their responsibilities to the commission but their actions to ensure they acted in a timely manner were not always robust.

Systems in place to monitor the quality of the service had improved and when necessary action plans were established to implement and monitor improvements to the service.

## 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.

People were kept safe from the risks associated with their specific conditions.

Staff demonstrated that they knew how to recognise signs of abuse and how to keep people safe.

People received their medication when they needed it.

### Is the service effective?

Good ●

The service was effective.

The provider had taken action to ensure people were supported by staff who had the appropriate skills and knowledge.

People could choose how their care was delivered because staff supported them in line with the Mental Capacity Act 2005

People were supported to access other health and social care providers when necessary.

### Is the service caring?

Good ●

The service was caring.

Relatives told us that staff were kind and we saw that people enjoyed being in the company of staff.

Staff took an interest in promoting people's wellbeing and helped them to achieve their chosen goals.

There were systems in place to support people express how they felt and their view of the service.

### Is the service responsive?

Good ●

The service was responsive.

Staff supported people to take part in activities they knew they

liked.

People could express their views through a formal complaints process. The manager took the appropriate action when they received information of concern.

**Is the service well-led?**

The service was not consistently well-led.

The provider did not always respond promptly to meet their responsibilities to the Commission. However they were taking action to improve their knowledge of the regulations.

Systems to monitor and develop the quality of the service people received had been improved.

Relatives and staff expressed confidence in the manager's ability to lead the service.

**Requires Improvement** ●

# Summerfield House

## **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.

We conducted a comprehensive unannounced inspection of this service on 9 November 2016. The inspection team consisted of one inspector. As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. The provider failed to return the PIR as requested. We checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit. We also contacted people who commissioned services from the provider for their views.

During our inspection visit we spoke with three people who used the service. We also spoke with the team leader, a manager from another of the provider's locations, the operations manager and two care staff. We also spoke with the nominated individual and manager for the service on the telephone. Due to their specific conditions not all the people who used the service were able to express their views however we observed staff practice and interaction between people. We sampled the records, including two people's care plans, two staffing records, complaints, medication and quality monitoring documentation.

After the visit we spoke on the telephone to the relatives of two people who used the service and two members of staff for their views. We also reviewed additional information we received from the area manager.

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe and happy at the home. The relative of one person told us, "[Person's name] is very safe there. They watch them to see they're OK." During our visit we observed that people were confident to approach staff for support and were happy and relaxed around them.

The team leader told us and records confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. One member of staff told us, "I would speak with the manager and then let the social workers know." There was additional safeguarding guidance available for staff and the people who used the service around the home. Staff took the appropriate action if they felt people were experiencing or at risk of abuse.

People were encouraged to have as full a life as possible, whilst remaining safe. Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions. Risks to people had been regularly reviewed when people's conditions changed and updated guidance and instructions shared with the staff who supported them.

We saw that the manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. When people were at risk of hurting themselves or others, there were appropriate processes in place to monitor incidences and identify any signs which might trigger people to express behaviour which could challenge others. Staff we spoke with gave several examples of how they supported people to remain safe when out in the community. We saw these safe practices were reflected in people's care record and updated when their conditions changed.

Staff told us and the team leader confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. A review of two staff recruitment records confirmed this. These checks had ensured people were supported by staff who were suitable.

There were enough staff to support people in line with the care plans and ensure they did not experience harm. Two members of staff both told us that staffing levels had improved. One member of staff said, "[Staffing levels] are much better than last year." Staff we spoke with were aware of people's individual support needs and who required one to one support from staff. They told us they felt there were enough staff to meet these specific needs and during our visit we noted that people were being supported by the number of staff identified as necessary in their care plans.

There were enough staff on duty to respond to ad-hoc requests such as supporting two people who

requested to visit the community for lunch. When necessary the manager had access to regular bank staff from the provider's other locations and agency staff in order to ensure there were enough staff on duty. We noted there had been a reduction in the use of these staff as the manager recruited more permanent staff. This had ensured an increase in consistent and regular staffing levels.

People were supported to receive their medicines as prescribed. People had regular medication reviews with healthcare professional when their conditions changed. Staff we spoke with had received regular training and were knowledgeable about people's medication and how to manage any side effects, such as increased appetite, they may have.

We saw that medication was stored securely and at correct temperatures. We looked at a daily count of a person's controlled drug and saw the correct quantities were present. This indicated the person had received this medication appropriately. Where medicines were prescribed 'as required (PRN)' there were instructions and information for staff about the signs and circumstances when people may require support to take PRN medication. Staff we spoke with demonstrated that they were knowledgeable about these instructions. We sampled the Medication Administration Records (MARs) and found that they had been completed correctly. The manager completed regular medication audits to ensure people had received their medication as prescribed. Records showed that people's medication requirements were regularly discussed and reviewed with staff. People received their medicines safely and when they needed them.



# Is the service effective?

## Our findings

At our last inspection we were concerned that staff working at the home were not receiving the support to meet the needs of the people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken effective action to address this concern.

The provider had sent us an action plan after our last inspection of how they would improve their service's induction and training programme to focus on adult care needs and we saw this had been implemented. Staff who had recently started working at the service told us they received a thorough induction into the needs of the people who used the service. A member of staff told us, "I had more detail than I was used to." Another member of staff said, "For the first two weeks I had to read all the care plans and sign to say I've understood them."

The manager had taken action to ensure that bank staff working at the service, who also spent time working at the provider's children's homes, had the specific skills and knowledge needed to support adults. The team leader told us, "Occasionally bank staff will treat the residents like children, but we look out for it and correct them." A relative told us, "Staffing is much better. It seems more stable." We noted that the manager had taken effective action to reduce the number of bank staff who worked at the service. Consistent staffing meant that people were supported by staff who knew their individual preferences and wishes.

Staff told us and records confirmed that they received regular training to ensure they developed their care skills. We saw that staff received regular guidance from health professionals on how to best meet people's needs as their conditions changed. This information was shared and discussed with staff at regular supervision and meetings. People were supported by staff who knew how to meet their individual care needs.

Relatives we spoke with said the service and staff were good at meeting people's needs. A relative of one person told us, "The staff are lovely people. They know how to look after [Person's name]. Their bedroom is spotless and how they like it." A recent review by a local authority of one person's care had concluded, "It was nice to see [person's name] doing so well." These had had a significant impact on improving the quality of people's lives. Staff we spoke with gave us several examples of how people's conditions and behaviour had improved since they started to use the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The team leader and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and 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. We found that people were regularly approached by staff and involved in commenting on how their care was to be delivered and what they wanted to do. When necessary the manager had arranged for people to be supported by relatives and others close to them in order to express their preferences. The manager had conducted mental capacity assessments to identify if people required support to make decisions about any aspects of their care needs. When a person was deemed to lack mental capacity records provided guidance for staff about how to support the person to make decisions which reflected their known preferences. They also contained details of contacts who had the legal power of attorney to make decisions on their behalf. This ensured people were supported in line with their best interests and views.

The manager had approached the appropriate authorities when people had lacked mental capacity to consent for approval to support them in ways which could restrict their freedom. We saw that people were supported in line with the authorities' decisions. There was a clear process in place to ensure these decisions were reviewed so people would continue to be supported in their best interests. This safeguarded people from abuse of their human rights and improper treatment.

People who used the service were supported to eat and drink the things they enjoyed. There were regular meetings to design a weekly menu and we saw this reflected people's known preferences. Fridges and cupboards were well stocked with a large variety of foods which reflected peoples' preferences and met their cultural and religious requirements. During our visit a member of staff was preparing a fresh cottage pie for tea because they knew it was enjoyed by several people. There was fresh fruit available and people could help themselves to drinks and snacks.

People's weights were regularly monitored to ensure they stayed well and we noted that people had maintained healthy weights. Staff we spoke with were aware of the affect a person's medication had on their appetite and there was a plan in place to ensure the person did become overweight. People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to make use of the services of a variety of mental and physical health professionals. A review of the service's visitor's book and care records confirmed that there were regular visits from a wide range of health and social care professionals to the home. Records showed that people had been supported by psychologists and GPs when their conditions changed. We saw the outcomes of these visits were recorded in people's records and shared with staff at daily handovers so they would know how to meet people's latest care needs. In one instance we saw that staff had worked jointly with an occupational therapist and a college to develop a care plan which would promote a person to become more independent. When necessary people were supported by other agencies in order to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People appeared relaxed and happy in the home. One person we spoke with pointed to the member of staff supporting them and said, "Friend." The member of staff laughed and it was clear they enjoyed each other's company. One member of staff told us, "I absolute love the people here." We saw that staff were kind to the people they supported and were prompt to offer reassurance and comfort. People were supported by regular staff which resulted in staff building up close relationships with people.

Relatives we spoke with said they were encouraged to visit and were made welcome. One relative said, "I can tell they are happy there," and another relative told us, "The staff are very nice. We get on well." Responses to a recent relatives survey included, "Great welcome, "and, "Views are listened to." Staff we spoke to referred to the service as the people's 'home' and were keen to make sure people felt comfortable and at ease living there. One member of staff told us, "Residents should treat here like a home. That's how it should be." We saw that people appeared relaxed in the home and were confident to move freely about the property. People could spend time alone in their rooms when they wanted which respected their privacy. We saw that the team leader had taken action to ensure that information about the people who used the service was not left in public areas and only shared with those staff who needed it. This had respected people's right to confidentiality.

People had developed friendships with the people they lived with and staff. Staff promoted these relationships by encouraging people to engage in activities together and celebrate each other's birthdays. During our visit two people were supported to go out for lunch together.

People were supported to be independent as much as possible and encouraged to help with chores and tasks around the home. People were supported to achieve agreed goals which would help them to obtain their long term objectives such as living independently. This helped people to develop a sense of self-worth and control over their futures.

People were supported to express their views of the service. Staff we spoke with knew people's individual communication styles and how they liked to express themselves. We saw that there were clear records for staff about how people wanted to be supported and records showed they were regularly approached for their views of the service. There were various aids available to assist people when necessary to communicate their preferences and views. This enabled people to have a say in how the service was run.

## Is the service responsive?

### Our findings

We saw staff respond promptly when people expressed their views and supported them in line with their wishes. Staff we spoke with knew people's preferences and what they liked. We observed one member of staff prepare a meal which they said was peoples' favourite. We saw staff regularly approach people to seek their opinions and engage in activities they wanted to do. During our visit two people who used the service were taken out for lunch when they said this was what they wanted to do. Relatives we spoke with told us they felt staff knew how to meet the needs of the people they supported. One relative told us how they had met with the manager to discuss a person's care plan and they felt the process had been, "Very thorough."

People told us and records confirmed they took part in regular activities they enjoyed. During our visit three people had been supported to go to college and one person told us they enjoyed this. When a person had been unable to find a suitable college course a member of staff told us that they had arranged an alternative, 'Educational activity' for the person each week such as visiting a library or museum. The person told us they enjoyed this. The member of staff was also continuing to take action to ensure the person would soon be attending a course of their choosing.

People engaged in events they liked in the community. This included meals out and meeting friends at social events. This supported people to keep in touch with others who were important to them. Staff we spoke with knew which people wanted to engage in meaningful relationships and how they could minimise any risks to their physical and emotional wellbeing. We saw that one person had recently been supported to buy a mobile phone so they could call their relatives when they wanted. Relatives told us they regularly visited people at the service or spoke to them on the telephone. Records showed that keeping in touch with relatives had had a very positive affect on managing and improving some people's conditions.

Staff knew what support people needed to stay well and would respond promptly when people's needs changed. Staff described the actions they would take when people displayed behaviour which could challenge and we noted this was individualised to each person and in line with their care plans. Staff reviewed each incident to help identify any triggers and the possible actions to prevent further events. A member of staff told us, "When I've spoken up [about how to support people], things have started to happen." This had helped people to reduce the frequency of these episodes.

People's care and support was planned in partnership with them. We saw that people had regular reviews of their care with key workers who specialised in supporting people's individual care needs. Records were regularly updated with information for staff about people's latest needs and wishes. This gave staff the opportunity to check they were supporting people in line with their preferences.

People told us they felt comfortable to complain if something was not right and during our visit we saw that people were confident to approach staff if they had any concerns. The provider had clear policies and procedures for dealing with complaints and comments. There were various communication processes in place to support people to express their views about the service which met their specific requirements. The provider conducted regular audits of the service and we saw they had taken action when they had received

feedback about the service such as improving the laundry and décor when concerns were raised.

## Is the service well-led?

### Our findings

People we spoke with and records confirmed they were happy with how the service was run with the support they received. One person's relative told us, "The new manager is very good. I was very impressed when I met them." Another relative said, "The manager has sorted out the staffing and got them settled." Staff we spoke with describes a positive and supportive leadership. One member of staff told us, "We're a team. It's great." The operations manager and manager had taken action to reduce vacancies at the service and staff told us this had improved their moral. One member of staff told us, "I think there were some issues before but I've seen none of these."

The provider understood their responsibilities to the commission but their actions to ensure they acted in a timely manner were not always robust. They notified us appropriately when the last registered manager left the service unexpectedly in December 2015 and the new manager was currently applying to become the registered manager for the location. At the time of our inspection there had been no registered manager working at the service for nearly 11 months. Although the new manager had provided verbal updates the provider had not submitted any statutory notifications and reassurance about how they would meet their responsibilities while the new manager's application was being processed. As part of planning the inspection we approached the provider to complete a Provider Information Return (PIR) however the nominated individual told us they had not received our request. Our records showed that we twice approached the provider using their requested contact addresses to complete a PIR. We noted that one of these addresses was the location's email address which was also the previous manager's email address. The provider had not taken action to update the contact email addresses since the last manager had left the service.

The manager had notified us of events they are required to do so. People we spoke with confirmed that the service's latest inspection ratings were normally displayed as required in a public area but had been removed temporarily to enable maintenance works.

The new operations manager had not been made fully aware of the relevant regulations applicable to the service. However they told us that the provider was in the process of employing a person who was experienced in monitoring compliance with adult health and social care regulations. They told us that additional audits would be introduced to ensure they monitored the service's compliance against the appropriate regulations. This would increase the effectiveness of the provider's audit and monitoring of the service.

We saw that people were consulted on the care they received. People had regular meetings with the staff who supported them and the provider conducted an annual survey of the views of the people who used the service and their relatives. Comments about the quality of the service were mostly positive. When necessary the provider had taken action in response to comments received. This had included improving the décor around the home and increasing the choice of activities in response to people's expressed views. During our visit several areas of the home were being refurbished and decorated. This gave people an opportunity in developing the service and an involvement in how the service was provided.

Since our last visit the provider had taken action to improve the monitoring of the service. The manager had systems for monitoring the daily quality of the service and that the standard of care was maintained and provided in line with people's wishes. The nominated individual maintained a log of incidents and accidents in order to identify how these could be prevented from happening to other people. The operations manager regularly reviewed the service with the manager and senior staff. One member of staff told us, "These [meetings] have been really helpful. It helps to prioritise what we need to do." When necessary the operations manager had developed action plans to address any areas of concerns. We saw that they monitored the progress of these plans to ensure the appropriate tasks were undertaken promptly. The manager and team leader undertook regular environmental audits and sought feedback from staff about their views of the service. After our inspection the provider sent us further evidence of visits they made to assess and review the quality of the service. This helped to develop a culture of continual improvement.

Staff told us that the manager was supportive and led the staff team well. A member of staff told us, "The manager is warm. She makes the home a home." Staff we spoke with shared this vision. Another member of staff told us how they put the people who used the service at the centre of their work. They told us, "This is their service, their home, their life we support."

Staff told us they felt valued and listened to. We saw there were regular staff meeting and supervisions which provided the opportunity to discuss people's care and how it could be improved. Staff gave us several examples of how people's views had been used to improve the service, such as organising additional training. Staff views were used to improve the quality of the service.

There was a continuity of leadership and responsibility. Although the manager was unavailable during our visit they were promptly contactable on the telephone and provided staff with guidance and support when necessary. The nominated individual for the service ensured that a manager from another service and the operations manager visited the home to provide assistance to ourselves and staff during our visit. The team leader told us that the provider was considering recruiting a deputy manager to strengthen management support at the home.