

Heritage Manor Limited

# Summerdyne Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Summerdyne Nursing Home is a residential home, providing accommodation for people who require nursing and personal care. The service provides accommodation and personal care to older adults. There were 26 people living with dementia at the home at the time of our inspection visit.

What life is like for people using this service:

- People enjoyed living at Summerdyne Nursing Home and felt safe and reassured by the support they received from staff they liked.
- Staff understood how to protect people from abuse and how to report their concerns. Staff recognised the risks to people's health, safety and well-being and how to support them safely. Where relevant, specialist equipment was used to move people safely.
- People were supported by staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the home.
- People received support with their medicines. Regular checks were undertaken to ensure people received the correct support from staff who had been assessed as competent to give people their medicines. Checks also included how the medicines were stored.
- Staff understood and practised infection control techniques.
- The manager ensured people's care was based on best practice and staff had the correct training to meet people's needs.
- Care and nursing staff training was reviewed to ensure staff training was in line with current best practice.
- Staff were offered guidance and support through supervision and staff meetings.
- People were offered choices at mealtimes and staff understood which people required support and ensured they received this.
- People were supported to attend healthcare appointments. Healthcare professionals were assured that advice was correctly followed by staff and incorporated into people's care.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.
- Staff supported people to enjoy a range of activities which reflected people's individual interests.
- People and their families understood how to complain if they wanted to, but felt they had not needed to.
- Staff felt supported within their working environment and felt part of a close-knit team.
- Staff worked together with the manager and families to ensure people's care was continually monitored, reviewed and reflected people's needs. New systems had been introduced to further review people's care.
- The manager and staff worked with other stakeholders to improve people's experience of care.

We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report.

Rating at last inspection: Good (published 1 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Summerdyne Nursing Home

## **Detailed findings**

### Background to this inspection

The 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.

Inspection team: There was one inspector in the inspection team and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Summerdyne Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager had retired just before the inspection and was in the process of de-registering with the CQC and was not available at the time of the inspection. The registered provider had recruited a new manager who had recently taken over the management of the home, and who was present during the inspection.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit, we spoke with three people who used the service and three relatives to ask about their experience of the care provided. We also observed how people interacted with staff.

We spoke with the manager, the home administrator, a team leader, a member of the care staff, an activities co-ordinator and a visiting health professional.

We reviewed a range of records. These included three people's care records and their medication records. We also reviewed people's records of their background/history.

We also looked at records relating to the management of the home. For example, systems for managing any complaints, checks undertaken on the health and safety of the home, surveys completed by people and compliments received.

# Is the service safe?

## Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they felt assured their family member was safe at the home.
- Staff understood how to support people in order to keep them safe and recognised the signs of abuse. Staff had received training and understood how to escalate their concerns.
- The manager was aware of how to report any concerns to both the local authority as well as the CQC.

Assessing risk, safety monitoring and management

- Staff understood the health conditions people lived with and any risks to their health. Care staff told us they could refer to the nurses for guidance if they were unsure about anything.
- Risks to people's health were documented in care plans for staff to refer to. We saw risk assessments had been reviewed and updated regularly. When new risks emerged, these were documented and monitored.

Staffing and recruitment

- People told us staff were available to support them when needed. We saw people being supported in a timely way.
- Staffing numbers had recently increased and staff told us this had helped them support people more safely.
- Staff recruitment processes included a check of their background to review their suitability to work at the home.

Using medicines safely

- People were supported with their medicines by nursing staff. Regular checks were in place to ensure people had received the correct support to take their medicines.
- Additional checks were undertaken by the pharmacy supplying medicines to the home to ensure the administration and storage of medicines was correct.

Preventing and controlling infection

- One person told us, "It's always clean, the beds are comfy, and they look after you."
- A relative told us, "Every time I come here it's clean and fresh."
- We saw throughout the inspection, staff practised infection control techniques to reduce the spread of infection. The home was clean and odour free.

Learning lessons when things go wrong

- Staff understood when concerns needed reporting and how they should be reported to the manager.
- The manager reviewed incidents in order to understand if people's care needed to be amended. For

example, where people had experienced increased falls, these were being monitored to ensure the person had the correct support and equipment in place.



# 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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the manager before they moved into the home. People and their families were involved in discussions about people's needs so that people could express their expectations and wishes.
- People's needs were continually reviewed to ensure their needs were being addressed and to ensure staff had the necessary skills to support people.

Staff support: induction, training, skills and experience

- Staff were supported with training that was regularly reviewed and updated. Nursing staff were also supported in order to maintain their registration and continually improve their knowledge and practices.
- New staff were supervised during their induction and provided with feedback to ensure they had the necessary skills and knowledge to support people at the home.
- Staff were offered guidance and support through supervision and staff meetings.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood which people required support with their meals and ensured they received this.
- Where people's diet was being monitored, we saw how healthy choices were promoted in order that people received the correct support. Staff also recorded, where appropriate, details about people's appetite to ensure people stayed healthy.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Nurses at the home worked with other healthcare professionals in order that people benefited from consistent care.
- A healthcare professional we spoke with told us they felt assured that people received the care they needed, and that advice was appropriately sought and followed.

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

- People were encouraged to decorate their bedroom in a way that reflected their personal taste. People were surrounded by personal possessions that were important to them.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met .

- Consent was sought before care and support was provided.
- We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

## 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.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People liked and valued the staff supporting them.
- We saw staff demonstrating warmth and kindness towards people and people responded with smiles and tactile demonstrations of affection.
- Staff told us that some of them had worked at the home for several years and knew people and their needs really well.

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

- People were supported to express their views and opinions in ways that reflected their ability to do so. People were involved in discussions about their care, such as where they would like to spend their time and whether they would like to take part in an activity.
- Where people might be confused, staff showed people options such as a magazine or a newspaper they might like to read.

Respecting and promoting people's privacy, dignity and independence

- People's level of independence was understood and recognised by staff.
- Staff understood how each person chose to be addressed and their individual lifestyle choices.
- Staff took pride in ensuring each person's personality and dignity was maintained. For example, staff described how each person was supported to go shopping to choose their own clothes and staff knew about each person's preferred style of dress.

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager explained they had recently instigated a "person of the day" to explore people's care needs and make changes where necessary. They told us the review included people's choice of food, the activities they enjoyed participating in, as well as other areas of people's care such as updating their risk assessments where appropriate. They told us this exercise enabled the manager and staff to plan and respond to people's care more effectively.
- People were supported to participate in a number of activities. The activities coordinator met with each person and recorded their preferences and what interests they chose to pursue. For example, some people enjoyed shopping and were encouraged to visit the local shopping area and purchase their own clothes. Other people were supported to maintain their spiritual beliefs by attending religious services. The activities co-ordinator also helped arrange individualised trips for each person to be able to go out. These included activities such as dementia café, the community knit and natter enabling people to meet up with old friends and relatives for afternoon tea or shopping trips. Electronic devices were also used to enable people to help keep maintain contact with family members, some of whom lived overseas. Where appropriate, activities people enjoyed in their earlier life were supported. For example, one person was supported to maintain their interest in Rugby and encouraged to follow it on TV.

Improving care quality in response to complaints or concerns

- The manager explained they had not received any complaints and worked with families to understand people's care needs. They told us they did this in order to better understand how people preferred their care to be delivered.
- The manager explained if they received a complaint, the details would be shared with the registered provider so the complaint could be investigated.

End of life care and support

- The manager took pride in explaining the work they were doing in order to support people with their end of life care. The home had been accredited with the Gold Standards Framework in recognition of their work. This is a framework that guides staff to provide 'a gold standard of care' for people at the end of their life.
- Staff we spoke with were very knowledgeable about how they worked with people and their families in order to support them to achieve what they had planned for their final days.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager understood their role and had begun the process of initiating systems to reflect their management style. The manager had identified areas that required further improvement. For example, the manager was encouraging staff to complete more detailed information in care plans.
- The manager recognised the importance of delivering care that reflected each person's individual needs and stressed the importance of the 'Person of the Day' in achieving this.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were very happy working at the home and described a team that got on well with each other.
- Staff spoke proudly where they had taken on extra responsibility and begun to take the lead on specific aspects of people's care. For example, one staff member told us how they were developing an interest in end of life care and this had helped them to support people and their families at the home.
- Staff had access to regular staff meetings and meetings where the provider also attended. Minutes of staff meetings illustrated how staff were continually reminded about the importance of accurate record keeping.
- The manager demonstrated how care plans had been reviewed and changed to a new electronic format. This included systems for highlighting when key information or tasks had not been achieved so that the manager could correct this.

Engaging and involving people using the service, the public and staff

- There were on-going discussions with people at the home to better understand their thoughts of the service provided so where changes were needed, these could be made. People were invited to attend residents' meetings as well as complete feedback questionnaires.
- Staff at the home felt able to raise issues if needed. For example, staff felt listened to as staffing levels had recently been increased following the issue being raised.

Continuous learning and improving care

- The registered provider had carried out an in-depth review of the practices at the home shortly before the new manager took over so they could assure themselves of the quality of care being delivered at the home. The registered provider had developed an action plan with the new manager and was monitoring progress against the action plan so they could continue to improve people's experience of care.

Working in partnership with others

- The manager worked in collaboration with a number of other partners in order to learn and improve people's care and ensure it was based on best practice. The manager worked with managers from the registered provider's other homes as well as the local authority to improve people's experience of care at the home.