

CHD Living Limited







The Summers

Inspection report

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Ratings

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

Overall summary

The inspection took place on 17 April 2015 and was unannounced.

The service is a purpose-built home providing residential care for up to 35 older people, some of whom are living with dementia. There were 21 people living at the home at the time of our inspection. Accommodation is arranged in four units over two storeys. All bedrooms are for single occupancy and have en suite bathroom facilities.

There was no registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. The service manager had been in post for three weeks at the time of our visit and had begun the process of registering as manager with the CQC.

People's medicines were not always administered or recorded accurately. For example there was no record

Summary of findings

that one person had received their medicines on four occasions during one week in March 2015 and no record that another person had received their medicines on four occasions during one week in April 2015.

Some staff had not attended training in core areas as often as the provider's training policy stated they should. For example fewer than half the staff employed had attended dementia awareness or end of life care training in the last two years and only one third of staff had attended infection control training in that period. Staff had not been appropriately supported through supervision and appraisal or had opportunities to discuss their professional development needs.

People's needs had been assessed but had not been regularly reviewed, which meant that their care plans did not accurately reflect their needs or preferences about their care. The service manager told us that recent quality monitoring checks carried out by the provider had identified that people's care plans did not reflect their needs as they had not been reviewed or updated for some time.

People told us that there were not enough opportunities to take part in activities or to go on trips out. They said they enjoyed the activities and outings that had been arranged but that they would like these to be organised more often.

People told us they felt safe at the service and that staff were available when they needed them.

Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

Risks to people had been assessed and control measures had been put in place to mitigate against these risks. There were plans in place to deal with foreseeable emergencies and to ensure that people's care would not be interrupted in the event of an emergency. People were kept safe by the provider's recruitment procedures.

The service manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant that people's care was provided in the least

restrictive way. People told us that staff asked them for their consent when they were supporting them. They said staff encouraged them to make decisions and supported their choices.

People were supported to stay healthy and to obtain treatment when they needed it. People told us that they were able to see a doctor if they felt unwell and that staff supported them to attend medical appointments. People told us that they enjoyed the food provided by the service and that they could have alternatives to the menu if they wished. People's nutritional needs were assessed and any dietary needs recorded in their care plans. Any specific dietary needs were communicated to kitchen staff by the care staff.

The service provided accessible, safe accommodation. The premises were suitably designed for their purpose and adaptations and specialist equipment were in place where needed to meet people's mobility needs. The service manager told us that the service improvement plan included plans to make the environment more dementia-friendly for people living with this condition.

People told us that staff were kind and caring. They said they had good relationships with the staff and that staff treated them with respect. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

People told us that they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be dealt with appropriately. The complaints record demonstrated that any complaints received had been investigated and responded to appropriately. The service manager had improved the systems through which people could give their views about the service. Regular meetings had been introduced for people who used the service, relatives and staff at which they were encouraged to provide feedback about the service and suggest improvements.

There was no registered manager in place at the time of our inspection. The service manager had been in post for three weeks at the time of our visit. Whilst the service manager had made improvements since their arrival, leadership of the service had been inadequate until that point.

Summary of findings

Staff told us that the service manager had improved the leadership and support they received.

They said the service manager was open and approachable and available for advice if needed. The service manager had improved the systems for quality monitoring and auditing. A service improvement plan had been developed following a recent clinical governance audit, which aimed to address the areas where improvements were needed.

During the inspection we identified some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always managed safely.

There were enough staff to keep people safe and meet their needs in a timely way..

People were kept safe by the provider's recruitment procedures.

There were procedures for safeguarding vulnerable adults and staff were aware of these.

Risks to people had been assessed and control measures had been put in place to mitigate against these risks.

The service was kept clean and hygienic.

Requires Improvement



Is the service effective?

The service was not always effective.

Some staff had not attended training in core areas as often as they should.

Staff had not been adequately supported or had opportunities to discuss their professional development needs.

The service manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us that staff encouraged them to make decisions and asked them for their consent when they were supporting them.

People were supported to stay healthy and to obtain treatment when they needed it.

People's nutritional needs were assessed when they moved into the service.

People told us that they enjoyed the food provided by the service.

The service provided accessible, safe accommodation.

Requires Improvement



Is the service caring?

The service was caring.

People told us that staff were kind and helpful. They said they had good relationships with the staff and that staff treated them with respect.

The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff communicated effectively with people and provided support in a kind and sensitive way.

Good



Summary of findings

Staff understood the importance of maintaining confidentiality and of respecting people's privacy and dignity.

Is the service responsive?

The service was not always responsive to people's needs.

Care plans had not been reviewed regularly to ensure they continued to reflect people's needs.

People did not have sufficient opportunities to take part in activities or to attend outings.

Complaints were managed and investigated appropriately. People told us that they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be dealt with appropriately.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

Whilst the service manager had made improvements since their arrival, leadership of the service had been inadequate until that point. Staff had not been well supported and the shortfalls in staff training and care documentation had not been identified or addressed.

The service manager had improved the leadership and support staff received and had encouraged people to give their views about how the service could be improved.

The service manager had improved the systems for quality monitoring and auditing.

Requires Improvement



The Summers

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 was 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.

The inspection took place on 17 April 2015 and was unannounced. The inspection was carried out by an inspector and an 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.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, including safeguarding referrals. We spoke with the local safeguarding authority and the local authority quality assurance team that monitored the service.

On this occasion we did not ask 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. This was because we were responding quickly to concerns that had been raised with us.

During the inspection we spoke with 14 people who lived at the service and a visiting healthcare professional. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We also spoke with seven staff, including the service manager and deputy manager. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

This was the first inspection of the service since its registration with the Commission in August 2013.

Is the service safe?

Our findings

People's medicines were not always managed safely. We checked medicines administration records for four people and found gaps in recording on two of these records. For example there was no record that one person had received their medicines on four occasions during one week in March 2015 and no record that another person had received their medicines on four occasions during one week in April 2015. This may mean that people had not received their medicines as prescribed. There was no evidence that these omissions had been identified through medicines audits. We also found that the allergy section of the medicines profile had not been completed for two people, which meant that staff would be unaware if these people had allergies to any medicines.

The failure to manage medicines safely meant that the provider was breaching Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were appropriate arrangements for the ordering and disposal of medicines. The service manager told us that the service had recently changed its supplying pharmacist in an effort to improve standards in medicines management. Medicines were stored securely and in appropriate environmental conditions, including storage for medicines that required refrigeration. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked.

People said they felt safe at the service and that they were well looked after. People told us that staff were available when they needed them and that staff attended promptly if they rang their call bells. We observed during our inspection that there were sufficient staff to meet people's needs in a timely way. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way.

Staff were aware of their responsibilities should they suspect abuse was taking place. The service manager told

us they had spoken to staff at team meetings to remind them of their responsibilities in terms of reporting any incident that could constitute abuse. The service manager said they had signposted staff to the whistle-blowing policy and how to contact external agencies if necessary. Staff confirmed that the service manager had made clear the requirement to report any concerns they had about abuse or poor practice. Information about how to report abuse was displayed in the service and the local multi-agency safeguarding procedures were available in the office.

Risks to people had been assessed and control measures had been put in place to mitigate against these risks. All accidents and incidents were recorded and the service manager checked these records regularly to identify any actions needed to prevent recurrence and any emerging themes. The provider had effective infection control procedures in place. An internal audit of infection control carried out in April 2015 demonstrated that appropriate standards were being met. The home was clean and hygienic on the day of our inspection and clinical waste was stored appropriately prior to disposal.

There were plans in place to deal with foreseeable emergencies and to ensure that people's care would not be interrupted in the event of an emergency. Staff were aware of the procedures to be followed in the event of a fire and people had a personal evacuation plan which detailed their needs should they need to evacuate the building. Actions had been taken to keep people safe. Records demonstrated that the home's fire-fighting equipment was checked and serviced regularly. Records were in place in relation to the safety of the premises, including a current electrical installation certificate, landlord's gas safety certificate and employers' liability insurance certificate.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form, with the names of two referees, and to provide proof of identity and proof of address. The provider had obtained references and a criminal record check for staff before they started work.

Is the service effective?

Our findings

The provider could not be sure that all staff had the appropriate skills and knowledge to provide the care people needed. The provider's training plan showed that some staff had not attended training in core areas as often as the provider's training policy stated they should. For example fewer than half the staff employed had attended dementia awareness or end of life care training in the last two years. This meant that staff had not kept up to date with their knowledge in areas which were key to the delivery of people's care. Some staff told us that they did not feel confident in all areas of core training because so much time had elapsed since they attended refresher training.

Staff had not been appropriately supported through supervision and appraisal. The provider's policy stated that staff should have supervision at least six times a year to ensure that they had adequate opportunities to discuss their performance and professional development needs with their manager. None of the staff files we checked contained evidence that staff had had supervision as often as they should. Three of the four staff had received no formal supervision in 2015 and none had attended an appraisal. Staff told us that they had not felt well supported in their roles. They said that supervision meetings had been sporadic and that annual appraisals rarely took place, which meant that they did not have opportunities to discuss their training needs or their performance. Staff told us that they had not been encouraged to raise questions or concerns at team meetings.

The lack of training and support that had been provided to staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had attended an induction when they started work at the service. The records we checked confirmed that almost all staff employed had attended induction training. A number of staff told us that the provider had supported them to study for vocational qualifications in care. Staff told us they had felt unsupported by management in recent months but that the service manager and deputy manager had improved the support staff received since their arrival. They said that the service manager had given them confidence that the care and support people received would improve.

The service manager told us that agency staff were regularly employed due to vacancies on the permanent staff team. The service improvement plan showed that agency staff accounted for 14% of shifts at the time of our inspection. The service manager told us that the provider aimed to reduce the reliance on agency staff and that recruitment to vacant posts on the permanent staff team was under way. The service manager was committed to reducing the use of agency staff to ensure that people received their care from staff who knew them well.

The provider's quality monitoring systems had identified that staff did not always communicate effectively with one another about people's care and support needs. To address this, the provider had improved the handover system to ensure that staff shared information about people's care and welfare effectively. The provider had also reminded staff to read the communication book before they started a shift to ensure that they were up to date with any changes to people's needs.

People told us that staff asked them for their consent when they were supporting them. They said staff encouraged them to make decisions and supported their choices. The provider had identified that people's consent had not been recorded on all their care documentation and had begun to address this through the service improvement plan. The service manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. The Deprivation of Liberty Safeguards ensure that people receive the care and treatment they need in the least restrictive manner. The service manager told us that applications for DoLS authorisations had been made for two people as their choice to leave the home unaccompanied was restricted.

People were supported to stay healthy and to obtain treatment when they needed it. People told us they were able to see a doctor if they felt unwell and that staff supported them to attend medical appointments. Two healthcare professionals visited the service on the day of our inspection to provide treatment for people who required nursing input. Some people's care plans started that they needed to be regularly repositioned in bed as they were at risk of developing pressure ulcers. The care plans provided guidance for staff about how often each

Is the service effective?

person needed repositioning. We checked the repositioning charts for these people and found that staff were following the care plans and recording each time they repositioned someone.

People told us that they enjoyed the food provided and that they could have alternatives to the menu if they wished. One person told us, “The food is good and there’s always plenty of it” and another person said, “I asked for a particular meal and they made it for me.” We observed during our visit that one person did not like the meal they had ordered and that the chef prepared them an alternative meal. The service manager had a plan in place to increase people’s involvement in choosing what appeared on the menu. The service manager told us that people would also have more opportunities to give their views about the food provided.

People’s nutritional needs were assessed and any dietary needs recorded in their care plans. The chef told us that people’s dietary needs were communicated to kitchen staff by the care staff. The chef said that this included any people who had dietary needs related to their health, such as diabetes or swallowing difficulties, or to their religion or culture.

The service provided accessible, safe accommodation. The premises were suitably designed for their purpose and adaptations and specialist equipment were in place where needed to meet people’s mobility needs. People were able to personalise their bedrooms and had access to clean, comfortable communal areas and secure outdoor space. The service manager told us that the service improvement plan included plans to make the environment more dementia-friendly for people living with this condition.

Is the service caring?

Our findings

People told us that staff were kind and caring. They said they had good relationships with the staff and that staff treated them with respect. One person told us, “I get on well with them [staff]” and another person said, “They’re very kind, they look after us very well.” We observed during our inspection that staff supported people in a kind and respectful manner and were attentive to their needs.

People told us that their friends and families could visit them at any time and that they could meet with them in private. They said that staff made their relatives welcome when they visited. The atmosphere in the service was calm and relaxed and staff spoke to people in a respectful yet friendly manner. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

Relatives told us that they and their family members were consulted about the care their family members received. They said that the service encouraged them to be involved in decisions about their care and support. We observed that staff were attentive to people’s needs and proactive in their interactions with them, making conversation and sharing jokes. Staff told us that they were encouraged to speak with people about their interests and life histories. During our inspection there were two occasions when people became distressed. We observed that the service manager comforted and reassured these people, showing care and compassion in the manner that she did so.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people’s private and confidential information would be managed. Staff understood the importance of maintaining confidentiality. People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people’s privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people’s needs in a discreet and private way. The provider arranged equality and diversity training for staff and most staff had attended this training within the last two years.

Staff told us that they encouraged people to do things for themselves if possible to promote their independence. We saw that staff offered assistance if people needed support to mobilise or to eat or drink. Staff said that they encouraged people to make decisions about their day-to-day lives, such as what time they got up and went to bed, what they wore and what they ate. One member of staff told us, “I’ve worked here a long time and I’ve got to know all their likes and dislikes.”

People told us that staff knew their preferences about their daily routines. We observed that staff encouraged people to make decisions for themselves and respected the choices people made. One member of staff said, “I always get them to choose what they’re wearing. It’s important that they get to make choices.”

Is the service responsive?

Our findings

People's needs had been assessed but had not been regularly reviewed, which meant that their care plans did not accurately reflect their needs or preferences about their care. Three of the five care plans we checked had no evidence of review for over 12 months. Staff told us that they relied on their knowledge of people's needs to provide their care as their care plans were out of date and no longer reflected their needs. The service manager told us that recent quality monitoring checks carried out by the provider had identified that people's care plans did not reflect their needs as they had not been reviewed or updated for some time.

Care plans did not accurately reflecting people's needs or preferences, which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there were not enough opportunities to take part in activities or to go on trips out. They said that they enjoyed the arts and crafts sessions that took place twice a week but would welcome a wider range of activities. People told us they enjoyed the trips out that had been arranged and that they would like these to be organised more often. The service had good facilities for activities, including allocated space and equipment, but did not employ an activities co-ordinator. The service manager told us the provider's recent quality audit had identified activities provision, including the provision of activities for people living with dementia, as an area that required improvement and that an activities co-ordinator would be recruited to drive these improvements. This is an area that needs to be improved upon.

The service manager provided examples of how the service had responded to changes in people's needs. One person had recently experienced increased anxiety and the service manager had made a referral to the community mental health team to support this person. The service manager had liaised regularly with the person's family to ensure that their relatives were aware of the change in the person's needs and how the service was addressing this.

People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be dealt with appropriately. The service manager had improved the systems through which people could give their views about the service they received. For example people had been encouraged to attend residents' meetings to give their views and suggest any changes or improvements they would like to see. A comments book had been introduced to enable people to give feedback about the meals provided and other aspects of the service. The service manager had also established regular relatives' meetings and told us that these would be used to seek the views of people's friends and families. Satisfaction surveys had been distributed since the service manager's arrival and the return of these was awaited at the time of our inspection.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. We checked the home's complaints record and found that any complaints received had been investigated and responded to appropriately.

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection. The service manager had been in post for three weeks at the time of our visit. Whilst the service manager had made improvements since their arrival, leadership of the service had been inadequate until that point. Staff had not been well supported and the shortfalls in staff training and care documentation had not been identified or addressed. In order to demonstrate that the service is well led, the improvements achieved thus far must be sustainable and consistent.

People told us the service manager had improved communication and had encouraged them to give their views about the service they received. They said the service manager had held meetings at which they and their relatives had been encouraged to have their say about all aspects of the service. The service manager told us that these meetings would be held regularly in future to ensure people were more involved in developing the service. The service manager said satisfaction surveys had been distributed to people who used the service and their relatives and that the results would be used to shape the service that people wanted to see.

Staff told us the service manager had improved the leadership and support they received. They said there had been uncertainty caused by changes in management but the service manager had given them confidence that the service would improve. They said the service manager was open and approachable and always willing to help provide care if needed. Staff told us the service manager had an open door policy and encouraged people who used the service, their relatives and staff to speak with them if they had a concern or needed advice. One member of staff told us, "She leads by example. She's always willing to help us out on the floor if we need her to" and another said, "She's told us we can approach her at any time if we need advice." Staff told us that management support was now available to them throughout the week as either the service manager or deputy manager was on duty at weekends as well as during the week.

Staff said the service manager had clarified the vision and values for the service and set out expectations in terms of quality standards. They told us the service manager had encouraged them to contribute to team meetings and to

give their views about what needed to be improved. The provider had also recently appointed a deputy manager, which was a new post designed to support the service manager to drive improvements in service delivery. The deputy manager demonstrated a commitment to improving the service during our discussion with them. The deputy manager told us the service manager had given them responsibility for specific aspects of service delivery that needed improvement, such as the quality of care planning.

The service manager had improved the systems for quality monitoring and auditing. The service manager had completed a clinical governance audit, which had been shared with the provider. A service improvement plan had been developed to address the areas where improvements were needed. For example the service improvement plan had identified there was no clear handover system in place and that communication between shifts was inadequate. In response to this, a handover sheet had been introduced which clarified the duties for which each member of staff was responsible. This meant that people received the care that they needed because an individual member of staff was responsible for their care. In addition, staff had been reminded to use the home's communication book more effectively regarding changes in people's care and welfare and to read and sign the communication book before starting their shifts.

The service manager had improved the quality of recording and monitoring to ensure that people received the care they needed. For example the monitoring of pressure ulcers and infections had improved and people who were at risk of inadequate nutrition were weighed regularly to determine whether they were maintaining a healthy weight. All accidents and incidents were now recorded and monitored by the service manager and a falls tracker had been implemented to identify any emerging trends, which would enable the service to reduce the risk of falls.

The service manager had also improved the monitoring of responses to complaints and identified that the service had not previously captured the views of people who used the service, relatives and staff. In response to this, the service manager had introduced regular meetings for these groups, at which they were encouraged to give their views about the service and suggest improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had failed to ensure that medicines were managed safely and properly.

Regulation 12(2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that staff received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform.

Regulation 18(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had failed to ensure that people's care plans accurately reflected their needs and preferences.

Regulation 9(1)(b)(c)