

ARMSCARE Limited

# Summerville 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 

### Overall summary

This inspection took place on 4 March 2015 and was unannounced, we also returned on 5 March 2015 to complete this inspection. Summerville House is a residential care home that provides accommodation, care and support for older people, some of who are living with dementia. There was a registered manager in place. 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.

People felt safe living at the home and felt that their needs were met by staff who were caring, respectful and friendly. Staff treated people with respect and used a kind

# Summary of findings

and considerate approach when providing any kind of support. People felt the staff and manager were approachable and they felt they could speak with them if they had any concerns or worries.

Staff knew how to make sure that people were safe and protected from abuse. They had been trained and had the skills and knowledge that was needed to provide support to people. They had completed training in the Mental Capacity Act (2005) and understood when best interest decisions were needed. The manager and senior staff dealt with any decisions about applications to be sent to a local authority Supervisory Body.

People had access to healthcare professionals when they became unwell or required specialist support for a

medical condition. Their independence was encouraged. People and their representatives were consulted and involved in reviewing individual plans of care to ensure their needs were met.

The staff were feeling more confident about the management team as they felt they were now able to offer suggestions and felt supported and listened to. Staff worked together as a team and supported each other. A survey questionnaire had been sent to people to gain their view of the care and support provided. Relatives felt that their concerns and complaints had been quickly dealt with and resolved to their satisfaction.

Regular checks were made on the premises to make sure the home was suitable for people. People lived in a safe environment. Medicines were stored correctly and records showed that people had received them as prescribed.

# 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 safe.

There were enough staff to meet people's needs. Staff knew how to reduce the risk of people experiencing abuse. The service had assessed the risks to people's safety.

Medicines were available when people needed them. Regular checks were carried out to make sure people were safely assisted to take medication as prescribed.

Good



### Is the service effective?

The service was effective.

The training staff had received gave them the knowledge and skills they needed to provide good support to people.

Staff knew about the needs of the people that they supported and people had access to specialist healthcare advice as and when this was needed.

Staff demonstrated an understanding of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves. The requirements of the Deprivation of Liberty safeguards had been met.

Good



### Is the service caring?

The service was caring.

Staff were kind and considerate and put people's wellbeing first. People's privacy and dignity were respected.

People were involved in making decisions about their care and their independence was encouraged. They had their care and support needs met by staff who responded when they asked for help.

Good



### Is the service responsive?

The service was responsive.

People felt confident that they could raise any concerns they had with the staff and manager. Concerns and complaints were recorded and dealt with quickly.

People's individual needs had been assessed and were met. Care planning records had been reviewed with people to make sure they held up to date information.

The support for people to take part in hobbies and interests was limited.

Good



### Is the service well-led?

The service was not consistently well-led.

Requires Improvement



# Summary of findings

There had been recent changes to the management team and whilst improvements had been made these had not yet been fully embedded.

People knew who the management team were. Staff were happy working in the home.

The quality assurance system in place did not fully identify and monitor all areas of risk.

# Summerville 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.

This inspection took place on 4 and 5 March 2015 and was unannounced. It was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us some information prior to the inspection and this was received. The provider completed a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

On the day we visited the service, we spoke with nine people living at Summerville House, three visitors and eight members of staff. We also spoke with the registered manager who oversaw the overall management of the service and to an operations manager. We observed how care and support was provided to people.

We also looked at three people's care plans, four recruitment files, staff training records, records relating to the maintenance of the premises and equipment, medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned two relatives of people living at the service.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at Summerville House. One person said, “This is a good home and the staff do keep me safe.” Another person told us, “Yes, I do feel safe, staff do a good job.” They also told us that if they were worried about their safety they would feel confident about speaking with members of staff or the manager. One relative said, “My relative has been happy here. I know they are safe and well looked after. This place is always clean and staff are about when I arrive.”

We found that any potential risks to people had been assessed and reviewed by staff and that they received appropriate care. We viewed completed risk assessments in relation to their risk of moving, falls, malnutrition, pressure sores and use of bed rails. Staff were aware of these and followed the guidance in order to reduce the risks to people.

People we spoke with told us they received their medicines when they needed it. Files we viewed showed that staff had received training in the administration of medicines. Records relating to the administration of medicines were audited regularly to check that this had been carried out safely and correctly.

We found that medicines were stored securely in a locked room. Temperature checks of the room and fridge where medicines were stored were conducted regularly to ensure these were within safe limits. Appropriate arrangements were in place for the recording of medicines. Medicine administration records had been fully completed showing that people had been given their medicines as prescribed. Staff made appropriate referrals to the GP when people had any problems with taking their medicines. For example, one person had recently had difficulties with swallowing tablets. Regular appointments had been made for this to be reviewed to find alternative methods that were more suitable for the person concerned.

We saw that maintenance checks for fire fighting equipment, the gas boiler and water systems had been carried out regularly and equipment such as aids as hoists and stand aids that were used to assist people with moving, had been regularly serviced. This demonstrated that the provider made sure that the premises and equipment were safe.

Staff confirmed that before they had begun to work in the home their references and checks had been received by the manager. They were able to tell us about the induction training they had completed and how, after shadowing a senior staff member, their competence had been assessed. The recruitment records we viewed of staff working at the service confirmed this and showed that the correct checks had been made by the provider to make sure that the staff they employed were of good character and suitable to work at the service.

People living at the service, and visitors, said that they felt there were enough staff working at the home and that they responded quickly to their requests for assistance. One person said, “There are mostly always staff around, you may wait a few minutes, but they always help.” Two visitors and one relative spoken with told us that staffing levels were good. One told us that it would always be beneficial to have more staff but that the current staffing levels were adequate to meet people’s needs effectively.

There were written instructions displayed in the home that detailed how people could report abuse. The staff we spoke with demonstrated that they understood what abuse was and knew how to reduce people’s risk of abuse and report any concerns they had. They told us they had received training in how to recognise, prevent and report abuse. This was confirmed in the training records we viewed. Where necessary the service had worked closely with the local safeguarding team to improve and strengthen the practices. People living at the home and visitors told us that they would inform the manager if they had any concerns or wished to report potential or actual incidents of abuse. They confirmed that they had not had to formally do this, but some small matters brought to the attention of staff had been quickly and efficiently dealt with.

There were effective infection control systems in place to reduce the risk and spread of infection. Staff we spoke with told us that supplies of disposable gloves, aprons, paper towels, wipes and hand gel were constantly provided. These were seen to be readily available for people to use throughout the home, therefore reducing the risk of cross infection.

# Is the service effective?

## Our findings

People living at the service told us that staff understood their needs and always took action if they were unwell or needed more assistance than usual. One person said, "The staff do everything I need to make me comfortable, they are really good." Another person told us, "The staff are brilliant here, I cannot think of anything bad to say." People confirmed that staff asked them for their consent before they assisted them and that they respected the decisions they made. This was observed on the day of inspection. The relatives we spoke with said that all the staff kept them fully informed at all times.

We looked at the training records for the staff team and saw that they had been provided with the training they required to equip them to meet people's needs. For example, they had completed training in safely moving people, diet and nutrition, safeguarding and the administration of medicines. The staff told us that the training they had received equipped them with the knowledge they required to carry out their role. They said that they had support from senior staff when they needed it, and confirmed that when a training need was identified that they were able to request specific training. During the inspection we reviewed the records of the training staff had completed and also training that they were due to complete. We saw that training was planned and that staff had the opportunity to update their skills and further their knowledge of the caring role.

Staff told us that they had not always received regular supervision, however, this was now being undertaken. They said that they were also able to discuss any matters that they wanted to with senior staff and they now felt more confident about such discussions. This was confirmed in the records we reviewed with future dates booked to support ongoing supervision.

Our observation of the lunch being served to people showed us that people were served their meal promptly. We noted that staff members told people about and showed people the meals to enable them to make a decision about which meal they ate. We saw that staff checked with people that they liked the meal and had enough food on their plate. Staff also checked how much people had eaten, ensuring they had sufficient nutrition.

We saw that people had been provided with their meal in the way they required it, such as a soft diet or specific portion sizes. There were enough staff in the dining room to provide assistance for people who needed it. Staff told us that a record was held in the kitchen of the food and drink needs, preferences, likes and dislikes of each person. Menus had been compiled based on the information within this list. People's choices were supported and encouraged by the routines at meal times.

The fluid and nutritional in-take of people who required assistance to eat and drink had been monitored throughout the day and night. We noted that people who remained in their bedroom and who sat in the communal lounges had been left with a cold drink that was placed within their reach. We saw that they were also offered a hot drink. We noted in the plans of care that when people were not eating or drinking adequate amounts that the staff had taken action to involve a health professional such as a dietician or specialist to assist them in reducing the risk to people of receiving poor hydration and nutrition.

People had their capacity to make decisions about their own care and support assessed. Although there had been no referrals under the Deprivation of Liberty Safeguards (DoLS), staff said that they would highlight any such issues to senior staff for discussion, should this be necessary. The regional manager showed us that the staff had completed training and had their understanding and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) assessed.

# Is the service caring?

## Our findings

People told us that the staff did not rush them when they provided any support or care. One person said, "I have always been happy here, staff take good care of me." Another person told us, "The staff are very kind." One visitor told us, "I always find that staff are caring and really gentle with people. I visit at different times and staff are always talking and helping people. They are really kind and caring." Another visitor said, "I would not want to have my relative in any other home than this one. They are good here. I have seen others, this is a good one."

The atmosphere in the home was calm and staff responded to people in a kind and friendly way. We saw that staff laughed with people and also gently encouraged people when necessary. For instance, two members of staff were supporting a person into the dining room, they waited until the person was stable on their feet and they moved at the person's pace. Staff talked and reassured this person who was getting worried about certain matters. When this person passed us they said, "They always make sure I am OK you know?"

We saw that staff used distraction and humour in a kind manner that involved the person in making a choice, as to what they wished to do. We observed staff explaining to people the action they were going to take prior to assisting them to move and noted that they respected the people's

decisions. One person was asked if they were coming into the dining room, they said that they wanted to stay where they were. Staff said that was fine and promptly obtained a suitable table for the person to have their meal on.

Staff spoken with showed us that they knew and understood the care and support needs of each person living at the service. They explained that they made sure that people's privacy, dignity and independence were respected. For example, by knocking on their bedroom door before entering and by checking with the person that they agreed with the care or support they were about to provide. Our observations of staff confirmed they carried out these actions. One relative told us that their family member living at the service was always treated with dignity when any personal care was provided. They had specifically asked about this and were assured that staff carried out care and support in an appropriate way at all times.

People living at the home told us that the staff listened to them and consulted them whenever needed. They said that they and their relative had been involved in reviewing their care plan information. The relatives we spoke with told us they had been asked to give their views on the service and care plans. If the person was unable to make decisions about their care, then their family member, where appropriate, was involved in making any decisions about any changes that were needed in the care and support provided.



# Is the service responsive?

## Our findings

People who lived at the service did take part in activities, but these were on certain occasions and not every day. One person told us that they sat in the lounge and just watched people each day. Another person living at the service said that they did have activities now and again. Two visitors told us that the care and support provided to people was planned and that activities were provided on some days.

There was an activities programme on display in the lounge area, but there were no activities on the day of this inspection. One member of staff said that they asked people about activities and people often refused. When asked about the next activity that was going to take place, or what was planned, staff were unable to tell us. We were told that a Spanish theme day was to be held but that they were trying to get a Spanish dancer before a date was set. Members of staff did say that they tried to keep people engaged in an activity but they did not always have the time between their caring duties. They said that some people just liked to watch television and declined to take part in activities or have a discussion.

People's needs were assessed to ensure that their care and support was planned and delivered in line with their plan of care. We saw that care plans had been regularly reviewed and reflected the events of the day that we had observed during our inspection.

We saw that care records held information about the person, care and support and risk assessments. There were

also records of assessments made by health professionals such as a dietician. We found that the information they contained told staff of the personal and social needs and choices of the person. We saw that people's likes, dislikes, preferences and interests had been recorded.

Staff told us that the care plans did contain the information they needed to provide appropriate support and care for people. They explained how these records were kept up to date, who completed the updates and how staff were prompted to review certain records when there was any change in a person's needs. They confirmed that this made sure that people received care that was planned and understood by staff. This was confirmed in discussions during the handover between shifts. Staff also expressed a full understanding of individual needs during this handover meeting.

There was a complaints policy and procedure in place at the home. This outlined the procedure for people to follow should they wish to complain. We were told that this and other policies were due to be updated and reviewed. People living at the service told us that they had felt listened to when they had raised their concerns. One person living at the home said, "The staff do listen, I had help with a difficult matter and they were good." Two visitors also confirmed that they could discuss any matters with staff and that they felt staff acted appropriately. Everyone we spoke with told us that they had no current concerns.

# Is the service well-led?

## Our findings

There were systems in place to monitor the quality of service being provided. There were audit sheets for a variety of areas, these included the cleaning schedule, administration of medicines records and risk assessments. However, the audits had not identified that there was a need to improve the way that people were supported with their hobbies and interests. When we asked about the review of the incidents of falls, that would highlight any trends or common themes, we were told that this was not completed. This meant that any repeated falls or areas of falls would not be identified and the necessary action to reduce risks was taken to support the safety and wellbeing of people.

We reviewed the notifications that had been sent to us following any incident that adversely affected people living at the service. Although we found that these had been completed on certain occasions, these were not always completed when necessary. For example, following a serious fall and admission to hospital, a notification had not been completed. We therefore could not be assured that notifications would be always be completed when needed as at the current time they were not consistently completed and sent to us. This resulted in a lack of information about the actions that the service had taken when a serious incident had taken place.

We reviewed the complaints records and these showed that the last recorded complaint was in 2010. We discussed this with staff about such incidents as laundry going astray which had been mentioned on one questionnaire that had previously been received. We were told that this had been dealt with but when asked about the records relating to

this investigation and the action that was subsequently taken, staff were not certain that this had been recorded. Therefore we could not be assured that any such incidents had always been appropriately dealt with and an acceptable conclusion reached.

Staff told us that they had not always felt listened to or supported but that recent changes at the service had been positive. Staff said that they were beginning to feel better about making suggestions of any kind relating to the service that was being provided. Staff and resident and family meetings had not been held recently but we were told these would be taking place again and were being arranged.

There had been survey questionnaires recently issued for people's comments on the quality of the service that was being provided. Seven questionnaires had been returned to date and these all contained positive scores and comments about the service. Such comments as, "Always tidy and clean" and "Nothing is too much trouble" and "Always caring and a friendly welcome" had been stated on returned questionnaires.

Maintenance records were completed and the testing and servicing of equipment had regularly been carried out. Systems within the building, such as fire safety, water, wheelchairs and hoists had also been regularly checked and kept up to date. This made sure that they were safe and in an appropriate condition for people use.

There had been recent changes in the management team at the home and whilst some new systems had been introduced to make improvements these had not been completely embedded by the time of our inspection.