

Dr & Mrs J Hutchings

# Summerhayes Residential Home

## Inspection report

1700 Wimborne Road  
Bearcross  
Bournemouth  
Dorset  
BH11 9AN

Tel: 01202574330

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

Summerhayes Residential Home is a care home registered to accommodate up to 20 older people. Individual bedrooms are situated on two floors, which are connected by stairs. Nursing care is not provided. Whilst people may be living with dementia, this is not a specialist dementia service. When we inspected this time, there were 18 people living there.

This focused follow up inspection took place on 10 March 2017 and was unannounced. It was undertaken to check the service was effective and meeting the regulations in relation to consent and the Deprivation of Liberty Safeguards.

At our last inspection in July 2016, we found the regulations were breached in relation to the need for consent. People's care records did not contain evidence of their consent to their care, and some relatives had consented to aspects of people's care without the legal authority to do so. Where there was reason to believe people may have lacked the capacity to make decisions about their care, the requirements of the Mental Capacity Act 2005 had not been followed. Mental capacity assessments had not been undertaken and, if appropriate, best interests decisions made in relation to this care. Some people lived with dementia and would not have been safe to leave the home without support from a member of staff, yet there had been no consideration of whether they were deprived of their liberty. No applications had been made to authorise this under the Deprivation of Liberty Safeguards.

The registered manager sent us an action plan dated 24 September 2016 that set out the actions the service would take in order to meet the regulations. This stated they would meet the regulations by 24 November 2016.

At this inspection in March 2017, we found improvements had been made. Actions were still in progress to meet the regulations in relation to consent and the Deprivation of Liberty Safeguards. The registered manager and deputy manager were in the process of meeting people and, where appropriate, their relatives to review their care and record their consent, or mental capacity assessments and best interests decisions. People told us care was only provided with their agreement.

The service had a registered manager, which is a condition of its registration with CQC. The registered manager had worked at the service for many years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were supported to perform their roles effectively and safely, through training and regular supervision.

People were supported with their need for nutrition and hydration. They had a choice of meals and snacks and drinks were provided during the day. Staff were aware of people's special dietary needs and these were

catered for.

People's health was monitored. Where they experienced any signs or symptoms of concern, these were referred to healthcare professionals such as doctors and district nurses.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective.

People were asked for their consent to their care.

People's health needs were kept under review and were referred to healthcare professionals where appropriate.

People were protected from the risk of malnutrition and dehydration.

# Summerhayes Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 focused follow up inspection took place on 10 March 2017 and was unannounced. It was undertaken by one inspector to check the service was effective and meeting the regulations in relation to consent and the Deprivation of Liberty Safeguards.

Prior to the inspection we reviewed information we held about the service. This included notifications the service was required to submit about significant events such as deaths. It also included the service's action plan that outlined the steps the service would take to meet the regulations in relation to consent and the Deprivation of Liberty Safeguards. The registered manager had submitted this action plan following our inspection in July 2016.

During the inspection we spoke with nine people who used the service, two regular visitors, two care staff, the deputy manager and the registered manager. We also made general observations, and reviewed six people's care records and records relating to the management of the service, such as training records.

# Is the service effective?

## Our findings

The people and visitors we spoke with were all positive about their experiences of the service and its staff. Comments included: "Only the best... a lot [of staff] have been here a long time. I find them alright. They do anything you want", "Everything's fine. I'm very happy here", "I feel myself lucky to be here. They're kind here", "I couldn't ask for better looking after. If I have a problem I can talk to them [staff]. They're just like an extended family" and "The care is excellent... They do whatever they can to help".

At our last inspection in July 2016, we found breaches in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the need for consent. People's care records did not contain evidence of their consent to their care, and some relatives had consented to aspects of people's care without the legal authority to do so. Where there was reason to believe people may have lacked the capacity to make decisions about their care, the requirements of the Mental Capacity Act 2005 had not been followed. Mental capacity assessments had not been undertaken and consequently any necessary best interests decisions were not made in relation to this care. Some people lived with dementia and would not have been safe to leave the home without support from a member of staff, yet there had been no consideration of whether they were deprived of their liberty. No applications had been made to authorise this under the Deprivation of Liberty Safeguards.

The registered manager sent us an action plan dated 24 September 2016 that set out the actions the service would take in order to meet the regulations. This stated they would meet the regulations by 24 November 2016.

At this inspection in March 2017, we found improvements had been made. Actions were in progress to meet Regulation 11.

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. We checked whether the service was working within the principles of the MCA.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People confirmed their wishes and preferences were followed in respect of their care, and that care was only provided if they wanted it. For example, people told us, "They don't come poking in and not asking you. They find out first" and "They tell you first what they have in mind and check that's okay. They're considerate if you don't agree".

Care plans had been updated and some reflected people's decisions about their care, although consent or mental capacity assessments and best interests decisions were not yet clearly recorded. The registered manager and deputy acknowledged this was a work in progress. They explained they had started having discussions with people and their relatives to review their care and record people's consent, and where

appropriate record mental capacity assessments and best interests decisions. They showed us the packs of care plans, consent forms and mental capacity assessment and best interests decisions templates they had put together for each individual in preparation for these discussions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and deputy had identified someone who they believed was deprived of their liberty. Having undertaken a mental capacity assessment and made a best interests decision in relation to the person receiving care, they had applied to the appropriate supervisory body to authorise this deprivation of liberty under DoLS. Sadly the person died before authorisation could be granted. The service had informed the Coroner of the death, as they were required to and as is routine when people are subject to DoLS.

Along with other staff, the registered manager and deputy manager had undertaken online training about the Mental Capacity Act 2005, including DoLS. The registered manager and deputy were booked to attend further training about the Mental Capacity Act 2005 from a reputable local social care training provider.

People's needs were met by staff who were supported through training and supervision to be able to carry out their roles safely and effectively. Staff had access to the training they needed, which was mainly online, with face-to-face training for moving and handling and first aid. People were all able to bear weight to some extent and no-one required hoisted transfers, for example when getting out of bed. Staff training records confirmed staff received training on a range of subjects including moving and handling, emergency aid, medicines, fire safety, safeguarding and health and safety. Supervision meetings between staff and their line managers took place every two months. Staff told us they could always speak with the registered manager or deputy manager if necessary between times.

People were supported to have a meal of their choice by organised and attentive staff, in the dining room or in their own room as they preferred. People told us they liked the food and were able to make choices about what they had to eat. Comments included: "[of the food] Very good and plenty of it" and "They will change the menu for you if you've asked them in advance". Staff knew about people's dietary needs and preferences, which were documented for reference by the chef. Drinks and snacks were served during the day, and we saw people with drinks close to hand.

Each person's weight, body mass index and risk of malnutrition was monitored. Action was taken in event of unplanned weight loss, such as seeking medical advice with a view to seeking referral to a dietitian. Similarly, someone who had difficulty swallowing had been referred for a speech and language therapy assessment of their swallowing, and their GP had in the meantime prescribed thickening powder to be added to their drinks. Instructions for thickening the person's drinks were set out in their care plan. Staff encouraged the person to sit up straight when they ate and drank, to reduce the likelihood of choking.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals, such as audiologists and district nurses. People told us how when they or others had had health problems, the doctor had been called. One person commented, "I'm being checked up on [in relation to health issues] and I think that's very good". People's care records showed relevant health and social care professionals were involved with their care.