

Bondcare (Halifax) Limited

# Summerfield House Nursing Home

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Summerfield House Nursing Home is a purpose-built care home providing nursing and residential care to a maximum of 106 older adults, some of whom live with dementia. Accommodation is over three floors and the building is fully accessible. At the time of this inspection, 98 people lived in the home.

People's experience of using this service and what we found:

We found evidence the provider was in breach of legal requirements in respect of medicines management, staffing and good governance. We have also made a recommendation about ensuring the environment is supportive of people living with dementia or memory problems.

Whilst we saw the core numbers of staff needed to deliver safe care were in place, the way in which staff were organised and deployed was not always effective or well-managed. This was because shift leaders on each floor did not always have sufficient oversight as they were too busy engaged in other tasks.

In 2019, the home had been successful in achieving a national award in recognition of the good work that had taken place around ensuring food served within the home was healthy, home cooked and sourced sustainably. However, we found the overall mealtime experience needed improving.

A combination of electronic and paper-based care records was in use. In respect of the electronic records, we found some inconsistencies in the way information had been recorded and some records had not been updated in response to people's changing needs.

We also found people's care records were routinely stored outside their bedrooms. This meant there was a risk of private information being accessed by people not authorised to do so.

Systems for audit, quality assurance, questioning of practice and acting on feedback were not operated effectively.

Staff received equality and diversity training and through our discussions with staff, we found they were confident with difference. This helped to shape how care and support would be provided in a way that was personalised to the individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were no prescriptive visiting times which meant people were able to maintain relationships with people that mattered to them. A wide range of in-house activities were on offer throughout the week which

sought to encourage social interaction and wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 July 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement:

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Aspects of the service were not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Summerfield House 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by a lead inspector, an assistant inspector, a medicines specialist advisor and two Experts 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:

Summerfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with 10 people who lived in the service and five visiting relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met with the registered manager, deputy manager, clinical lead, nurses, senior carers, and care assistants. We reviewed a variety of records and documents related to care, support, quality and safety.

After the inspection:

The registered manager sent supplementary evidence related to aspects of medicines management and an action plan for the electronic care records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Aspects of medicines management were not operated in a consistently safe way. There were multiple shortfalls and inconsistencies in the completion of Medicines Administration Records (MAR) and protocols for medicines given 'as and when required' did not always contain sufficient information.
- A 'do not disturb' tabard was not always worn by staff undertaking the medicines administration round. During the morning medicines round, we noted rounds that were due to be completed by 10am ran over by at least 1 hour and 20 minutes. This meant there was a risk people could be given their medicines at intervals too close together.
- A medicine used to relieve cardiac symptoms and an inhaler to relieve breathing problems were not in the medicines trolley but there was no indication on the MAR as to where they were kept. A medicine prescribed to relieve pain had not been available for one person for six days.
- There were two controlled drug registers being used simultaneously on two of the units which is not safe practice. We noted the last time a stock check was recorded in one of the registers was October 2019 and in another register a medicine was still recorded when the stock was no longer on the unit.
- When medicines, creams and thickening agents were opened the date was not noted on the container to ensure they were used within the recommended time period. Where creams were stored in people's bedrooms and thickener was stored in the dining area, the temperature was not monitored and there were gaps in the temperature records on all the units.

We found no evidence that people had been harmed however, systems for the safe management of medicines were not always operated effectively. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment:

- Whilst we saw the core numbers of staff needed to deliver care were in place, the way in which staff were organised and deployed was not always effective or well managed. This was because shift leaders on each floor did not always have sufficient oversight as they were too busy engaged in other tasks.
- We observed lunchtime service and found some people waited extended periods of time for their food to be served. We saw written responses in recent surveys which indicated people had previously complained about food not being hot enough.
- Whilst we were talking to a resident and their visiting relative, the resident asked to go to the toilet and a member of staff was asked to provide support. However, they stated: "I'm sorry, you'll have to wait as you're third in the queue."

- On occasions, we observed nurse call bells to be ringing for an excessive amount of time. We asked the registered manager for call bell monitoring data but we were told the system did not allow for monitoring reports to be produced. Comments from people about staffing levels included, "I am fine, but it would be better if there were more staff. I've been sat here waiting to be taken back to my room for half an hour." and "There are not enough carers and they are always so busy and seem to be under stress to get people up and to the toilet and turned etc but the staff doing it are very nice".

The failure to ensure staff were deployed effectively had a negative impact on people's experience of living in Summerfield House. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded after the inspection by detailing to us the changes that had been made around how staff are deployed.

- Pre-employment checks had been carried out to ensure the suitability of prospective new employees. Checks were completed with registered nursing staff to ensure their registration was current and valid.

Preventing and controlling infection:

- When the inspection team first arrived onsite, we were asked to wash our hands. Whilst this appeared to be good practice, we observed other external visitors into the home were not asked to wash their hands.
- Personal protective equipment such as disposable gloves and aprons were readily available at the point of care. However, we spoke with the registered manager and provider about ensuring disposable gloves were stored more securely.
- Whilst the home was found to be visibly clean and well presented, a malodour was noticeable on the nursing floor. Comments included, "I feel safe, but the place could just do with being a bit cleaner." and "Its not bad care but I do have a few issues, mainly with cleanliness."

Systems and processes to safeguard people from the risk of abuse:

- Staff had received safeguarding training and knew how to recognise and respond to signs of abuse. This was supported by appropriate policies and procedures.
- In the event of a safeguarding concern being raised, the registered manager followed correct procedures and kept appropriate records.

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. This included individual risk assessments and risks assessments associated with the environment.
- Care records contained guidance for staff about how to support people in the safest possible way.
- Accidents, incidents and untoward events were reported and recorded appropriately and in a timely way. Effective systems were in place to review incidents for wider learning, and to reduce the likelihood of such events occurring again in future.
- Risks associated with the management of the buildings and premises were managed safely. Relevant safety certificates were up-to-date.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Accommodation was provided over three floors with the top floor dedicated to caring for people living with dementia. However, whilst the colour scheme on the top floor was pleasant with soft neutral tones, the overall environment and décor was not in keeping with national best practice guidance for creating a dementia friendly environment. This included a lack of wayfinding signage that would help people to navigate their way around.
- Signage displayed in the passenger lift and on notice boards throughout the home, referred to the top floor as the 'dementia floor.' This was not good practice and was suggestive of people being recognised by their diagnosis rather than individuals.

We recommend the provider consults national best practice guidance for creating an environment that supports people living with dementia.

The registered manager responded after the inspection by detailing to us environmental improvements had commenced.

- The home benefited from landscaped, well-presented accessible communal gardens. The outside space was primarily used during the spring and summer months, with raised beds for growing flowers and vegetables.

Supporting people to eat and drink enough to maintain a balanced diet:

- In 2019, the home had been successful in achieving a national award in recognition of the good work that had taken place around ensuring food served within the home was healthy, home cooked and sourced sustainably.
- However, we observed the mealtime experience on both days of inspection. On the top floor people were brought into the dining room 50 minutes before mealtime service started and for some residents this caused them agitation.
- Meal were ordered and planned the day before. A comprehensive pictorial menu was available to help people with memory problems decide what they wanted to order, or to prompt people to remember what they had ordered the previous day. However, on the top floor unit, we saw the pictorial menu was locked away in the office and was not used by staff.
- In the Safe section of this report we have already described the negative impact the deployment of staff had on the mealtime experience.

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

- A pre-admission assessment was completed before a person was accepted to move into the home. In addition to nursing and care needs, the assessment include information about likes, dislikes, personal preferences and people who were important.
- Care plans contained guidance and national standards for topics such as oral healthcare, thickened fluids, adapted diets and specific medical conditions.

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

- The home worked effectively with external health and social care professionals to ensure people received care and support in a timely way.
- Records showed people had access to a range of external healthcare professionals, and their advice or recommendations had been incorporated into care plans.

Staff support: induction, training, skills and experience:

- Staff received effective induction, training and supervision to ensure they were skilled and competent to carry out their roles.
- The training and development needs of staff were assessed on an individual basis, according to their previous experience and appropriate training records were maintained.
- The home had previously been part of a local pilot project for the development of the Nursing Associate role.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought consent and enabling people to make decisions about activities of daily living. For example, where people wanted to sit, what they wanted to eat or drink, and what activities they wanted to participate in. Staff were patient and encouraging in these interactions which enabled people to feel they had choice about decisions which affected them.
- Before an application to deprive a person of their liberty was submitted to the local authority, an appropriate assessment in relation to capacity was completed.
- Decisions to restrict people of their liberty had been made in their best interest and by the least restrictive means possible.
- The registered manager maintained records about when a DoLS application had been made to the local authority, when the DoLS assessment had been completed, the outcome, and expiry date.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence:

- Staff working in the service were confident with difference. Equality and diversity training had been provided.
- Staff talked with us about how they would always seek to get to know a person when they first started using the service including relationships that were important to them and personal preferences. This helped to shape how care and support would be provided in a way that was personalised to the individual.
- People who used the service told us staff were caring and treated them with dignity and respect. Comments included, "They are very caring staff here." and "I've lived here for quite a while now and I find all the staff very caring."
- Staff understood how to support and promote people's independence and how to respect their privacy. This was confirmed by the people we spoke with.

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

- Staff understood the importance of involving people in decisions about their care and people told us they were involved. Comments included, "Yes, I think they [staff] do listen. If I have asked a question they've always found the answer, even if they have to ask someone else."
- Information about advocacy services was readily available to people within the home, should they need an independent person to advise them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- At the time of this inspection, a combination of electronic and paper-based care records were in use. In respect of the electronic records, we found inconsistencies in the way information had been recorded and some records had not been updated in response to people's changing needs.
- We spoke with the registered manager about the above issues and we were told the provider was planning to move to electronic care records across the home, but they recognised this could not be done until the existing records had been fully reviewed and updated.

The registered manager responded immediately after the inspection by sending us an improvement plan that detailed a timeframe for all reviews and updates to be completed.

- In respect of the majority of other care records we reviewed, we found these to be current and reflective of people's current needs. These care plans were comprehensive and contained information about people's backgrounds, likes, dislikes, preferences, medical and social needs.
- Reviews and evaluations had been completed as part of 'resident of the day' or in response to a particular event. Where possible, people had been involved in reviews and evaluations.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to meet the requirements of the AIS. For example, providing information in an alternative format such as braille, audio tape or easy-to-read. This was identified through existing arrangements for assessment and care planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- There were no prescriptive visiting times which meant people were able to maintain relationships with people that mattered to them.
- A wide range of in-house activities were on offer throughout the week which sought to encourage social interaction and wellbeing. These were led by four activities coordinators. Comments from people included, "I like the fact there's always someone and something to do. I made mince pies the other day and we had two parties over Christmas."; "There are a lot of things going on but it doesn't grab me anymore. The

concerts are okay and the singalongs but that's about it for me now."; and, "I am just on my way to the 'disco' now! I've had my hair done this morning. I join in with a lot of things here, there is always something going on, it keeps me young!."

- Opportunities for participation in trips or events outside of the care home were limited. The home had previously benefited from its own minibuss but since the authorised driver no longer worked at the home, the vehicle had been taken off the road. We discussed this with the registered manager and we were told there were no plans to reinstate the minibuss.

End of life care and support:

- Staff within the service were well equipped to provide a holistic and responsive level of care and support to people nearing the end of their life. This included people's emotional, physical, spiritual, cultural and religious needs.
- Staff worked closely with external health professionals to ensure people's medical needs were met. This meant for people who were nearing the end of their life, they could choose to remain at the home to be cared for in familiar surroundings by people they knew well.
- The care home also worked closely with a local NHS hospital trust and was able to accept people who were nearing the end of their but could be discharged from the hospital setting.

Improving care quality in response to complaints or concerns:

- The provider had a policy and procedure which informed people how they could complain and what the service would do about their complaint.
- There was a system for recording complaints, which included a record of responses and action taken.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The findings of residents' and relatives' surveys obtained during 2019, had not been reviewed or acted upon.
- There was no regular schedule of residents' and relatives' meetings, with the last such meetings having taken place in July 2019 and October 2018 respectively.
- Confidential records were not stored securely. We found paper-based 'daily charts' and associated care records routinely left outside people's bedrooms.
- Existing systems to monitor the quality and safety of the service were not operated effectively and had failed to identify the regulatory breaches and issues found during this inspection.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The previous inspection rating was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of events such as accidents, incidents, safeguarding, and deaths.
- Daily heads of department meetings were held. Led by the registered manager, these meetings covered a variety of topics related to the day-to-day operation of the home. We sat in and observed one of the meetings and found this to be an effective way for staff to share information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- The majority of people we spoke with considered the home to have a positive culture and that the registered manager was approachable. Comments included, "The manager is very nice, very chatty." and "[Registered manager] is friendly and I find him easy to talk to."
- Observations during the inspection showed that staff worked hard to implement a person-centred culture that was promoted by the registered manager. However, this was not consistently achieved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- There was an open culture within the service and the provider and registered manager understood their legal responsibilities around duty of candour when things went wrong. Policies and associated procedures supported this.

Working in partnership with others:

- The registered manager recognised the importance and benefits of collaborative and joined-up working. An example of this was the partnership between Summerfield House and local NHS services around end of life care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	12(1)(2)(g)  Medicines were not consistently managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17(1) (2) (a) (c) (e)  The findings of surveys had not been reviewed or acted upon.  There was no regular schedule of residents' and relatives' meetings.  Confidential care records were not stored securely.  Existing systems to monitor the quality and safety of the service were not operated effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  18(1)

Deployment of staff was not effective to meet the needs of service users.