

Summerfield Rest Home Limited







Summerfield Rest Home

Inspection report

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Website:

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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?	Requires Improvement	
Is the service well-led?	Good	

Overall summary

We inspected Summerfield Rest Home on 7 January 2015. The inspection was unannounced.

The last inspection took place on 1 August 2014. As a result of the inspection we asked the provider to take action to improve infection control arrangements and this action has been completed.

Summerfield Rest Home provides care and treatment for up to 38 people over the age of 55 years, some of whom live with needs related to dementia. There were 25 people living in the home on the day of our inspection. Accommodation is arranged over two floors; the upstairs

being accessed by stairways and a passenger lift. Five bedrooms are able to accommodate two people if anyone wishes to share a room. The home is located in a sea side town and is close to local amenities such as shops and restaurants.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

registered persons who have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

At the time of the inspection no-one who lived at the home had their freedom restricted. People's rights were also protected by staff who understood the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, and followed the correct procedures.

People were happy and felt safe living in the home. They were treated with respect and dignity and staff displayed a warm and sensitive approach when supporting them. The same respectful and warm approach was extended to people's relatives and visitors.

The manager and staff promoted an open and inclusive atmosphere within the home. People had the opportunity share their views and opinions and were involved in planning and reviewing their care. They understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve issues.

People were provided with a varied diet that took account of their likes, dislikes and preferences. They had access to appropriate healthcare professionals and support services and their medicines were managed safely.

Staff were recruited, trained and supported to meet people's needs appropriately. There were enough staff on each shift to meet people's needs. They understood how to manage risks and protect people from avoidable harm. They also knew how to raise any concerns and report them appropriately.

We have made a recommendation about providing meaningful activities and a stimulating environment for older people and those who may experience memory loss.

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.

People's health and safety were protected by staff who understood how to identify and report any concerns and to manage any risks they identified.

There were enough appropriately recruited and skilled staff to make sure people's needs, preferences and wishes were met.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

People were supported to maintain their health and wellbeing because they received good nutrition and had access to appropriate healthcare professionals.

Staff were trained and supported to meet people's needs in the right way.

People's rights were protected by staff who understood the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, and followed the correct procedures.

Good



Is the service caring?

The service was caring.

People benefitted from a welcoming and friendly atmosphere and were treated with kindness and sensitivity. They received care in the way they wanted.

Their privacy, dignity and opinions were respected and they were treated as equals in all aspects of their life within the home.

Good



Is the service responsive?

The service was not consistently responsive.

We have made a recommendation about providing meaningful activities and a stimulating environment for older people and those who may experience memory loss.

People were involved in planning and reviewing their care. Care plans reflected their assessed needs and staff had a good understanding of people's wishes and preferences.

People knew how to raise a complaint if they needed to and there were systems in place to manage complaints appropriately.

Requires Improvement



Summary of findings

Is the service well-led?

The service was well-led.

People benefited from a well organised home where the registered manger promoted an open and inclusive atmosphere.

Systems were in place to assess and monitor the quality of the services provided for people.

Good



Summerfield Rest 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 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.

This inspection took place on 7 January 2015 and was unannounced.

The inspection team consisted of 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. The expert by experience who visited this service had experience with people who had dementia related needs.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with eight people who lived in the home and two relatives who were visiting. We also spoke with two visiting community nurses, the visiting hairdresser and a visiting social worker.

We looked at three people's care records and spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the registered manager, the deputy manager, three care workers and two catering staff. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

At the last inspection of the home on 1 August 2014 we found some equipment in the home was damaged and unsuitable for purpose and there were no cleaning schedules or audits in place to help monitor and maintain a good standard of hygiene within the home. This presented a risk for people and was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010.

Following the inspection the provider sent us an action plan. During this inspection we saw the provider had taken the actions they had set out. For example, the manager told us they had taken advice from infection control specialists and showed us how they had implemented their advice by way of cleaning schedules and audit checks. We saw that damaged equipment had been replaced and the environment was clean and tidy.

People told us they felt safe living in the home. One person said, "I feel very safe living here." Another person said, "I'm much safer here than out there." People also told us they thought staff knew how best to keep them safe. One person said, "I'm a bit wobbly on my feet and staff make sure I don't fall." Another person said, "I'd speak to the staff if I thought we weren't safe."

Staff told us they knew how to recognise the signs of potential or actual abuse and they knew how to report their concerns. One staff member said, "That's what we do, we help to keep people safe." Records showed that staff had received training about how to protect people from abusive situations and this training was updated regularly. Our records showed that the manager and staff had worked with external agencies to address any concerns for people's safety that had been raised.

Staff helped people to minimise risks to their health and wellbeing. For example, we saw staff supported people to move around safely using equipment such as walking frames and wheelchairs. They used hoisting equipment in appropriate circumstances and in a safe way. We saw special mattresses and cushions were available where

people were at risk of skin damage to pressure areas. This was in line with the risk assessments and plans in people's care records. The risk assessments were reviewed regularly to make sure they reflected people's needs accurately.

People, their relatives, staff members and visiting professionals told us there were enough staff on duty to make sure people's needs were met. We saw staff were available in communal areas for people to speak with. People's requests for assistance, either verbal or by way of call bells, were met in a timely manner. Care staff were supported by domestic, catering and maintenance staff which enabled them to focus on people's care needs.

The staff numbers on duty matched the duty rotas and the manager told us staffing numbers were dictated by the amount of people living in the home and their individual needs. Staff told us that they were able to cover any sickness or other absences within the team so that staff numbers did not fall below what was needed.

Recruitment records showed the manager and provider had carried out appropriate checks to make sure potential staff members were suitable to work with the people who lived in the home. Checks included those made through the Disclosure and Barring Service (DBS). The DBS checks to see whether potential employees have any criminal history which would impact on their working with vulnerable people.

People told us they received their medicines when they needed them and in the way they liked. One person said, "I like to take them with my meal and that's when I get them." We saw staff administering medicines to people individually and completing administration records appropriately. They explained to people what medicines they were taking and offered extra prescribed medicines where appropriate such as pain relief. Staff demonstrated that they knew what to do if people refused prescribed medicines and said they would seek advice from the person's GP if they had concerns about this.

Training records showed staff were trained to manage and administer medicines in a safe way. We saw medicines were ordered, recorded, stored and disposed of in line with national guidance. This included medicines which required special control measures for storage and recording.

Is the service effective?

Our findings

People told us the manager and staff knew a lot about their personal needs and wishes. One person said, “I trust [the manager], she knows what I want and like.” Another person said, “I think they [staff] do a grand job.”

Visiting professionals told us staff knew people in the home “really well” and were able to provide them with all of the information they needed when they visited. They said staff knew how to meet people’s needs and they also followed their instructions well. An example of how this impacted on people’s care was demonstrated by how well a person’s pressure ulcer was healing.

Staff were aware of the responsibilities of their individual work roles. We saw that some staff took lead roles for specific areas such as medicine arrangements and infection control.

Staff told us that when they were appointed they were provided with a good induction to the home which helped them to understand their roles and how to care for people in the right way. We saw the induction programme included subjects such as how to provide personalised care for people, how to work in partnership with people who lived at the home and other professionals who supported them and how to respond to emergency situations.

Staff also told us they received on-going training in a variety of subjects such as how to support people living with dementia, and how to support people who were at risk of skin damage to pressure areas. We also saw that most care staff had achieved or were working towards a nationally recognised care qualification.

The manager told us staff received regular supervision sessions and an annual appraisal. Staff confirmed this when we spoke with them and said they found the sessions valuable in terms of reviewing their performance and planning their development. We saw the manager was in the process of arranging training sessions, for topics such as supporting people with diabetes and Parkinson’s Disease, as a result of recent supervision discussions with staff.

The manager and staff understood how to apply the principles and guidance of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Records showed that where a person did not have capacity to make a decision, the correct procedures had been followed to ensure the decision was made in the person’s best interest.

DoLS authorisations are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one who lived at the home had their freedom restricted.

People’s nutritional needs had been assessed and planned for. Advice had been sought from healthcare professionals such as dieticians. People’s weight was monitored in line with their care plans so as to identify any changes in people’s nutritional needs. Drinks were freely available to people throughout the day and we saw staff encouraging people to take drinks regularly.

People told us they could see appropriate healthcare professionals when they needed to such as GP’s, chiropodists and community nurses. One person said, “She [the manager] gets the doctor whenever I need one.” We also saw people had been supported to access services such as ‘memory clinics’. These are places where people can see health professionals who specialise in supporting people who live with dementia. Community nurses were visiting people during the inspection to provide treatment and advice regarding their health care. They told us staff had everything ready for them when they came and they knew how to provide a good quality of care.

Records showed people’s health needs were monitored and reviewed regularly. Staff had appropriately completed monitoring charts for needs related to continence, skin care and eating and drinking. There were also care plans and assessments related to the care people wished to receive at the end of their life, which included input from healthcare professionals.

Is the service caring?

Our findings

People told us they were well cared for at the home. One person said, “I’m very contented with the carers” and another person said, “They treat me with respect and understand I need privacy.”

People told us there was always a happy and “cosy” feeling in the home. We saw there was a homely atmosphere, people had their own possessions around them and all of the staff went about their work in a cheerful and friendly manner.

A relative told us staff were, “Always respectful and very courteous.” They added, “The dining room is like a restaurant and has a good menu. I get a cup of tea and a biscuit when I arrive. I can visit any time.”

We saw people could choose to spend their time, and eat their meals where ever they felt comfortable. We saw some people chose to eat meals in their bedrooms and some chose to eat meals in a lounge area. Dining tables and trays were laid nicely and had condiments and serviettes available. We saw staff supporting people to eat meals with adapted cutlery and helping them to walk around at their own pace.

There was plenty of space around the home for people to receive visitors in private and in comfort if they did not want to use their own rooms. We saw staff knocked on people’s bedroom doors and checked bathrooms and toilets were not occupied before they entered. Staff asked people if they were ready to receive care before they did anything and explained what they were going to do.

Visiting professionals told us staff were friendly and welcoming. They told us they saw staff cared for people with respect and warmth and treated them as individuals. One professional said, “It’s a lovely place.”

We saw staff spoke with people in a kind and sensitive manner and acknowledged people’s different views. For example, one person thought they had waited too long for their pudding at lunch time. Staff gently explained the possible cause of the delay and apologised.

We saw that where some people did not have family or friends as part of their lives, staff encouraged a sense of belonging within the home and local community for them. For example, a visiting professional told us how the manager and staff had “Gone out of their way” to help one person to strengthen their links with the local community by enlisting the help of the local newspaper. We also saw the manager took steps to help people trace lost relatives where appropriate.

Records showed new staff received training about valuing people as individuals and maintaining their privacy, dignity and choices. They also received training about how to uphold anti-discriminatory practice so that everyone was treated equally regardless of their diverse needs and life choices. We saw staff applied these principles throughout the inspection and sensitively encouraged people who lived in the home to adopt the same approach with others who may have previously led alternative lifestyles.

Is the service responsive?

Our findings

People and their relatives told us they felt involved in deciding how their care and support was given. Some people told us they had a care plan but others could not remember if they had one. One person said, “I leave it to her [the manager] I get everything I need.” People also told us they could choose however they wanted their day to be structured. One person said, “There’s no set routines, I can get up when I like.”

People’s needs were assessed when they moved into the home. One relative told us about how kind and helpful the manager and staff had been when their relation came to live at the home. They said everything was “slotting into place now” because things had been explained to them and they understood what was happening.

We saw care plans reflected people’s assessed needs and set out how to provide the required care with respect and dignity. They also clearly set out people’s expressed wishes and preferences about their care. The plans were reviewed regularly and updated when necessary. Records showed people and their relatives were involved in planning and reviewing care.

Staff knew about people’s wishes, preferences and needs. One member of staff told us about how they supported a person who liked to spend time on their own to still feel a part of the home. Another member of staff told us how they supported a person with dementia to remember things that were important to them, such as where they were in the home. We saw staff provided this type of support regularly.

A visiting professional told us about how staff had responded quickly and effectively to challenging situations presented by a person when they came to live at the home. They said the person had settled into the home much better than expected because the manager and staff had taken time to get to know them and planned their care appropriately.

Two people told us they were always cold. Everyone else we spoke with said the temperature in the home was appropriate for them. When we spoke with the manager and staff they told us this was a known need for these

people and we saw their care plans reflected this. Staff showed us they had extra heating and blankets available for these people and made sure they wore plenty of warm clothing.

People told us they enjoyed the food in the home and could choose what they wanted to eat. We saw the menu was displayed in the dining room and people knew what was for lunch when we asked them. Catering staff told us they reviewed the menus with people and also tried out new recipes to give people the opportunity to experience different tastes. During the afternoon we saw the chef individually ask people what they would like for tea.

When staff were putting food onto plates for people, they knew people’s preferences for portion sizes, different vegetables and meats and desserts. We also saw one person was provided with a chosen alternative as they did not want what was on the menu. Staff knew which people needed nutritional supplements and made sure foods were suitable for people with needs such as diabetes. Records were available to catering staff to remind them of people’s likes, dislikes and needs.

People and their relatives told us there were few activities arranged to stimulate people. One person’s told us they had “Very, very little activities.” They added that they would like more to do and would go on trips if they were organised. A relative said, “There are not many activities and [my relative] could do with more stimulation.”

We did not see any activities taking place during the inspection and we did not see people being supported to engage in any hobbies or interests. People told us that staff had arranged events at Christmas time such as carol singing and a visit from a donkey and her foal which they enjoyed.

We were told an activity co-ordinator was available two to three times a week but people did not have a personalised plan to help them engage in the things that interested them. The manager told us they were looking to provide more activities for people.

We also noted there was little signage around the home to help people who experienced memory loss to remain as independent as they could be. For example, there were no signs to indicate which rooms were toilets or bathrooms, or to remind people which room was their bedroom.

Is the service responsive?

People and their relatives told us that if they had any complaints about the services they received in the home they would feel comfortable to raise them with the manager and staff. They said they were confident their issues would be dealt with quickly and in the right way. Records showed there had been no complaints made within the past 12 months.

We saw the provider had a complaints procedure in place but this was not freely available around the home for people and visitors to see. Although the manager told us people could use local advocacy services for independent

support, again we saw there was no information freely available around the home about these services. The manager took action during the inspection to make all of this information available for people and visitors.

We recommend that the provider and manager seek advice and guidance from a reputable source about providing meaningful activities and a stimulating environment, based on current best practice, in relation to the needs of older people and those living with memory loss.

Is the service well-led?

Our findings

People said they were happy living in the home and felt included in any plans and developments. For example, one person said, “They [staff] always tell us what’s going on and ask what we think about it.”

There was a registered manager who had been in post for the past two years. They had undertaken a nationally recognised management qualification in order to develop their management skills. They demonstrated a clear understanding of the responsibilities of the registered manager role, for example, which events in the home they had to tell us about. Our records showed the manager did this in a timely and appropriate way.

The manager and deputy manager were actively involved in supporting people and staff with their needs and requests and we saw people seeking them out when they wanted to speak with them. They were able to speak about people’s individual needs in an informed way and knew the skills and talents of each member of the staff team.

We saw the manager and deputy manager had a clear overview of events and staff workloads throughout the inspection. They redeployed staff when necessary to ensure people were supported appropriately and in a timely manner. Visiting professionals told us they found the home was well organised whenever they visited.

The manager told us they regularly gathered people view’s about the services they received. They showed us this was done at individual care review meetings with people and their relatives. The manager said they used to send out questionnaires to people and their relatives but there was a poor return rate and this method of gathering views was more effective. Records showed people’s views were recorded and acted upon.

Staff told us they felt supported by the management team and their views and opinions were respected. They said the manager and deputy manager were always available for advice. One member of staff described how the manager had supported them through a difficult situation during a night shift and provided them with the opportunity to discuss learning from the situation afterwards.

Staff told us they were kept up to date with events in the home and current good practice through regular meetings and training arrangements. Records showed topics such as continence, training and staffing levels were discussed at meetings, and training was arranged to ensure people’s needs were met appropriately.

Systems were in place to regularly assess and monitor the quality of services provided for people. We saw regular audits were carried out for topics such as medicines management, kitchen hygiene and care planning. The manager showed us a newly developed audit tool for infection control arrangements that they had started to use.