

# SummerCare Limited

# SummerView

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Summerview cares for up to six people with learning difficulties and at the time of inspection six people were using the service.

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

We found infection prevention control processes at the service needed to improve to mitigate risk of infection. Guidance on the use of PPE and infection control procedures needed to be implemented.

Governance and oversight of the service needed to be more robust to address issues promptly.

Staff were trained in safeguarding and knew how to raise any concerns. The provider had policies and procedures in place for staff to follow.

People's care needs were attended to by staff who knew them well and how they liked to be supported. There were enough staff on duty and the provider had appropriate recruitment processes in place.

There were processes in place to learn lessons when things go wrong to encourage learning and improve care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received person centred care that was inclusive and promoted their independence and choices. Staff empowered people to make choices over their lives and supported them to attain their goals.

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 (9 October 2018).

### Why we inspected

We inspected to check Infection Prevention Control procedures following an outbreak of COVID 19. Due to issues identified, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken steps to address the areas of concern identified.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# SummerView

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

There was two inspectors in the team, one attended on each day.

#### Service and service type

Summerview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was announced on the first day and unannounced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought information from the local authority. 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 observed people who used the service and spoke with two people about their experience. We spoke with

four members of staff including the registered manager, deputy manager and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, audits and feedback from relatives.

# 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.

### Preventing and controlling infection

- Systems were not in place to safely protect people from the spread of infection.
- We were not assured that staff used PPE effectively and safely. We observed staff to not have masks in place correctly and were wearing masks under their chin or below their nose. This meant the masks were ineffective to protect the member of staff or people. We found on both days of inspection PPE to be left out of its original packaging on a surface we could not be assured was clean. PPE left uncovered is at risk of becoming contaminated before it is used, placing staff and people at risk.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. We saw staff exit a room where a person with a positive COVID-19 test had received support. The member of staff did not change their PPE and proceeded to walk through the service carrying bed linen in their hands. This placed the member of staff at risk due to carrying contaminated linen that should have been placed in a bag to be transported. There was a risk of spreading infection throughout the service from the linen and from the staff member who had not correctly changed and disposed of their PPE.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found cleaning rotas had not been kept up to date and we could not see evidence of increased cleaning of frequently touched points in the service.
- We were not assured that the provider was preventing visitors from catching and spreading infections. There were no systems in place to screen external visitors who entered the service. For example, temperature checks, health screening or contact and trace details were not completed.

The above issues were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation to infection control were not managed appropriately.

### Using medicines safely

- Medicine records contained information on a medication system no longer in use at the service. When we highlighted this to the deputy manager, they removed this information.
- Medicine was counted daily as a check by staff to monitor the correct level of medication being stored and dispensed. We found some of these records to be unclear and noted one contained the wrong count number. The deputy manager immediately counted the medicine to rectify the discrepancy and check the person had received their medicine as prescribed.
- Where people received as required medicine or PRN we found there were no protocols in place with the medicine records to guide staff when to administer these medicines.

### Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence they covered such areas as supporting people to access the community safely.
- Risk assessments and care plans had been put in place along with health passports on how to support people during the pandemic. These were generic assessments and we could not see evidence they had been reviewed. This meant if people's support needs had changed this was not reflected.
- There were regular fire drills held at the service and tests of equipment completed.

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

- The provider had systems and policies in place for staff to follow if they had any safeguarding concerns. Guidance was easily accessible and available for staff to follow.
- Staff we spoke with knew how to raise concerns. One member of staff said, "I would report anything to my manager or head office and if no action would go to the CQC."
- There were no current safeguarding concerns at the service.

### Staffing and recruitment

- The deputy manager told us that they had enough staff and since the pandemic staff had worked block shifts to minimise the amount of staff coming into the service.
- The registered manager had not been working at the service as they had been based at another scheme run by the provider. The deputy manager told us they had kept in regular contact with the registered manager.
- The provider had an effective recruitment process in place and carried out all the required checks to ensure staff were suitable for the role employed for.

### Learning lessons when things go wrong

- Incidents and accidents were recorded and details were reviewed and discussed with staff during handover meetings.



# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been working at another scheme for the provider since the start of the pandemic and had minimal input at the service. The day to day running of the service had been overseen by the deputy manager. The impact of the registered manager not being at the service had led to some of the management systems in place not being effectively monitored. Following the inspection we have received reassurance the manager will be more visible at the service.
- Audits had not been robust enough in identifying the issues we highlighted at inspection. For example, there was no evidence that cleaning was being regularly completed as staff had stopped signing the cleaning rota since April. There were cleaning issues that had not been addressed such as a soap dish that was dirty had been left in the bathroom and toilet brushes that were contaminated with faecal matter left in toilets. Increased cleaning schedules should have been implemented during the pandemic to help prevent the spread of infection.
- The registered manager had sourced guidance throughout the pandemic and had set up a COVID-19 folder with information for staff to read and follow. However, we found not all aspects of guidance were up to date or had been implemented. For example, staff were not following guidance on the correct use of PPE and there were not adequate facilities in place for staff to dispose of used PPE correctly. Staff were seen to not be following guidance on dealing with contaminated linen.
- Medication audits had not identified that instructions for a medication system no longer in use were still being kept with the medication records.
- Care plan audits had not identified care plans put in place with health passports to support people through the pandemic had not been reviewed and not all information had been completed.
- Although staff told us they had been sent a link to watch a video on COVID-19, we were not assured that training was effective or that staffs' competency had been checked.

Governance and oversight of the service was not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 a positive culture at the service.

- People were happy and relaxed in the company of staff. People indicated they were happy to us by smiling and putting their thumbs up. One person said, "Everything is good."
- Staff had worked with people and families to ensure they had activities they liked to do throughout the pandemic. We saw staff were also supporting people to continue to access the community and go out for local walks.
- The provider understood their responsibility under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff supported people as individuals to meet their needs. Due to the disruption to people's normal routines staff had supported them to adjust to new routines to promote continued positive outcomes. For example, they had helped people to continue with leisure activities they enjoyed within the service.
- Families had been supported to maintain contact through video calls, and visits were supported in the garden when possible.
- Regular communication with families through emails and families had continued, to be complimentary to staff for the support they were providing for their relatives.
- Where people had an advocate, they were also supported to maintain contact through video calling.

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  Guidance on infection control procedures were not being followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not being implemented robustly to identify issues and mitigate risk.