

Ashcare (Summerfields) LTD

# Summerfield Care 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Summerfield Care Home is a residential care home providing personal care to up to 21 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

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

People's care plans did not always consistently provide enough information of identified risks or guidance for staff to safely manage them. Hygiene practices through the bathrooms required reviewing to help ensure safety was promoted.

People's care records contained some out of date or contradictory information. Staff did not always consistently work with other health and social care professionals to effectively meet people's needs.

Whilst improvements had been made since our last inspection, the auditing systems in place were still not always effective at identifying areas for improvement. The systems had not identified risk assessments and care plans required updating or where further professional input was required.

The provider had made improvements to ensure action was taken when staff identified any risk of harm. They had reviewed their systems in place to help ensure people received their medicines safely and as prescribed. Lessons were learnt when things went wrong and people were supported by staff who were safely recruited to work at the home.

People were supported by staff who were trained to meet their needs and people were supported to eat and drink and maintain a healthy diet. The service was adapted and decorated to meet people's needs. 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, although further reviews to ensure decision specific records were in place.

The registered manager and staff shared a positive culture, and they were passionate about caring for people. People, their relatives and staff were engaged and involved in the running of the service.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 and update

The last rating for this service was requires improvement (published 5 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst we found improvements had been made and the provider was no longer in breach of some regulations, further improvements were still required, and the provider remained in breach of regulation 17.

### Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerfield Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to good governance at this inspection. 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?**

The service was not always effective.

Details are in our effective 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** ●

# Summerfield Care 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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors.

#### Service and service type

Summerfield Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Summerfield Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 3 relatives about their experiences of the care provided. We spoke with 7 members of staff including the registered manager, kitchen staff, the handyman and care staff. We also spoke with the nominated individual and 2 external professionals who visit the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, this included 2 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found systems and processes were not operated effectively to investigate any potential abuse. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider had made improvements to ensure action was taken when staff identified any risk of harm.
- Staff completed accident and incident records and body maps where required. The records detailed action taken including referrals to required professionals and local authority safeguarding teams.
- People and relatives told us they felt people were safe living at the home. One relative told us, "[Person's name] is definitely safe". Another relative told us, "[Person's name] is safe, staff look after her very well".
- People were supported by staff who were trained to recognise and report on the risk of abuse. Staff we spoke with told us the process they followed if they had any concerns, including informing the registered manager and documenting the information.

Using medicines safely

At our last inspection people's medicines were not managed safely. This placed people at significant risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made to medicines management at this inspection and the provider was no longer in breach of regulation 12.

- The provider had reviewed their systems to help ensure people received their medicines safely and as prescribed.
- People's medicines including topical creams were now stored securely and temperature checks were completed.
- Staff had clear guidance and instruction for the administration of people's medicines. People's medicine administration charts were completed, and body maps were in place where required to ensure people received their medicine as prescribed, including topical creams.

- Whilst staff knew people and followed protocols in place where 'as required' medicines were prescribed, we discussed further detail being added to people's protocols. For example, where people could not verbally communicate when they were in pain. The registered manager confirmed they would review these and add further detail.

- We found 1 discrepancy with 1 medicine, where the stock did not match the count recorded. When informed the registered manager investigated and acted to ensure staff accurately counted and recorded the correct number of medicine stock.

#### Assessing risk, safety monitoring and management

- People's care plans did not always consistently provide enough information of identified risks or guidance for staff to safely manage them.

- We found staff were aware of people's needs and risk and how to effectively support them, however, some records did not always reflect people's risks. For example, 1 person had a risk assessment in place for their diagnosis of chronic obstructive pulmonary disease (COPD). The risk assessment did not contain enough information to inform staff of how to support them and detailed information in relation to COVID-19, which required updating.

- We found some people's risk monitoring was no longer required; however, their care records had not been updated to reflect this. For example, some people's records detailed their food and fluid intake required monitoring, however, this had been reviewed as no longer needed.

- People and their relatives confirmed staff knew people, their needs and any risks they had. One relative told us, "I cannot fault the care, staff know them and their needs and risks."

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.

- Staff completed accident and incident records which the registered manager reviewed to ensure required action was taken to help keep people safe.

- The registered manager completed monthly falls analysis, however further analysis could be completed to identify themes and trends of other incidents to help reduce the risk of reoccurrence.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some bathrooms required cleaning and had an odour. We raised this with the registered manager who took action to ensure the bathrooms were cleaned and the odour was reported to the handyman for further investigation.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

- The provider's approach to visiting was aligned to government guidance.

#### Staffing and recruitment

- People were supported by staff who were safely recruited to work at the home.



- Staff knew people's needs and spent time interacting with them and supporting them. People and their relatives provided positive feedback about staff. One relative told us, "They [Staff] provide excellent care, the way the staff are with [Person's name], anytime they ask for something or need something doing, staff do it straight away."
- The provider completed safe recruitment checks prior to staff employment, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and choices were assessed and whilst some contained person-centred information some were contradictory and required updating.
- Some people's care records contained inconsistent information. For example, 1 person's continence assessment did not match the information in their dependency assessment, this meant staff had conflicting information in relation their assessed need.
- People's care records included admissions assessments and follow up assessments of different aspects of their care. We found some however, contained out of date information. For example, 1 person's breathing care plan directed staff to wear PPE face masks to protect them against COVID-19, this was no longer required and was not being followed by staff.
- We also found the information in the breathing care plan did not contain detail in relation to their smoking habit or risks to smoking with their associated health conditions. The registered manager informed us they would review and update this.

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

- Staff did not always consistently work with other health and social care professionals to effectively meet people's needs.
- External professionals we spoke with felt whilst support was requested from staff, communication could improve. One external professional told us, "Staff raise concerns initially but then they [Staff] are not always responsive."
- People were not always supported to ensure their oral healthcare needs were met. We found people's oral healthcare records contained gaps or had several refused entries. There was no follow up to professionals or alternative measures in place to support people with this aspect of their care. The registered manager informed us they would look into this and inform staff of how to support people with their oral healthcare.
- Staff did make referrals to some health and social care professionals and people's records detailed where advise was sought. People and relatives we spoke with, also felt staff made referrals as and when required to meet people's needs. One relative told us, "The staff are straight on it with any referrals, always."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff received an induction when they were first employed and had regular reviews of their competencies, to ensure they had the skills and knowledge to support people. Staff we spoke with confirmed they had the

right training to meet people's needs.

- People and relatives we spoke with, told us staff knew people well and they had the right training to meet their needs. One relative told us, "Staff are trained, the training seems nonstop, sometimes when I visit, they are in the middle of a training class, nothing could be better."

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

- People were supported to eat and drink and maintain a healthy diet.
- Staff knew people's dietary requirements and followed guidance in place for anyone on a modified diet. The kitchen staff were informed of any nutritional needs, and this was displayed in the kitchen to notify them.
- People provided positive feedback about the food and their choices around mealtimes including alcoholic drinks. They were involved in meal choices and could drink and eat when they wanted throughout the day. One relative told us, "If [Person's name] is not happy with the food, the staff will change it and get them what they want." Another relative told us, "Residents are always drinking tea and eating biscuits or cake."
- In response to a recent survey, pictorial menus were created to help people choose meals in an accessible format.

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

- The service was adapted and decorated to meet people's needs.
- People freely accessed large communal areas and outdoor spaces and signage was displayed to help people navigate around the home.
- We discussed the possibility of people's bedroom doors displaying something of significance to them to help people clearly identify their bedrooms.
- People's bedrooms were clean and spacious and contained personal items.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider completed applications where needed for legal authorisation when depriving people of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager planned to review people's MCA records to ensure they were decision specific, as we found some people's best interest records required reviewing.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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; 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; Continuous learning and improving care; Working in partnership with others

At our last inspection further improvements were required to the governance systems to ensure they operated effectively. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst some improvement in this area had been made, we found further improvements were required and the provider was still in breach of regulation 17.

- The auditing systems in place were not always effective at identifying areas for improvement.
- The registered manager completed regular reviews of people's care records; however, the reviews had not identified where further information was required or where information was out of date and required renewing.
- The auditing systems in place had not identified where people's medicine protocols required further information. Whilst the registered manager informed us this would be updated, their current processes had not highlighted this.
- Whilst reviews of people's care plans were completed, they were ineffective in identifying where records contained conflicting information, such as those we found.
- The reviews were also ineffective in identifying where follow up support was required to help meet people's oral healthcare needs.
- Some policies in place were out of date and required reviewing, to ensure up to date information was available for staff to follow procedures effectively.
- The local authority had completed a quality assurance visit prior to our inspection and found similar concerns with out-of-date documents. At the time of our inspection the registered manager had not received the report following the visit, however they were aware the local authority had identified the out-of-date records. The registered manager had not taken any action to make any changes and therefore we identified the same shortfalls.

Improvements had been made to the governance systems in place and action had been taken since our last

inspection. However, further action was required to ensure continuous improvement. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to the areas of improvement we identified and began to review their systems in place to make required improvements.

- The registered manager had worked to make improvements to the concerns we found at our last inspection. People's medicines were now managed safely, and action was taken when concerns were identified to people's health or well-being.
- The registered manager was aware of their responsibility under the duty of candour and demonstrated an open and honest approach.
- Staff were encouraged to be open and share information as required. People's records detailed where their next of kin were informed when incidents took place. People's relatives confirmed they were updated on their relative's care. One relative told us, "Staff inform me if anything happens, they call me straight away."
- Staff we spoke with confirmed they were open and honest when things went wrong and were able to report concerns to the registered manager. One member of staff told us, "I feel able to speak out if I need to, I can go to [Registered manager's name] or [Nominated individual's name]".

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

- The registered manager and staff shared a positive culture, and they were passionate about caring for people.
- Staff across all roles spent time with people and worked together to provide them with consistent care. For example, the registered manager supported staff with caring for people when the staff team needed additional support.
- People and their relatives provided positive feedback about the staff team and the atmosphere. One relative told us, "The home is fun, it is kind-hearted and friendly. Staff are always trying to have a laugh and joke with all the residents, [Person's name] is always laughing and joking with them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were engaged and involved in the running of the service.
- The provider collected feedback of the service annually where people, their relatives and staff had the opportunity to share their views on the service and make any suggestions. The provider reviewed the responses and took action to make changes to improve the service. For example, routine and deep cleaning schedules were put in place and an activity coordinator had been appointed following the feedback received around cleanliness and minimal activities provided.
- Staff we spoke with confirmed they had input into the service and if they had any suggestions for improvements, they felt able to raise these. One staff member told us they provided another food meal option for people and had added gammon to the menu for people to try.

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 17 HSCA RA Regulations 2014 Good governance<br><br>Auditing systems in place were not always effective in identifying areas for improvement. |