Summerley Care Homes LLP

Summerley Care Home

Inspection report

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Summerley is a residential care home for up to 21 people; all of the people living there have dementia. At the time of our inspection 20 people were living at the home. Accommodation is provided over two floors and communal areas include a sitting room and a dining room.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

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

There were sufficient numbers of staff on duty to keep people safe and meet their needs. We observed that people were not left waiting for assistance and people were responded to in a timely way.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, given to people as prescribed and disposed of safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were trained in the Mental Capacity Act 2005 (MCA) appropriate assessments of capacity were carried out.

People said they felt safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were sufficient numbers of staff to meet people's needs and the registered manager monitored people's needs and adjusted staffing levels as needed. Staff recruitment procedures were safe and ensured that only suitable staff were employed.

People and their relatives spoke positively about the home and the kind and caring manner of the staff. Staff treated people with dignity and respect.

People's care plans were individualised and contained information about people's life history, they reflected people's choices and preferences. People's cultural and religious needs were documented and their spiritual needs were met.

People and relatives spoke positively of the home and told us it was well led. A number of audits and checks

were used to ensure the effectiveness, safety and quality of the service.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Summerley Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 April 2018 and was unannounced. The inspection team was made up of one 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 had experience of people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events that the provider is required to tell us about by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with ten people who lived at the home and five relatives. We spoke with the registered manager and three care staff. After the inspection, we spoke with the provider who is also the registered manager of the home. We spent time observing the care and support that people received during the time of the inspection. We 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 reviewed a range of records relating to people's care and how the home was managed. These included four care records and medicines records. We looked at staff training, support and employment records, audits, minutes of meetings with staff, complaints, policies and procedures and accident and incident reports.

Good

Is the service safe?

Our findings

People told us that they felt safe, one person told us "Oh yes, I always feel safe here". Relatives also felt that their loved one was safe and they knew who to speak with if they had any concerns. A visiting relative told us "She's very safe and very well looked after" and "I've got no problems here. Any problems, I would bring it up and talk about it". Staff had received safeguarding training and knew how to recognise and report abuse. Staff were aware of the different types of abuse which might occur such as physical, psychological and financial. Staff said they would report any concerns to their line manager and knew they could access safeguarding procedures in the home. Staff were aware they could report any safeguarding concerns to the local authority safeguarding team. The service had policies and procedures regarding the safeguarding of adults.

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk. Where someone was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required. Staff were aware of how to manage the risk associated with people's care needs and how to support them safely. We observed staff assisting people with their moving and handling needs. The staff were careful to support people safely and explained to people what they were doing. Where people had experienced a fall an accident report was completed, which included a review of the incident and action to prevent a reoccurrence. We reviewed the handling risk assessment for someone who required assistance with transfers. The risk assessment detailed how many staff were needed for each transfer and what type of equipment was needed.
People told us there were enough staff, people said"If you need any one of the staff, there's someone at hand", "No. You don't have to wait. They look after me" and 'They come quickly". There were sufficient numbers of staff to make sure that people were safe and their needs were met. We spoke with the registered manager who told us that they continually assessed the needs of people and ensure that there were enough staff on duty to support people. They spoke with us about an example of changes to people's needs where the decision had been made to increase staffing. Regular conversations were had with staff to ensure that they felt they had enough time to carry out their role effectively. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. An on call system was in place to ensure that staff could contact management when they were not on duty. At times agency staff were used however the registered manager ensured that the agency staff used were known. There were two members of staff on night duty and the registered manager ensured that one was always a member of permanent staff to ensure continuity of care for people. Throughout the day there were four members of staff on duty, one senior carer and three carers. The registered manager told us that the staffing levels had recently been increased due to changes within the needs of people living at the home.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post.

Medicines were managed safely. Medication Administration Records (MAR) were in place and had been correctly completed to confirm medicines had been given as prescribed. Medicines were locked away as appropriate and where they were required to be refrigerated, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines. We completed a random spot check of two people's medicines and they matched the records kept. Only trained staff administered medicines. Medicine which was no longer needed was stored safely ready for collection by the pharmacy. We observed the lunchtime medicines being dispensed and we saw they were signed off by a member of staff once they had been administered. There was also a clear protocol for administering any PRN (when required). This meant that medicines were managed so that people received them safely.

People and relatives spoke positively about the cleanliness of the home. One person told us, I think that's very good.' and 'They have cleaners every day". A visiting relative told us "It's very clean. We're extremely happy with it". People are protected from the risk of infection. There were supplies of personal protective equipment such as gloves and aprons and staff wore personal protective equipment when needed. Hand wash was available throughout the home and we saw staff use this at various points throughout the day. The home was clean and there was a rigorous cleaning process in place.

Lessons were learned from accidents to ensure that the home continually improved. The registered manager told us that they had changed from using sensor mats at the side of people's and now used a motion detector alarm. They had noticed that people were stepping over the mat and were not being alerted that the person was out of bed. This had led to people falling in their room. Since they had been replaced with motion detectors they saw a reduction in the number of falls at the home. This was also reflected in the audit of accidents with the home. Staff also discussed incidents and concerns at supervision and at daily handover meetings.

Good

Is the service effective?

Our findings

An assessment of people's care needs was carried out before they moved into the home. Care records also included copies of assessments completed by referring health care professionals and these were used to inform people's care plans. People and their families were also involved in the assessment. This information was then used to complete a personalised care plan which reflected people's needs and preferences.

New staff received an induction to prepare them for their role. A recently appointed staff member said the induction was sufficient to give them the knowledge of how to look after people as well as the policies and procedures. New staff also spent time following more experienced members of staff to ensure that they were confident and prepared for their role. New staff also completed the Care Certificate which is a vocational work based qualification.

People and their relatives felt that staff were skilled in carrying out their role. One person told us "The girls are good. I know I've got better" another said 'They are very good. If I'm not too good, the food upsets me, they come immediately.' Staff took part in a variety of training including safeguarding, moving and handling and fire safety. They also completed more specific training including dementia awareness and diabetes. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every two months and also had an annual appraisal. They received supervisions and appraisal minutes which detailed what had been discussed. Staff told us they found supervision helpful.

People's nutrition needs were met. People weights were monitored and those who were at risk were weighed on a monthly or weekly basis and referrals were made where people were identified as being at risk. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. One person told us "They always bring round drinks". People's hydration needs were met and we saw people were offered regular hot and cold drinks throughout both days of our inspection.

People told us they had enough to eat, enjoyed the food and had a choice of what they ate. People told us "You certainly don't go hungry. It's very pleasant here" and "You get a nice amount. A nice full plate". The chef had details of people's dietary needs including soft food diets kept within the kitchen and ensured that all kitchen staff were aware of any changes to people's diet and recorded. People told us they felt confident that staff had a good understanding of their dietary requirements. One person needed a gluten free diet and we saw that this was recorded in their care plan and also in records kept within the kitchen. The chef made sure that they had alternatives such as gluten free bread available. They told us "I'm a celiac. I get all my food done properly. The never forget and give me something I shouldn't have. Before I came here I did wonder if they would cope with my diet, but they have". If people did not want the planned meal the chef would make an alternative. Full fat milk and cream were used to increase the calorific value of food so people had adequate nutrition if needed.

People spoke positively about the food; one person told us "The selection of food is really nice. They do a

very good job". We observed the lunchtime experience and saw that people were supported to sit beside other people whose company they enjoyed. People were served their choice of meal and it was hot and appetising. Staff encouraged people to be as independent as possible by reminding people to eat and how to use cutlery appropriately. People were not rushed and were given he time they needed to enjoy their meal. Where people needed assistance with eating we saw that this was done at an appropriate pace. Staff sat beside the person and spoke with them to make sure this was a pleasant experience and asked the person when they would like more food. There was a menu board in the dining room which displayed the menu choices and included pictorial images. People were given the choice of where they preferred to have their meal, while most chose the dining room some choice to sit in the lounge area.

People were supported to maintain good health and had access to health professionals. A diary was used to record people's appointments and we saw that people had regular health appointments such as with the GP and chiropodist. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met. People's care records contained a section which detailed contactwhich had been made with the health care professionals such as the GP and noted advice and guidance which had been received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had completed training on MCA and DoLS and had a good understanding in this area. People had capacity assessments completed and applications for DoLS had been made for everyone. The registered manager had followed up the applications with the local authority to ensure that the process had been completed and had been notified that they are awaiting assessment.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the home and the kind and caring manner of the staff. People told us "It's lovely, it's relaxed and the food's good", "I'm pleased I'm in a good home. It's very nice here. The people are very pleasant". Another told us "The nurses couldn't do more. I've been here nearly a year and I think we're very lucky to be here" and "They are thoughtful and very kind". Staff took time to support people and ensured they did not feel rushed. We saw a member of staff support someone to walk from the dining room through to the lounge area. They made sure the person had the equipment they needed to walk and encouraged them to walk slowly and take their time. People told us '(Member of staff) is so nice. She is nice and kind. I didn't expect such a nice girl, so kind and friendly and helpful" and "I wouldn't say a word against them. They don't have it easy". We observed the care practices in the communal areas of the home and saw that staff were caring and gentle in their approach to people. When one person needed assistance to get up from their chair staff offered gentle encouragement and made sure that they stood up at their own pace.

People said they were supported by staff who listened to them and who were also kind and caring, "They are basically very caring and they listen to you" and "They are always jolly here. The look after people well". Staff were aware of people's needs and preferences and spoke to people calmly. Staff were observed paying attention to people who were either unsettled or agitated. One person told us "They like me and smile at me. They give me little waves when they walk past".

People were encouraged to be involved in the choices around all aspects of their care such as what they had to eat, what time they got out of bed and the gender of care staff supporting them. We saw that those choices were recorded in people's care plans and werein line with the care that people and their relatives told us they received. People had consent forms within their care plans which they had signed to say that they were in agreement with the care being provided.
People told us family and friends were able to visit without restriction, "Yes, they can just come. You don't have to ask permission". They told us that staff made sure visitors were looked after and felt able to ask any questions they may have. Relatives appeared comfortable with staff and spoke with them about changes to their relatives care.

People's dignity and privacy were respected. We spent time observing the care practices in the communal areas and saw that people's privacy and dignity were maintained. Staff knocked on people's doors before entering and made sure they were happy for them to enter the room. We spoke with staff about how they ensured people receive care in a way that promoted their dignity. A member of staff told us "The (registered manager) ensured that this area of care was discussed regularly at team meetings and supervision.

Good

Is the service responsive?

Our findings

Each person's needs had been assessed and these were used to devise a personalised care plan which reflected people's needs and preferences. Care plans included information on people's key relationships, personality and preferences. They also contained information with regard to people's social and physical needs. We saw that care plans had been developed and included information on people's mobility, nutrition and communication needs. They also contained information on people's social and physical needs. A new member of staff spoke with us about people's care plans and told us they found them helpful when getting to know how people like to be supported.

Staff knew people well and had an understanding of how they liked to be supported. People's care plans contained a document which detailed people's likes and dislikes. One person told us "You can't get better. They like to get to know you". Another said "I see them on a daily basis, they're not strangers". A member of staff spoke with us about the importance of getting to know people and making sure they were happy with the care offered. They told us "it's always what they want; it's what it's all about isn't it". Care plans included information on people's preferences for food, how they wished to be supported with personal care and daily routines such as sleeping. There were care plans for personal care which were well recorded and included specific details of how staff should support people. These also incorporated tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Mental health needs were assessed and care records included areas of mental health which people needed support with. Assessments and care plans were reviewed and updated on a regular basis.

People had the option of spending the day at the home as a day service was offered. As there were no set times for the day service this allowed people and relatives to choose which times suited them best. The registered manager told us that people often came along to the day service, and then had a period of respite before deciding to move to the home permanently. This meant that people were able to become more familiar with the home before making the decision to live there. This also meant that relatives were able to feel more comfortable with the staff and the home before their loved one moved.

People told us the provision of activities was good, they said "They invite people in who give lectures. A teacher, for whatever reason. We've had some very nice times when a person came in for a talk. They do painting and drawing too. Occupational therapy is a wonderful thing to have and you mix with more of the people here". A visiting relative also told us "It's marvellous. They have bingo, exercises and throw around a bean bag. They have quizzes. She has a good time". Some people and their relatives also chose to go on walks or trips outside of the home and they were supported by staff to arrange this. A relative told us "There's no issue when she goes out for a walk. We go to the beach. They're always helpful and say they will hold her meal or whatever. We bring the dog; they don't mind us bringing the dog in". People's social and recreational needs were assessed and activities were focused on people's individual preferences and interests. Someone told us that they used to enjoy painting but now found it more difficult; however staff had ensured that they had access to painting and craft based activities.

People's cultural and religious needs were recorded in their care plans. Holy Communion was available

when people requested. We saw that one person had difficulties with their vision and staff had tried using audio books however the person prefer to read a book and staff now access large print books of them to enjoy.

People and relatives told us they had no reason to complaint but knew and how to complain. A relative spoke with us about the registered manager and told us "The office door is always open". There were no recent complaints however the registered manager spoke with us about the complaints process. A written record would be kept of any complaints made along with details of any investigation, the outcome of this and any meetings with complainant. The registered manager told us they felt they did not receive complaints as people and relatives felt comfortable coming into the office to discuss any concerns. This meant that issues were dealt with quickly and did not turn into a formal complaint.

At the time of our inspection no one was receiving end of life care. However we saw people's last wishes in relation to their end of life care had been documented. This contained information about their preferred place to receive care and any religious or spiritual needs. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person.

Good

Is the service well-led?

Our findings

Staff told us they felt supported in their roles and understood their responsibilities in relation to safeguarding and whistleblowing. Staff understood the need for honesty and transparency in relation to Duty of Candour. The registered manager met regularly with the provider and told us that they had a supportive relationship where they felt able to share concerns or challenges which the home might face. The registered manager kept up to date with best practice by attending regular training and through membership of local care home forums. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with the registered manager about the vision and values of the home. They told spoke with us about their focus on ensuring that people received the best possible care in a homely environment. They told us "We want them to be comfortable, after all we're really in their home". We asked staff about their values of the home, one staff member told us "They're someone's loved one you should treat them like they are your own. They should always be treated with respect". Another member of staff also spoke with us about the importance of treating people as individuals, they said "we treat everyone as an individual, were aware that everyone has individual needs". We observed these values when staff interacted with people

People and relatives spoke positively of the home and the service that they provided. People's comments included "Excellent", "I quite admire the way it's done. I can't find any complaints" and It's very good". Relatives told us "It's a care home, but it's actually home. They are actually cared for. It's a homely community", "It's very impressive "and "We went to other places and this is a superior one". People and relatives told us they felt the home was well led and they had regular contact with the registered manager. People told us "I was very down when I lost my husband, she was very kind to me" and "They make time to speak to us". A relative told us "It's superb. Nothing is too much trouble. The leadership is strong. We always know who is in charge when we visit". Another relative told us "The people in charge are good".

Staff felt valued and told us it was a good place to work. There were regular staff meetings which they told us allowed them to communicate their views about the policies and procedures in the home as well as to discuss arrangements for meeting people's needs. They also said they were consulted about any proposed changes. Staff said they felt valued, that the manager was approachable, and, they felt able to raise anything which was responded to. One member of staff told us "She's really approachable; I would be comfortable speaking with her about anything". The registered manager told us "My door's always open".

People had opportunities to give their views on the service and the provider actively sought people's views in order to improve the service so that it met people's needs and wishes. People and their relatives were asked for their feedback through annual surveys and we looked at the results of these. Feedback on a range of areas, such as food, cleanliness, planning of care and staff, all received positive comments. Some of the comments written included "All the staff are friendly and able to let me know how my mother is that day",

"the staff have a good understanding of dementia and "they all seem very capable and caring and spot things quickly that need attention". Healthcare professionals were also asked for feedback annually. All the feedback was positive. Comments included "An excellent care home with a friendly atmosphere for residents", "would have no concerns placing any of my patients (or relatives) there. Well done" and "the home is run absolutely perfectly I wouldn't change a thing". People and relatives were also encouraged to give feedback on a day to day basis.

We also looked at positive feedback from relatives. One relative had written, "Thank you for everything you have done for mum. You have been caring and attentive and have been there for me as well as mum". Another wrote "You have something very special at Summereley".

Residents meetings were held so the registered manager and staff could communicate with people about any developments to the service and to ask people if there were any issues they wished to raise. There are recently been some renovation work to the home as additional bedrooms had been added. Relatives told us that they felt this change was well managed and they had been kept informed throughout of any impact it may have on the care their family member received. A member of staff spoke with us about recent changes to the decoration of the home. They told us discussions had taken place with people about bedding, curtains and pictures hanging on the walls. They told us "Anything we change we have a meeting about". Relatives were also invited to attend the meetings but most chose to speak with the registered manager or staff when they visited. We reviewed residents meeting records and saw that people had requested specific items such as strawberries and cream be added to the menu and this had been added by the chef.

Quality assurance systems were in place to regularly review the quality of the service that was provided. These included health safety checks, fire safety risk assessments, fire safety and legionella checks. Risk assessments were also carried out on the environment and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated. Audits were also carried out of care plans and equipment such as mattresses. Specific incidents were recorded collectively such as falls and changing body weight so any trends could be identified and appropriate action taken. The registered manager told us that staff were involved in the quality assurance of the home and looking at what worked well and what could be improved. There was a champion for certain areas such as infection control and dignity. This member of care staff was responsible for carrying out an audit of this area and discussing the findings and agreeing appropriate action to take with the registered manager.

The provider worked closely with social services, local hospices and the living well with dementia team and the partnership worked well. They also had a good relationship with the extended community. People often visited home and donated items such as fidget cushions. A fidget cushions is a knitted cushion which has items attached such as buttons. The cushions can help people with dementia when they feel anxious.