

Raycare Limited

# Summerhill

## Inspection report

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21 November 2017

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 15, 20 and 21 November 2017 and was unannounced. A previous inspection, undertaken in August 2015, found there was one breach of legal requirements but rated the service as 'Good' overall.

Summerhill is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to 29 people over two floors. At the time of the inspection there were 26 people using the service. Nursing care is not provided at the home.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the CQC 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.

People told us they were safe living at the home and staff had a good understanding of safeguarding adults procedures. We found some safety issues at the home including furniture and electrical items stored on an emergency exit route and an unsecured laundry area. Maintenance of the premises had been undertaken and certificates were available. Accidents and incidents were recorded and monitored.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). People and staff members told us there were enough staff at the home. We found some issues with the management of topical medicines at the home, such as creams and lotions. Records regarding these were not available or up to date. People told us the home was maintained in a clean and tidy manner.

Staff told us they had access to a range of training. They said they had regular supervision and annual appraisals. People's health and wellbeing was monitored and there was regular access to general practitioners, dentists and other specialist health staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We found legal consent and best interests decisions were not always well recorded and could not determine if the MCA guidance on this matter had been followed.

People were happy with the quality and range of meals and drinks provided at the home. Special diets were catered for and kitchen staff had knowledge of people's individual dietary requirements. Where people's intake was monitored we found food and fluid charts were not always up to date or accurately completed.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity. People and relatives told us they were regularly involved in care decisions.

Care plans were detailed and related appropriately to the individual needs of the person. Care records were not always easily followed as updates were sometimes added to the margin of documents. Reviews of care were variable in quality. A wide variety of activities were offered for people to participate in and people spoke very highly about the range and quality of events at the home. The registered manager dealt with complaints appropriately. People and relatives told us they had no reason to raise concerns or issues were dealt with immediately.

The registered manager told us regular checks on people's care and the environment of the home were undertaken. However, these checks and audits had failed to identify the issues we noted at this inspection, particularly around safety issues, consent and maintenance of records. Staff felt well supported by the registered manager, who they said was approachable and responsive. They told us they could raise issues or make suggestions and these were dealt with or acted upon. People and relatives told us the registered manager was known to them and responsive to their needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to Safe care and treatment, Consent and Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Furniture and other items were stored on an identified fire escape route. The laundry room for the home was not secure and presented a potential risk to people if they accidentally entered the area. Safety certificates were available for lifting equipment, gas and electricity systems.

Records for the administration of topical medicines were not completed or not up to date. Relatives and people living at the home said they felt they were safe at the home and staff had undertaken training on safeguarding issues.

Risk assessments had been undertaken in relation to people's individual needs. Proper recruitment processes were in place to ensure appropriately experienced staff worked at the home. The home was clean and tidy.

**Requires Improvement** ●

### Is the service effective?

Not all aspects of service were effective.

Best interests decisions were not always clearly recorded and it was not always clear legal consent had been obtained before delivering some aspects of care. Authorisations with regard to DoLS were in place. People were offered day to day choices.

Staff told us they received training and people felt they had the right skills to care for them. Staff confirmed they received supervision and appraisals.

People had access to a range of meals and drinks and specialist diets were supported. Records regarding people's intake of food and fluids were not always accurately maintained. People's wellbeing was supported through regular contact with health professionals.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

Relatives and people living at the home praised the care and described it as good. We witnessed good relationships between people and saw staff were supportive and compassionate.

People and relatives told us they were involved in determining and reviewing people's care needs.

People's dignity was supported and their right to privacy respected. People were supported to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans reflected people's individual needs and were reviewed and updated as people's needs changed, although the quality was variable.

There were a broad range of activities available for people, taking place both in the home and in the local community, and people praised them highly. Activities staff considered the needs of people living with a cognitive impairment.

Complaints had been dealt with fully and appropriately. Where appropriate people had end of life care plans in place.

### **Is the service well-led?**

**Requires Improvement** ●

Not all aspects of the service were well led.

Checks and audit processes had failed to identify the issues we noted around the management of medicines, safety and maintenance of records. Relatives and staff were positive about the leadership of the home and the registered manager and described the atmosphere of the service as 'homely'.

Staff said they were happy working at the home and there was a good staff team.

Staff meetings took place and staff told us management listened to and acted on their suggestions. Records were not always up to date or well maintained.

# Summerhill

## 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 inspection took place on 15, 20 and 21 November 2017. The first day of the inspection was unannounced.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with 12 people who used the service to obtain their views on the care and support they received. We also spoke with three relatives and one health professional, who were visiting the home at the time of the inspection. Additionally, we spoke with the registered manager, two deputy managers, four care workers, the head of kitchen, an activities co-ordinator and a housekeeper.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, seven medicine administration records (MARs), four records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our inspection in August 2015 we rated this domain as "Requires Improvement." This was because we found a breach in regulations regarding safety issues linked to window restrictors at the home. At this inspection we found the provider had addressed the original concern, but we identified other issues linked to safety.

When we arrive at the home we spent time walking round the building checking on safety issues and the general environment. We found the landing area leading to the 'back stairs', which was a fire escape route, was used for storage. We noted there was furniture and several electrical items stored in this area, causing a potential hazard in the event of a fire or the need to evacuate people from the building. We also noted on the first two days of the inspection the handyman set up his work bench and left tools directly in front of a downstairs fire exit. These items were left in place for the full day. We further saw items, including wood, had been placed outside the fire escape, causing a potential obstruction but also a combustion hazard.

We also observed the home's laundry was not secured from the main building. There was no lock on the door that led from a public corridor, meaning people and visitors could potentially access this area, where there was machinery, hot items and chemicals stored.

We also noted throughout the inspection items of equipment and wheelchairs were often stored on the main corridor, presenting both a trip hazard and an obstruction in the event of evacuation.

We spoke with the registered manager about these issues. She told us there was an ongoing storage issue at the home and it was difficult to find enough appropriate spaces to store many of these items. She agreed the area on the landing presented a fire risk. She told us she would speak with the handyman about where he placed his work bench in the future. She also told us she would look to have a bolt fitted to the laundry area to reduce the risk of people accessing the laundry area.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

At the inspection in August 2015 we had found medicines were being dealt with safely and appropriately. At this inspection we saw some people were prescribed topical medicines. Topical medicines are those applied to the skin such as creams or lotions. We noted on the medicine administration records (MARs), for these items, was written 'Staff to apply.' We asked one of the deputy managers if separate records were kept of when staff applied creams. They told us there were no records and staff were expected to apply them as part of their normal duties. We asked if there were body maps showing where the various creams should be applied. Body maps are pictorial representations showing which part of a person's body should have a cream applied. They told us these were kept in people's care files. We looked in two people's files, specifically regarding creams. We found one contained no body map and the second had a body map that was not up to date. This meant we could not confirm people had received these items or that creams had been applied in line with prescribed guidance, although there was no evidence of direct harm as a result of

this matter. The deputy manager told us she would look to address this. On the second day of the inspection the deputy manager showed us how she had commenced the introduction of topical medicine records for some individuals.

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

People we spoke to told us they received their medications at the correct time. Comments included, "I have lots of medication and it is usually given out on time" and "Yes I get my tablets on time all the time". Another person said, "I always get my medication on time and my eye drops." We found no issues with other aspects of medicines management. There were no gaps on general MAR records, medicines were stored safely and effectively and we observed staff dealing with medicines in an appropriate manner when administering them. We noted some people received 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. We noted there were no care plans detailing how and when these medicines should be given. We spoke with the registered manager about this and she said she would instigate such plans as soon as possible. Records showed staff had received training in relation to the safe handling of medicines and had further had their competency assessed through observation.

Following the inspection the registered manager subsequently wrote to us and forwarded documentation to indicate action had been taken with regard these issues. She told us the fire escape area had now been cleared and a new area for the handyman to carry out work was being established. She also told us a lock had now been fitted to the laundry area. She also forwarded copies of documentation showing that an improved recording process had been for the use of topical creams. We will further check these actions at the next inspection.

People told us they felt safe living at the home. Comments included, "Yes I do feel safe. Everyone here is very kind and caring. If I need anything I just have to ask and it's there. This makes me feel safe"; "Yes, the lighting is good here and I can see what's going on. At night time that makes me feel safe. We have handrails in all the corridors and I can get about on my own safely"; "Yes, I have an alarm around my neck, next to the bed and in the bathroom. If I get into trouble and need help, I just press it. It wasn't like this when I lived at home on my own" and "Yes, there's nothing to be afraid of here. Staff are very good."

At the previous inspection we found the provider was dealing appropriately with safeguarding matters. At this inspection we found this continued to be the case. Any safeguarding issues had been investigated and staff had a good understanding of how to deal with such concerns. They told us they would immediately inform the registered manager of any issues or, if necessary, report and incident through the provider's whistleblowing system or to the external safeguarding authority.

Risk assessments were in place, both for the operation and environment of the home and regarding people's individual care. Individual risks were linked to the care and support people needed, such as the risk of falls, poor diet or skin integrity issues. Safety certificates for areas such as fire safety and lifting equipment were available. Staff told us fire drills were undertaken. People confirmed there was regular checking of the fire alarms. Comments included, "We have fire alarms tested every week. They also tested the smoke alarms recently too" and "I have heard the fire alarms being tested. The bedroom doors close when they are tested". Accident and incidents were recorded and reviewed and action taken where necessary. The registered manager conducted a monthly review of falls to identify any trends.

The registered manager spoke about lessons learned from various incidents and issues. She reflected on a matter that had been raised as a safeguarding issue, where staff seemed to have been slow to contact the

out of hours medical services. Whilst appropriate action was eventually taken she told us all staff had been reminded they must seek urgent advice and this had been supported by the local GP surgery. She also told us about an anonymous concern regarding a suggestion staff had shouted at a person. Whilst there was no evidence to support the allegation she had commenced all staff on refresher training for dignity and respect.

People and relatives told us they thought there were enough staff on duty. Comments included, "Yes, there are enough staff and they're very good. They chat with me if I want a chat and leave me alone when I want some peace and quiet"; "Yes there are enough staff and they're very good. They come to me straight away if I press my buzzer" and "I never find staffing a problem. There always seems to be enough staff". One person did comment, "Sometimes there aren't enough staff, for all sorts of reasons. I don't need a lot of help, so it's not a problem for me but it could be for others. Nights are worse than days". Staff we spoke with told us they felt there were enough staff. Comments included, "We've just taken on two staff and a new domestic. We seem to manage, although it was a bit thin over the summer"; "Everyone supports everybody. I would say there are enough staff" and "There are enough staff. We all muck in. It's not a strain. We have time to sit down and chat to residents."

At the inspection in August 2015 we found appropriate systems were in place for the recruitment of staff. At this inspection we found this continued to be the case, including appropriate checks with the Disclosure and Barring Service (DBS) and the checking of references.

People told us they felt the home was clean and tidy. Comments from people included, "It's cleaned regularly - every day. I can put clothes out for a wash at night and it gets washed. Sometimes my washing goes missing but I do get it back eventually" and "I'm very happy with how clean my room is. They're in here every day cleaning." We observed all aspects of the home to be clean and staff wore protective equipment, such as aprons and gloves when supporting personal care. Domestic staff we spoke with told us they had access to appropriate equipment and cleaning materials.

## Is the service effective?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was not always meeting the regulations.

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). We noted there was one person who had been subject to a formal DoLS authorisation and a copy of the order was contained in their care records. The registered manager told us a further application was in progress.

We observed some people had mattresses and alarm systems by their beds, to limit the risk if they should fall out of bed and alert staff if this happened. Whilst the action was appropriate to maintain people's safety, such processes are deemed forms of restraint under the MCA. We could find no indication people had consented to these restrictions or that a best interests decision had been made in relation to the matter. One staff member told us they had just agreed with a person's relative for them to receive a flu vaccination, although we had been told previously by the same relative that they did not hold Lasting Power of Attorney (LPA). LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. We asked the registered manager if they held a copy of the LPA. She showed a copy of LPA for business and finance. She told us she understood there was a LPA for care and welfare but did not have a copy. She later had a copy faxed to her, which showed the relative spoken to was not named on the documents and therefore did not have legal authority to make care decisions. The registered manager later contacted another family member, who held appropriate authority, to agree the individual should have the flu vaccination.

We asked the registered manager whether the home retained copies of any LPAs to ensure decisions were made appropriately and legally. She told us these records were not regularly retained. This meant we could not be sure people's rights were protected because there was limited evidence of appropriate consent being sought and limited evidence of best interests decisions being undertaken.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

The registered manager immediately instigated the sending of a letter to all relatives of people living at the home to ask whether they held legal authority under LPA and requesting copies of any LPA documentation be forwarded to the home. She also commenced a process to ensure appropriate best interests decisions were undertaken and documented, where appropriate. Where people had capacity to make decisions, there was evidence on file they had signed appropriate consent forms or given verbal assent.

Following the inspection the registered manager subsequently wrote to us and forwarded documentation to indicate action had been taken with regard these issues. She told us that copies of LPA's had now been

obtained from relatives and demonstrated that new documentation and recording systems had been implemented with regard to best interest decisions. We will further check these actions at the next inspection.

People told us they enjoyed the food at the home and their dietary needs were catered for. Comments from people included, "I have to have pureed food as I cannot swallow due to a medical condition. It's alright - sometimes I would just like to eat something but I know I can't. It looks alright"; "Food is okay but there could be more variety"; "Food is first class - especially the puddings! We had rice pudding and jam today. We always get enough" and "Food is pretty good. Breakfasts are good - I always have Weetabix followed by a toasted bacon sandwich. I could have anything I want. Lunches and evening meals are also good and if we want supper that comes round about 9pm." We spoke to the head of kitchen on the first day of the inspection. They had a very good understanding of people's dietary needs and even kept their own records of what people had eaten and any item that had been particularly enjoyed, if a person wasn't eating well overall. They had a good knowledge of issues related to specialist diets such as diabetic requirements or those needing a soft or pureed diet. They explained to us how they always spoke with people who were new to the home, or their relatives, to get an understanding of their particular likes and dislikes. They also told us they would meet with health professionals, such as dieticians, to discuss any particular individual needs.

We saw some people had their food and fluid intake recorded, to monitor how much had been eaten or drunk and to help maintain their weight. We noted these were not always appropriately completed by staff. For example, we saw one care plan indicated a GP had recommended staff aim for a person to drink a litre of fluid a day. However, staff were recording the person's intake with such phrases as, 'Half a cup' or 'Few sips'. This was despite beakers having marked graduations on the side. We noted one entry at lunchtime suggest the person had taken, 'a few sips of juice' when the beaker showed a reduction of 50mls of juice. There was also no total of fluids taken, so we could not determine if the person was receiving a litre of fluids. We spoke with one of the deputy managers about this. She said she would remind staff of the need to record such matters accurately. On the second day of the inspection the recording had improved, although again we found daily totals were not always being recorded or monitored. There was no evidence of people losing excessive weight or being dehydrated.

This meant records did not accurately reflect the support given and it was not always possible to ascertain if people's care was in line with health professional guidance.

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

Following the inspection the registered manager subsequently wrote to us and forwarded documentation to indicate action had been taken with regard these issues. She sent us copies of new procedures and recording documentation to demonstrate that improved monitoring processes had been implemented. We will further check these actions at the next inspection.

Care records showed people's care needs and choices were assessed and support delivered in line with these needs. People told us about the support they received, "Staff do know me well. Staff are good with names and know what I like" and "Yes they know me well and know what I need". We observed staff offered people cups with lids if they had difficulty holding drinks steady. The home's activities co-ordinator spoke with about how they had introduced technology to support people's care and well-being. She explained how, at her request, the home had purchased a small number of tablet (hand held) computers for people to use in their rooms. She then explained how, with people's permission, she had helped them set up Facebook accounts, which were kept largely anonymous to protect individuals. However, these accounts

were linked to family members. This allowed them to contact family via social media and to see things such as photographs of weddings or grandchildren. She explained how she provided continued support to help them keep using the devices.

Some people living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. Care plans contained a section regarding the protected characteristics, although this was not highly personalised to each individual. We spoke with staff about their understanding of equality and diversity. Staff had a good grasp of the issues regarding this area. One staff member told us, "It's about treating everybody the same without discrimination. Accepting everyone as they are." Staff spoke with us about how they supported people to celebrate their religious or other beliefs. They talked about the different religions people had held and were supported with in the past.

At the inspection in August 2015 we found staff were appropriately supported with training and to gain the required skills to care for people. At this inspection we found this continued to be the case. Staff told us they had received recent training and records confirmed this. People we spoke with told us they felt staff were appropriately trained. Comments included, "I think staff are well trained - they have it in the lounge across the corridor from this room, so I know when it goes on. We sometimes have to do without some of our activities because of staff training in our room" and "Staff are trained well. It goes on here quite often. They seem to know what they are doing, and if they don't know something, they go away and ask someone for advice."

Staff also told us they had regular supervisions and annual appraisals and records confirmed this.

At the inspection in August 2015 we noted people were supported to access a range of health services to ensure they maintained their wellbeing. At this inspection we found this continued to be the case with evidence of access to services regarding both physical and psychological support. A visiting professional told us they always found people well cared for and staff made appropriate requests for treatment and intervention.

## Is the service caring?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People were extremely positive about the care they received and told us staff were considerate and supportive of their needs. Comments included, "I think it's very good. No complaints at all"; "I receive very good care. They have done their best to make me feel comfortable and secure. Little things like putting special sockets in the room for my electrical appliances like my mobile. It's in a place I can easily reach. The handyman also put a special mirror with a light at the back it so I could shave every morning in my wheelchair." Relatives we spoke with also told us they were happy with the care their relations received. Comments from relatives included, "The staff are super; they are lovely. They are very good with (relative); they are just so nice"; It is superb. When they first came in the level of care was quite high. I will always be indebted to the care staff. The community nurse said lots of home would not have been able to cope. They always look clean and tidy and very comfortable" and "Overall I'm quite happy. It is really good and really nice. They always look clean and tidy. I think they are really good. They have a lot on their plate and manage care very well."

We spent time observing care during the inspection. We found staff treated people politely and in a caring, thoughtful and considerate manner. We saw several instances where staff of all grades took the time to stop and chat with people, as they went about their daily business. All the staff we spoke with identified speaking with people living at the home as one of the highlights of their working day. One person said, "Staff talk to me a lot. I don't like to go out of my room much, but it's lovely when staff come in to change the bed or clean or tidy up, because they talk to me about all sorts." One relative told us, "The young girls are great. I come in sometimes and catch them dancing. It's those little touches. I'm very happy with things."

People and their relatives told us they were involved in determining their care. One person told us, "Yes I am involved with these decisions. Staff here want to keep me independent as much as possible." Relatives told us, "They keep me up to date. And the charts are always there, so I can always check them to see what's been going on" and "They keep us informed and involved, but we are in two or three times a week." Care records showed that, where people had capacity, they had been asked about updates to their care or involved in discussions, although not everyone had wished to sign care records.

We saw there were regular 'residents' meetings, when people were kept up to date about any development at the home or any changes. We saw people could make suggestions about how to improve care at the home and these were acted upon. For example, we noted in the minutes from one meeting people had suggested a change to the menu options on offer. Independently of our review of the minutes the cook had told us people had requested a number of new items to be added to the menu, such as paninis, and these were now being trialled in the home. We also saw the registered manager kept a weekly record of any issues people had raised with her, including items such as maintenance issues, and how these had been addressed.

There were a range of notices around the home to help people keep up to date with what was going on at the home. There were several notices concerning various future activities along with a daily menu board. There was also information about local organisations, as well as contact information for formal services, such as the local safeguarding adults team.

People and their relatives had been asked about their views of the home through the provision of an annual questionnaire. The questionnaire was relatively simple in format, asking predominantly 'Yes/No' questions. There had been 17 responses to the family and friends questionnaire, all of which were overwhelmingly positive. Three particular issues had been noted as part of the survey and the registered manager had responded appropriately to each of the issues. There had also been 17 responses to the 'residents' survey. Again these were overwhelmingly positive. Where specific issues had been raised action had been taken to address them. For example, one person had questioned about how they registered to vote after moving to the home. The registered manager had undertaken a review of all people's wish or ability to secure a postal vote and ensured there was an up to date record.

People and their relatives told us staff respected their privacy and ensured they received care in a dignified manner. Comments from people include, "Staff keep the door closed when any personal care is done. They're very good" and "When staff have to do things for me they are very good at not making me feel embarrassed by such personal care". Staff we spoke with were able to describe in detail how they ensured people's dignity during support. One member of the care staff told us about treating people with dignity and supporting their independence. They said, "You make sure the door is closed and you ask them what they want. They will tell you what they can or can't do. They may just want you to stand outside and let you know when they are done. It may be they will wash their front but need help to wash their back." People also told us staff supported them to be as independent as possible. Comments included, "Staff let me do things for myself but help me when I need it"; "I am encouraged to be independent. I have an electric wheelchair and staff have adapted my room so that I can do most things for myself"; "I am encouraged to do as much as possible for myself" and "I like the hand rails around the corridors. It allows me to walk around the place safely and independently".

## Is the service responsive?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we noted the service was responsive to people's needs, carried out assessments and developed care plans that were person centred and personal to the individual. At this inspection we found this continued to be the practice at the home. People's care plans contained detailed information about their care needs and the individual preferences. We also saw staff had access to good information about people's histories, backgrounds and family life.

People had care plans based around an 'activities of daily living' model of care. Activities of daily living are defined as things we normally do, such as eating, sleeping, communication and activities. Care plans looked at people's needs under a range of headings and detailed how staff should support people to achieve goals in each of these areas. The quality of care plans was variable. Some contained good detail for staff to follow, others were less thorough. We also noted updates to care plans were not always logically included, with information about people's care needs added into the margin of the documents. We spoke with the registered manager about this. She told us she would speak with staff about how plans should be updated.

Care plans were reviewed on a monthly basis and there was evidence in documents that care needs had been updated as people's care requirements had changed. For example, we saw one person was increasingly cared for in bed. Action had been taken to obtain a specialist mattress for them and their care plan had been updated in relation to risks associated with skin damage and potential falls from bed. We saw these measures were in place and appropriate action taken by staff when delivering care.

There was evidence in people's files their care needs had been assessed prior to them coming into the service and relatives we spoke with confirmed this had been the case. Relatives also told us staff were responsive to people's needs. One relative told us their relation could not see very well and could not now use the remote control for the television. They told us staff took time to sit with the person to ensure the television was tuned to the channel they wanted to watch. They also told us that when another relative telephoned from abroad staff made sure everything went well with the call and helped the person to use the telephone.

People and relatives were highly complementary about the type and range of activities available at the home. They told us there were a range of events including entertainers, trips out in a minibus at least three times a week, hairdressing and pamper sessions, craft activities, parties and education sessions. People spoke in detail about the historical discussion group they had participated in. This had been organised by the home's activities co-ordinator, through the 'University of the Third Age.' They proudly showed us certificates they had received from being part of this event. We spent time observing people participating in a discussion session. The saw the activities co-ordinator took time to engage with every single person in the group and ensure they were well. All the people in the group were asked to contribute memories from their

past. People spoke about their time travelling when they were in the forces, or recounted tales from working in the munitions factories during the second world war. We saw everyone attending the group actively took part and was fully engaged and absorbed in the discussion.

The activities co-ordinator spoke with us about how they wanted people to have positive activity experiences and the events they provided should have meaning for people. They told us about how one person had reminisced about attending the concert by Vera Lynn when on service in the Burma. The activities co-ordinator had searched YouTube and had not only found a Vera Lynn concert but, because they knew the date (1941), had been able to locate the actual concert the person had attended. Everyone in the group had then been able to sit and watch the concert and discuss it.

During the inspection we witnessed people going out on a 'mystery tour', to view the local scenery and then stop for a coffee at a local café, and saw some people receiving massages or having their nails painted. The activities co-ordinator also spoke with us about the support they gave to people with a cognitive impairment or who did not wish to join in with group activities. They told us how one person had enjoyed doing jigsaws when younger but struggled now. They explained how they had sourced a jigsaw with slightly bigger pieces, but also with an aid to help identify where pieces should be placed. They said the pictures were also of aircraft or similar scenes, which tied in with the person having previously been in the RAF. They further explained about another individual who had enjoyed painting in the past, but was unable to do this now. They explained how they had sourced 'magic painting' pictures that just required the individual to brush the surface with water to bring out the colours of a scene, to allow them to keep up this activity in at least some form.

Care staff also spoke highly about the activities at the home, in particularly about the parties and told us how they got dressed up to participate. One person commented on the activities and told us, "They are very good and there's a good range of activities. We have 'Mr Motivator' who does passive exercises. We also have events for Halloween, etc. and entertainers. We're also going to have a pub quiz soon."

People also told us they were able to follow their own hobbies and interests at the home. One person told us, "I like to play my electric organ and paint watercolours. The thing is there's so much going on here I don't have the time!" We observed the individual on all three days of the inspection seated at their organ, playing it whilst using headphones so as not to disturb people.

At the previous inspection in August 2015 we found the provider had in place an appropriate complaints policy and concerns were being dealt with in a suitable manner. At this inspection we found this continued to be the case. We noted most recorded complaints were low level, such as missing laundry or a meal not being warm when served. We saw the registered manager had dealt with the issues fully and to people's satisfaction. One person told us, "Yes I know how to complain. I would speak to the Senior Carer first. If that didn't solve the problem I would go and see the manager. My sons would also take up a complaint if necessary."

Where appropriate people had in place end of life care plans. Some people living at the home had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place which had been assessed and reviewed by their GP. A number of individuals had Emergency Health Care Plans (EHCP) in place, detailing key information and any wishes the person may have.

## Is the service well-led?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was not always meeting the regulations.

The home had a registered manager who had been registered with the Commission since October 2010.

The registered manager showed us a range of audits and checks that had been carried out at the home. These included walk around checks by the registered manager, monthly audit checks and audits and checks on medicines. The home also had a quality assurance plan and improvement plan for the year. However, these checks had failed to identify the issues we identified as part of the inspection. For example, the checks on fire safety had failed to identify the items store on the landing area (a signed escape route) as being a fire hazard. The audits had also identified all medicines had been correctly signed for when topical medicines were not being recorded by care staff. Checks had also failed to identify appropriate consent may not have been obtained to deliver care in line with the MCA. We also noted food and fluid charts were not accurately maintained, despite the issue having been discussed in a manager's meeting in September 2017. This meant the appropriate records were not always up to date or action taken to rectify deficits in care or administration.

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

We spoke with the registered manager about these issues. She agreed checks and audits at the home needed to be more stream lined and more focussed to ensure risks were identified and action taken to address the matters. She told us action would be taken as a result of the inspection process.

Following the inspection the registered manager subsequently wrote to us and forwarded documentation to indicate action had been taken with regard these issues. She told us an improved audit and quality monitoring process had been introduced at the home. We will further check these actions at the next inspection.

People and relatives told us they knew who the registered manager was and were positive about her role in maintaining the standard of care the home. They told us the registered manager was often around the home and would pop in to speak with them. Comments about the registered manager included, "I like all the staff very much. I see the manager all the time"; "The manager is very good. I see her a lot. If I had a complaint, she's very attentive" and "Staff are very good. They'll do anything. I like the manager. She pops in for a chat sometimes." Relatives told us, "I've a very good relationship with the manager and all the staff. I've never felt that I couldn't talk to them" and "I'm very content that we have done the right thing (move relative to the home). The manager is very accessible and any concerns are sorted out."

Staff were also complimentary about the registered manager and her role in the home. Comments from staff included, "(Name of registered manager) is wonderful. Whatever I want to do she says, 'just do it.' I'm not

sure everyone would give me that freedom"; (Registered manager's name) door is always open. She is really easy to talk to. If we are short staffed she will do the tablets or answer buzzers. She is a good manager"; "I think I could speak to (registered manager) about anything. She is extremely approachable. She is firm but fair" and "If you have got any problems or anything you can go anytime. She is approachable. I wouldn't say she is soft. She doesn't get stressed. She would do something if she had to. She would put her foot down."

The registered manager had a very clear vision for the home and what she was trying to achieve. She told us her aim was to ensure the service was family oriented and homely. She said she liked to discuss things and talk about matters 'before it all blows.' She said that in her view there were, 'no problems that can't be solved.' People and relatives referred to the homely feel of the service and we noted this description had also been used in a recent report from the local safeguarding team. Staff told us they enjoyed working at the home and there was a good staff team. Comments from staff included, "It's a good staff team, I'm happy here"; "It's a good staff team. Everyone supports everybody. I love it. The best thing is the residents, I'm here for them" and "I don't dread coming to work, it's nice. I get on with everyone. Like everywhere we have good days and bad days." One care worker described people as being, "A bit like a second family." They described how they had visited the home on their wedding day so people could see the wedding dress. They also told us about one resident who was, 'always cold', so they had knitted them a 'big, thick cardigan.'

We asked people what was good about living at Summerhill. Comments included, "Everything is done for me but I wish I could do more for myself"; "Staff are very good. Polite, helpful, encourage you to talk about what you would like to do"; "The entertainment and activities are excellent!"; "Staff are always ready to help" and "There's such a great feeling of happiness about this place. The Activities Coordinator is just a darling!" We asked people what would improve the care at the home and people told us they could not think of anything. One person told us, "I suppose there probably is something that could be improved.....but I can't think of anything!"

Staff told us there were regular meetings at which they could discuss matters or raise issues of concern. We saw matters such as time keeping, safeguarding and key worker roles had been discussed. We noted the registered manager had also thanked staff for all their recent hard work. Records also identified 'residents' meetings were taking place at the home. People had been informed about the installation of new CCTV cameras and also that a new person was coming to live at the home. People had commented positively about the recent Halloween party and said they were enjoying the fitness sessions on Saturday mornings. People had also been asked for new menu ideas and suggestions were being trialled by the cook. People told us, "There are resident meetings where we have a say in what goes on here. I do attend them"; "We have resident meetings and discuss what the food is like and what we would like to see on the menus. I do attend them" and "Staff do listen. We have meetings but I don't like to attend."

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 11 HSCA RA Regulations 2014 Need for consent  Care and treatment was not always provided with the consent of the relevant person or in accordance with the MCA 2005. Regulation 11(1)(2)(3).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not in place to ensure that risks had been assessed and action taken to mitigate such risks such as fire safety. Action had not been taken to ensure premises were safe to use. Regulation 12(1)(2)(a)(b)(d).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to ensure the effective operation of the service and ensure compliance with regulations. Effective actions were not in place to assess, monitor and improve the quality and safety of the service or manage and mitigate risk. Records were not always complete, accurate or contemporaneous. Regulation 17(1)(2)(a)(b)(c).