

Raycare Limited

Summerhill

Inspection report

The Dunterns
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Summerhill is a care home which is registered to provide personal care and accommodation for up to 29 people, some of whom have a dementia related condition. Accommodation is over two floors. At the time of this inspection 28 people were living at the service.

People's experience of using this service: All people told us they enjoyed living at the home. They told us there was a "homely" and "friendly" atmosphere. One person said, "I don't think you could better it. I am so fortunate to be able to come here."

The home was clean and well maintained. Practical fire drills had not been carried out by night staff at the time of our visits to the home. Following our visits, the registered manager and night staff confirmed that practical fire drills had been carried out.

People told us they felt safe. Staff were knowledgeable about the action they would take if abuse were suspected. Abuse had been substantiated following a recent safeguarding investigation. Lessons had been learnt and actions taken to reduce the risk of any reoccurrence.

There was a creative activities programme in place. People were supported to access the local community and nearby towns and villages. Entertainers visited regularly and the home had their own backing singers known as the 'Summerettes.'

Several staff told us the culture at the home was not always positive. Some thought that this was due to staffing levels and the pressures on them at certain times of the day. Staffing levels were increased at the time of our inspection. We have made a recommendation that the provider reviews their quality assurance system to ensure timely action is taken to address any shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: Requires improvement (report published 17 January 2018).

Why we inspected: This was a planned inspection which was based upon the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate and high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Summerhill

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Summerhill is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Summerhill does not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. This meant the provider and staff did not know we would be visiting.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, the local authority and Healthwatch.

We did not request a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we checked the following records:

Three people's care plans, one staff recruitment file, information relating to staff training, audits and quality

assurance reports.

We spoke with eight people who lived at the home. We also spoke with one relative during our visits to the home and contacted another two relatives by phone and email to find out their opinions of the service. We spoke with the registered manager, a deputy manager, senior care worker, four day care staff, the head chef and a health and social care student who was on placement at the home. We also spoke on two occasions with three members of night staff to find out how care was delivered late evening and through the night.

We contacted a pharmacist, a care manager, podiatrist and a behavioural support clinician to obtain their views about the service.

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 as requires improvement. We identified a breach in the regulation relating to safe care and treatment. 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. Records for the administration of topical medicines were not completed or not up to date. At this inspection we found that action had been taken to improve.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Prior to our inspection, we received information of concern about staffing levels.
- During our inspection some people and staff told us there were not always enough staff, especially after teatime. We discussed this feedback with the registered manager who deployed an extra member of staff from 6pm until 9pm. She stated that these staffing levels would be monitored and reviewed and increased further if necessary.
- Safe recruitment procedures were followed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. The arts therapist who visited three times a week told us, "I have never heard anything dodgy – I would tell you." There were safeguarding policies and procedures in place. Staff were knowledgeable about the action they would take if abuse were suspected. Abuse had been substantiated following a recent safeguarding investigation. The registered manager told us that lessons had been learnt and actions taken to help prevent any further reoccurrence.

Assessing risk, safety monitoring and management

- The home was well maintained. Checks had been carried out to ensure the premises and equipment were safe. We noted however, that practical fire drills had not been carried out. The registered manager told us that this was being addressed. Following our visits to the home, an external fire safety consultant visited the home and carried out practical fire drill training with staff.
- Risk assessments had been completed relating to risks such as malnutrition, moving and handling and pressure ulcers. A health and social care professional told us, "They are aware of the risks and they are very compassionate."
- One person told us that he enjoyed walking independently around Alnwick. A risk assessment had been completed. The registered manager told us, "He has been a walker all his life...It's the element of risk which qualifies people's life and independence."
- Two people had mattresses placed on the floor next to their bed to reduce the risk of injury should they fall out. Staff informed us however, that the mattresses were heavy and difficult to manoeuvre. Following our visits, the registered manager told us that they had ordered two lighter, more suitable crash mats. A risk assessment had been completed.

- Accidents and incidents were recorded and analysed. The operations manager had highlighted that accidents and incident records needed to be more detailed. The registered manager told us that this was being addressed.

Using medicines safely

- Medicines were generally managed safely. People spoke positively about the support they were given with their medicines. One person said, "They are very good with tablets, I have mine just after 8." A relative told us however, that staff had not always supervised their relation take their medicine and had missed doses of their medicine as a result. We spoke with the registered manager about this feedback. She told us, "Staff are being more vigilant with medicines. They are making sure that staff are staying until taken."
- We observed that staff followed the correct procedures when administering medicines at the time of our inspection.
- We checked medicines administration records. We found that guidance about 'when required' medicines was not always clear. This was being addressed at the time of our inspection.
- The local pharmacist had recently carried out a medicines audit and told us, "Summerhill care home is very good at their medicine management, in terms of ordering. Their waste is very little compared to some care homes as they carry forward the liquids and order what they need. [Names of deputy managers] are always on top of things and also ring the pharmacist a lot for advice or on interactions."

Preventing and controlling infection

- People spoke positively about the cleanliness of the home. One person said, "The place is beautifully clean – no nasty smells of urine. It is well looked after." This was confirmed by our own observations. Staff had access to and used gloves and aprons to help prevent the risk of cross infection.

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 as requires improvement. We identified a breach in the regulation relating to the need for consent. Best interests decisions were not clearly recorded and it was not always clear that legal consent had been obtained before delivering some aspects of care. At this inspection, we found that action had been taken to improve.

People's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had submitted DoLS applications to the local authority to authorise in line with legal requirements. Information was now available about whether people had a 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.

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

- Assessments had been carried out in line with best practice. People had care plans in place which aimed to meet their physical, emotional and social needs. An assessment was carried out before people came to live at the home to make sure staff could meet their needs.

Staff support: induction, training, skills and experience

- Staff told us there was sufficient training to enable them to carry out their job effectively and safely. One staff member told us, "We have had communication training and we had some really good training from the hospice." A care worker had been nominated for 'carer of the year' for their hard work and dedication in completing their Level 2 vocational qualification.
- The podiatrist had carried out nail care training with some of the staff. They told us, "We trained staff to

cut and file toe nails of people who are low risk...They phone me if there is any concerns. They phoned me when [name of person's] toe was red and pinkish and I checked and there was nothing, but it showed that staff were checking in between the toes. They have learnt."

- Following a safeguarding incident, training in tissue viability and communication had been organised.
- A supervision and appraisal system was in place to support staff in their duties.

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

- We received mixed feedback about the meals at the service. Some people told us that the quality of the meals depended upon which cook was on duty. We passed this feedback to the registered manager for her information. She told us that the head cook was consulting people further about their likes and dislikes.
- We had lunch with people and saw that staff supported people with their dietary needs. Action was taken if there were any concerns with weight loss.
- Meals were a sociable experience. A celebration of Robert Burns was held on the final day of our inspection. One person "addressed the haggis" and pipe music accompanied the proceedings.

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

- The design and décor of the home met people's needs. The maintenance man told us, "We have moved the toilets to a central position so it is easier for people and they can just walk in. I have also put grab rails in." One person said, "The handy man is a magician." The home had won 'best premises' in the Alnwick in bloom competition.
- We discussed with the registered manager that signage could be clearer for those with a dementia related condition. She told us that she would ask the art therapist and people at the home to design and make bespoke signs to highlight different rooms and areas of the home.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to meet their health care needs. However, one relative stated that there had been a delay in contacting the relevant health and social care professionals. This had been substantiated following a safeguarding investigation. The registered manager told us that lessons had been learnt and actions taken to reduce the likelihood of any reoccurrence.
- There was a health emergency at the time of our inspection. Staff took prompt action to contact the paramedics.
- Health and social care professionals spoke positively about the home and the care which was provided. One health and social care professional told us, "This is one of the nicest homes I come to. They are always super careful and always contact me. They always ask me to put my comments into the care plans. They always make sure they write everything in the care plan. They will also write down any instructions so they know."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about living at the home. They told us there was a "homely atmosphere" and staff were caring. The registered manager told us, "We're a home that makes you feel at home and that is in our philosophy of care."
- One person told us, "They sometimes come in and have a little chat with you. I have found it difficult to give up my garden so they have offered for me to bring some plants in from home and put them in the garden." A relative commented, "You feel completely welcome – the friendliness and welcomeness is excellent." Another relative however, stated that some staff did not demonstrate the same empathy as others.
- Staff spoke positively about the people they supported. Comments included, "I just love the elderly, I just love them. I look forward to coming in. They become part of the family" and "I treat everyone the same – their needs and their happiness is all I am bothered about."
- We observed positive interactions between staff and people. Staff were aware of people's interests. A staff member said to one person, "What did you think of Newcastle [United] winning?... That would have made you happy."
- Staff made time to say good bye to people at the end of their shift. One staff member said, "I'm going home now, but I will see you tomorrow." The person replied, "See you tomorrow sweetheart."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in how they wanted their care to be delivered. Reviews were carried out by the home and also people's care managers from the local NHS Trust, if one had been appointed. Action was being taken to ensure care records fully documented people's involvement.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with people respectfully and knocked on people's doors before they entered their room. People's independence was promoted in all areas of their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoke positively about the responsive of staff. One person told us, "The staff are faultless – you just need to say something and they do it." A relative commented, "It's excellent. I've been really impressed by the way they have been cared for in bed...They take care of her and move her. She has not had any bed sores at all."
- There was a creative activities programme in place. People and relatives spoke positively about the activities which were on offer. An arts therapist visited three days a week. She had supported some people to complete a Northumbrian social history qualification. The arts therapist told us, "Here the residents are given everything they want...I brought in wooden rifles [not loaded!] and we did rifle drills and they knew some of the drills...We also recreated the same plates and bowls which they had on the Mary Rose and we baked them and we ate and drank out of them, we even had some rum! I can't rate this home highly enough, they are living their life here – it's living."
- The service was meeting the requirements identified in the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Technology was used to support people's wellbeing and social needs. The arts therapist used the internet to support and enhance activity sessions, for example a Burmese language course trying out various phrases. iPads [hand held computers] were also used to encourage reminiscence. The arts therapist had given people iPad lessons.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. A weekly analysis was carried out of any complaints or concerns which had been raised. The registered manager told us, "I do act on everything from a mole hill to a volcano."
- People told us they had no complaints. However, one relative said they had made a complaint and this had not been dealt with appropriately. The registered manager told us that lessons had been learnt following the issues raised by the relative. Communication training had been organised.

End of life care and support

- Information about people's end of life wishes was included in care plans. One person had a 'comfort care plan.' This was designed in the shape of a flower. Staff recorded on each of the petals the things which brought comfort to the individual. The registered manager told us that she had been involved in a video for a national online training provider. This had been supported by the Supporting Excellence in End of Life Care in Dementia [SEED] project. The registered manager said, "It was lovely to be able to talk about what we do as a care home to provide person centred care at what is the most important and compassionate time in life, when it nears the end." This was confirmed by a health professional who had been involved in the SEED project.

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 as requires improvement. We identified a breach in the regulation relating to good governance. Action had been taken to address the previous issues, however further improvements were required in this key question.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in place. She spoke enthusiastically about her role. She stated, "I am so passionate about my people and doing our best."
- People and health and social care professionals were complimentary about her. One person told us, "[Name of registered manager] is perfect – she is just like one of us." A relative stated however, that they had concerns about the integrity of senior staff.
- Some staff said the registered manager was "too nice." They explained that on occasions, certain contractual issues which they raised, were not fully resolved, because staff said she did not like to cause offence.
- Several staff also told us the culture at the home was not always positive. Some staff thought that this was due to staffing levels and the pressures on them at certain times of the day. One staff member told us, "There is bickering between staff. It comes down to staffing levels."
- Although there was no evidence that the culture amongst staff had affected the wellbeing of people, there was a risk that a continued less than positive culture could have a detrimental effect.
- Staffing levels were increased following our feedback and the registered manager told us they would monitor and review the new staffing numbers. Action was also being taken to ensure that practical fire drills were carried out to ensure staff could safely evacuate people in the event of a fire. ● We considered however, that action with regards to staffing levels and fire safety could have been identified and actioned sooner.

We recommend that the provider reviews its quality assurance system to ensure that shortfalls are identified in a timely manner and prompt action is taken to address any issues raised.

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

- 'Residents' meetings' were carried out. The registered manager told us they were in the process of organising quarterly 'relatives' meetings.' Surveys were also undertaken to obtain the views of people and relatives. The registered manager told us that she had an open-door policy and people, relatives and staff were welcome to talk to her at any time.

Continuous learning and improving care

- The registered manager told us, "We do the best we can and learn every day." She told us and records confirmed that learning took place following accidents and incidents, safeguarding incidents and complaints.

Working in partnership with others

- The service was an active member of the local community. They provided placements to students from the local university and colleges. Sainsbury's donated flowers to the home for flower arranging sessions. Church visitors attended to offer Holy Communion.