Dr & Mrs J Hutchings

Summerhayes Residential Home

Inspection report

1700 Wimborne Road
Bearcross
Bournemouth
Dorset
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Tel: 01202574330

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22 July 2016
25 July 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit took place on 22 and 25 July 2016 and was unannounced.

Summerhayes Residential Home is registered to accommodate a maximum of 20 older people, without nursing needs. Accommodation is provided over two floors.

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.

At the last inspection on 14 June 2013 the service was meeting the requirements of the regulations that were inspected at that time.

There were 17 people living at Summerhayes Residential Home at the time of our inspection. People who lived at the home, relatives and friends told us people felt safe and secure with staff to support them. People's care and support needs had been assessed before they moved into the home. Care records contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skills mix of staff were sufficient to meet the needs of people and keep them safe. The recruitment of staff had been undertaken through a thorough process. Pre-employment checks that were required had been completed prior to staff commencing work. This was confirmed by talking with staff members.

Medicines were being dispensed and administered in a safe manner. Staff responsible for administering medicines had received formal medicine training to ensure they were confident and competent to give medicines to people.

There were some shortfalls in obtained people's consent as part of the care planning process. There were also shortfalls in acting in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in

their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people. This took into account their dietary needs and preferences so that their health was promoted and choices respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

People participated in a range of daily activities which were meaningful and promoted their independence.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

People were protected from abuse and avoidable harm in a manner that protected and promoted their right to independence.

Arrangements were in place to ensure that medicines were managed safely.

Is the service effective?

Requires Improvement

Improvements were required to ensure the service was effective.

Staff received training and support for their roles and were competent in meeting people's needs.

Consent had not been obtained as part of the care planning process. People's rights were not always protected under the Mental Capacity Act 2005.

People enjoyed the food and drinks provided and chose what they ate at mealtimes. Staff monitored people's dietary intake to ensure people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

The service was caring.

Staff were respectful and understood the importance of promoting people's privacy and dignity.

People who used the service told us they received the care and support in a kind and caring manner.

Visitors were welcomed into the home at any time and offered refreshments.

Is the service responsive?

Good

The service was responsive.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service were given the opportunity to take part in activities.

The home had a complaints procedure. Complaints were recorded and investigated.

Is the service well-led?

Good

The service was well led.

Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

Feedback was sought from people who used the service, staff and others.

There were systems in place for assessing and monitoring the quality of the service provided.

Summerhayes Residential 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 was a comprehensive inspection that took place on 22 and 25 July 2016. The inspection was carried out by one inspector. We spoke with and met seven people living in the home and four visitors and one healthcare professional.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home prior to our inspection. We reviewed the notifications we had been sent from the service since we carried out our last inspection. A notification is information about important events which the service is required to send us by law.

We also liaised with the local social services department and received feedback about the service.

We looked at six people's care and support records, an additional four people's care monitoring records and medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, training records, maintenance records and quality assurance records.

We spoke with the registered manager, assistant manager and members of the care staff team and the chef.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and the staff supported them. When we asked about whether they felt safe and secure, people's comments included, "Yes, I feel very safe here." And, "Yes, that's one of the reasons I came to the home as I wasn't safe by myself anymore." A visitor told us, "I am very pleased with the care provided, mum is so much safer here, she was falling often at home and it hasn't happened once since living here."

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Staff told us, and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. One member of staff told us, "I have had safeguarding training. If I had any concerns I would report to social services and CQC".

There were personalised risk assessments for each person which gave guidance for staff on specific areas where people were more at risk. The risk assessments included areas associated with people being supported with their mobility, risks of developing pressure area skin damage, falling and the management of medicines.

The home was generally well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date. Maintenance records showed that equipment, such as fire alarms, extinguishers, call bells, and emergency lighting, was regularly checked and serviced in accordance with the manufacturer's guidelines. The service had a business continuity plan which detailed how emergencies would be addressed. We did find that one of the home's baths did not work properly and had a broken tap. We discussed this with the registered manager who arranged for a plumber to replace the bath on the second day of our inspection.

There were processes in place to manage risk from Legionella, which are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records.

The registered manager explained the staffing arrangements in the home and how these were dependant on the numbers of people and their dependency requirements to safely live in the home. The staff rota, our own observations and what people and staff told us confirmed that there were sufficient, suitably qualified members of staff on duty for every shift. The rota identified that the home had a number of bank staff who could be utilised to provider support if necessary. People told us that there was always enough staff on duty to provide care and support.

People told us they received their prescribed medicines on time. One person said, "The staff give me my medicines, so I don't have to worry about that". Another person told us that they managed their own medicine. A risk assessment and system in place to ensure that this person could manage this safely. We saw a member of staff giving people their medicine. For each person the member of staff explained to the person that it was their medicine. They waited until the medicine had been swallowed before leaving the person.

Medicines were kept securely. Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. Medicine administration records had been completed accurately.

Some people were prescribed PRN (as required) medicine, however there were no PRN care plans in place that would detail information such as what the medicine was for and the maximum dosage. We discussed this with the registered manager who acknowledged this and implemented PRN care plans during our inspection. This was an area for improvement for the provider.

Staff recruitment records contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. However for some staff full employment histories had only been obtained for the last five years. Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states a requirement for 'A full employment history, together with a satisfactory written explanation of any gaps in employment'. This was an area for improvement.

Requires Improvement

Is the service effective?

Our findings

People told us staff made sure that their needs were met and that they were supported well. One person said, "I have lived here for a number of years now. The staff are well trained and know what they are doing." Another person said, "The staff are well trained, I'm comfortable here." A visitor told us, "I am really pleased with the home and the staff".

We found that obtaining people's consent did not form part of the care planning process. We looked at a number of care plans and saw that there was no record to show that people had consented to their care. Some relatives had consented to certain aspects of people's care without the legal authority to do so.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

There were no mental capacity assessments or best interest decisions in care plans, where there was a reason to believe that people may have lacked the capacity to make certain decisions. For example, there were several people living in the home, including people living with dementia who would not have been safe to leave the home without support from a member of staff. There was no consideration of the Mental Capacity Act or DoLS in these records. We discussed this with the registered manager who acknowledged this shortfall and assured us that they would review people's care plans to evidence that the MCA had been correctly followed. Following our inspection the registered manager sent us a template copy of people's mental capacity assessments and best interest decisions. They also told us that they would be submitting DoLS applications to the local 'supervisory body'.

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

Records showed that staff received training and support to enable them to do their jobs effectively, such as First Aid, Fire, Safeguarding, Health and Safety and Infection Control. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

People's health care needs were regularly reviewed. People were registered with a GP who visited them as and when required. . Some people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders in

place. These had been completed by the GP who had involved people and their family members in the decision made.

The home had a menu that changed on a weekly basis. There was a chef who prepared and cooked people's meals. They told us the menu changed in response to people's feedback. They were able to tell us about people's individual dietary needs and preferences, and allergies. For example, they were able to explain how they catered for a person who was underweight.

People had a choice where they ate their meal, for example, in the dining room or their bedroom. People told us that the food was good. The dining room tables were nicely set with table cloths, napkins and condiments. People were offered a choice of drinks with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. Staff also ate their meals with people in the home. We observed the meal service in in the dining room of the home. Staff gently encouraged and supported a person to eat. Drinks and snacks were served periodically throughout the day. Tables were set on each floor of the home with fresh fruit juice and water to enable people to help themselves to drinks throughout the day.

Risk assessments had been carried out to check if people were at risk of malnutrition. People's weights were checked at monthly intervals. Nutritional risk assessments had been undertaken when people entered the home. The provider was not calculating people's BMI (Body Mass Index) to ensure that they were not at risk of malnutrition. We discussed this with the registered manager who introduced a new form in care plans to calculate people's BMI.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person described the staff as "Very nice and caring". Another person said, "The staff are really nice, I have my favourites too." A visitor told us that they were impressed by the caring attitude of the home and staff.

Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. For example, staff knew that for one person orientation to the date and time was very important to them. We saw that the person had a clock and calendar on the table next to them. People's life histories and personal preferences were recorded in their care plans.

We saw a number of caring interactions throughout the day between staff and the people they supported. People were regularly made more comfortable in their seats and asked if they would like drinks. Staff checked on people regularly to ensure their drinks did not get cold and to ask if they needed anything.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity. Staff gave us examples of how they promoted people's privacy and dignity, for example, closing doors and ensuring towels were used to cover people when assisting them with personal care.

Relatives told us that they were welcome at any time and encouraged to visit. Visiting health professionals gave very positive feedback about the manager, staff and overall feeling of the home. Everyone we spoke with told us that Summerhayes Residential Home was a relaxed and homely place to visit.

People were involved in decisions relating to their own care. We observed people being consulted throughout the day and were informed that people were involved daily in what they wanted and needed.

The service supported people to make wishes and choices for their end of life care needs. Records showed that people had advanced care plans in place in place should they wish to complete them.

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Good

Is the service responsive?

Our findings

People and relatives told us the manager and staff were responsive. Relatives felt they were kept well informed about any changes and were always contacted if someone became unwell. People felt involved and supported to arrange appointments if they needed to. People felt that staff supported them to attend activities or to do things that they wanted to do.

People had their needs assessed by the manager or a senior member of staff before they moved into the service, to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that a full picture of the person was provided.

People had individual assessments of needs and care plans in place and the service responded to people's changing needs. For example, if a person was assessed as being at risk of pressure sores and required an air mattress then the provider promptly supplied this.

Each person's plan of care had been reviewed monthly or as the person's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. Staff knew about changes because they were kept informed verbally as well as updating the records. Staff told us that there were regular hand overs and time to read the care plans. This enabled the staff to adapt to how they supported people to make sure they provided the most appropriate care.

A complaints policy and procedure was in place and displayed in the building. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The registered manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. Everyone we spoke with told us the registered manager had an 'open door' policy and people confirmed they would be happy to raise any concerns with the manager if they needed to. The provider kept copies of compliments received.

A member of staff explained that when people moved between services, such as any admissions to hospital, records containing their care and support details, photocopied medicine charts and DNAR if applicable was provided.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. 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. The registered manager was supported by an assistant manager.

Members of staff told us they liked working at the home and the manager, assistant manager were approachable and supportive. One member of staff said, "If there is ever a problem I feel I can approach both managers."

Regular staff meetings were held so that staff could discuss issues relevant to their roles. The registered manager had tried to arrange relatives meetings but the turnout was very low. They explained that as it was not a large home they were able to discuss people's care needs privately with relatives when they visited. This demonstrated a positive culture which was open and inclusive.

There were systems in place to monitor the quality of the care provided. Quality checks were completed by the assistant manager. Feedback was provided and action plans put in place to address any lower scoring areas. Other audits included medicine management, care records, incidents, infection control and health and safety. These checks were regularly completed and monitored to ensure and maintain the effectiveness and quality of the care.

An annual survey had been completed in in December 2015. It included feedback from people and relatives. The results were largely positive. Responses were be analysed and an action plan put in place to address any lower scoring areas. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

Accidents and incidents were recorded, and a monthly analysis was undertaken to identify trends or triggers. Records that showed changes that had been made as a result of some of the accidents that happened.

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 Consent had not been obtained as part of the care planning process. The registered person was not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11 (1) (2) (3).