Summerfield Private Residential Home Limited

Summerfield Private Residential Home

Inspection report

Summerfield, Skipton Road
Silsden
Keighley
West Yorkshire
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Tel: 01535653219

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Summerfield Private Residential Home is a care home. People in care homes receive accommodation and 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.

Summerfield Private Residential Home provides accommodation to a maximum of 32 people, spread over two floors. The service caters for older people over 65 some of whom are living with dementia. The accommodation is mostly single rooms with a small number of double rooms. It is located in Silsden, near Keighley in West Yorkshire. At the time of the inspection 30 people were living in the home.

The inspection was undertaken on 12 February 2018 and was unannounced. At the last inspection in September 2016 we rated the service 'Requires Improvement' overall. We identified a breach of Regulation 9 'Person centred care'. At this inspection we found improvements had been made and the location was no longer in breach of this Regulation.

A registered manager was 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.

People and relatives provided consistently positive feedback about the home. They said that care was of high quality, personalised and met people's individual needs. People praised the nice atmosphere within the home and said staff were consistently kind and caring.

People felt safe living in the home. Systems were in place to protect people from abuse. Risks to people's health and safety were regularly assessed and care plans put in place to help keep them safe. Staff had a good understanding of the people living in the home and how to care for them safely. People received their medicines consistently as prescribed.

There were enough staff working in the home to ensure people received prompt care and support. Staff had time to chat with people as well as completing care tasks. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

The premises was safely managed and suitable for its purpose as a care home. There was pleasant décor, furniture and fittings and the home was kept clean and well maintained.

Incidents and accidents were recorded, investigated and used to make improvements to the safety of the service. When things went wrong, lessons were learnt to help ensure continuous improvement.

People received care from staff with the right skills and knowledge to care for them effectively. Staff

received a range of training and support from the management team.

People had access to a good range of food with sufficient choice and variability. People's nutritional needs were assessed and where people were deemed at risk, plans of care were put in place to mitigate these risks.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's consent was sought before care and support was offered.

The service worked well with a range of health professionals to help ensure people's needs were met. Care needs were assessed and appropriate plans of care put in place. People told us care needs were met by the service.

Staff were kind and caring and treated people with a high level of dignity and respect. Staff had developed good relationships with people and knew them well. Care was person centred, focused on meeting people's individual preferences and taking their views into account. People had access to a wide range of activities and social opportunities.

People were very satisfied with the service, but should they wish to complain, systems were in place to ensure they were able to. Any complaints were logged, investigated and responded to in a timely manner.

There was a good person centred culture within the home and friendly atmosphere. People, relatives and staff all spoke positively about the way the service was run.

Systems were in place to monitor and check how the service was operating. Where issues were found, action was taken to ensure a high performing service. People were regularly asked for their feedback in a number of areas and this was used to further improve the service.

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.

People told us they felt safe living in the home. Systems were in place to protect people from harm. The premises was safe and suitable for its intended purpose.

There were enough staff deployed to ensure people's care needs were met. Staff were recruited safely.

People received their medicines safely, and as prescribed.

Is the service effective?

Good

The service was effective.

People received care from knowledgeable staff who had received a range of training and support. The service kept up-to-date with the latest guidance and best practice.

People had access to a good range of food. Individualised plans of care were put in place to ensure people's nutritional needs were met. The service worked effectively with a range of health professionals to help ensure people's needs were met.

The service was complaint with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought before care and support was offered.

Is the service caring?

Good

The service was caring.

People and relatives said staff were kind and caring. This was confirmed by our observations where we saw staff interacting warmly and positively with people.

There was a nice friendly atmosphere within the home. People and staff knew each other well.

The service respected people's views and opinions and gave them opportunities to be involved in their care and support.

Is the service responsive?

Good

The service was responsive.

People spoke positively about the care provided and said it met individualised needs. A range of person centred care plans were in place which considered people's diverse needs and preferences.

People had access to a good range of activities and social opportunities including links with the local community.

People were very satisfied with the service. Systems were in place to ensure any complaints people had were fully investigated and resolved.

Is the service well-led?

Good

The service was well led.

People and relatives said they were highly satisfied with the overall care and support provided in the home. We found a positive and person centred culture.

The service was committed to continuous improvement of people's care and support experiences. Systems were in place to audit and check the quality of the service.

People's views and feedback were used to make changes and improvements to the service.

Summerfield Private 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. At this inspection we followed up on the requirement notice we issued at the last inspection in September 2016 to see if improvements had been made.

The inspection took place on the 12 February 2018 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience of older people's care.

During the inspection we spoke with eight people who used the service, one relative and two visitors. We also spoke with the registered manager, deputy manager, a senior care worker, five care workers, the cook, the activities co-ordinator and a domestic assistant. We observed care and support, including the mealtime experience and looked around the home. We looked at five people's care records and other records such as medication records, meeting notes, accident and incident reports, training records and maintenance records. Following the inspection we telephoned two relatives to ask them for their views on the service.

Before visiting the home we reviewed the information we held about the service which included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service. We spoke with one health professional who works with the service.

We used information the provider sent us in the 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at Summerfield Residential Home. One person said "Yes I am safe here, I do feel safe at present." Another person said "If I didn't feel safe I wouldn't be here. A third person said "Yes, I feel safe more or less as much as you can feel safe. I don't get knocked about or anything like that here." A relative told us, "Mum is safe here, I don't worry when I leave."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager, the safeguarding team or CQC. We saw appropriate liaison and referral to the local adult protection unit had been made following the identification of safeguarding concerns. Measures were put in place following any safeguarding incidents to protect people, this included safeguarding care plans where people were identified as being at risk. This helped keep people safe.

Risks to people's health and safety were assessed and mitigated against. This included the risks associated with poor skin integrity, poor nutrition, moving and handling and behaviours that challenge. Risk assessments were updated regularly and plans of care provided instructions on how to keep people safe. Equipment such as air flow mattresses and bed rails were put in place following liaison with healthcare professionals to help keep people safe. The service had recently made improvements to moving and handling practices and had purchased new slings to ensure each person who required hoisting had their own individualised sling. We observed people who had problems with their mobility being supported by care staff. We saw one person being aided to move with assistance from a hoist into a wheelchair. Staff explained to the person what they were doing whilst assisting them. We observed that the footplates on the wheelchair were used. Our observations showed that staff assisted this person to move in a safe way.

Positive risks were undertaken to support people to maintain their freedom and achieve their goals. One person had complex medical and mobility needs, but expressed a desire to go on a steam train. The service had thought carefully about how this could be done safely and devised a positive risk assessment to allow the person to go. Staff had reviewed the trip afterwards and recorded a positive outcome for the person. Staff had concluded "Just because there are risks and obstacles doesn't meant that trips out for people with medical and mobility concerns are impossible." This showed a good approach to ensuring risks did not restrict people's freedom and ability to achieve their goals.

The premises was safely managed and suitable for its intended purpose. Checks were undertaken on the gas, electrical and fire systems as well as equipment such as hoists to ensure they remained safe. Temperature checks were undertaken on hot water systems to ensure they remained within safe limits, although some outlets had not been tested for several months. We checked some taps and found the water temperatures to be safe.

Personal Emergency Evacuation Plans (PEEP) were in place for each person showing how to evacuate them in a fire. These were stored electronically and also in a folder so they could be accessed quickly in the event of an emergency. A fire risk assessment had been carried out by a competent person and the registered manager had made fire safety improvements as per their recommendations.

We concluded there were sufficient quantities to staff to ensure prompt and safe care. Overall, people told us they thought there were sufficient numbers of staff at the home. One person said, "Oh yes, I feel very safe in this place, because there is always staff about." Another person said, "I feel safe at night as there are three staff on at night. If I press that button on that wall, they would come immediately." A third person said, "There are enough carers here." Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

Rotas' showed the required staffing levels were consistently maintained. The registered manager or deputy were on call should they be needed out of hours in an emergency. The registered manager did not use agency staff. When there were shifts to be covered existing staff picked these up so people were provided with consistent care from familiar staff. The care team were supported by housekeepers, cooks, laundry staff and an activities co-ordinator. We saw there was a good staff presence around the home and heard call bells were answered in a timely way. We concluded there were enough staff to care for people safely and to keep the home clean.

We reviewed three staff files and found safe recruitment procedures were in place to ensure new staff were of suitable character to work with vulnerable people. New staff were required to complete an application form and attend an interview. Disclosure and Baring Service (DBS) checks and references were then taken up. Any issues raised had been thoroughly risk assessed by the registered manager to ensure staff were safe to work at the service.

Medicines were managed safely and people received their medicines as prescribed. People told us they got their medicines consistently and on time. One person said, "I am a diabetic. They [staff] have to do my bloods every day. They [staff] manage my diabetes better than the nurses did when I was in hospital. Senior staff give me my medication, which I always get on time." Medication care plans were in place which gave information, for example of any allergies and how people preferred to take their medicines. This demonstrated each person had a personalised plan to support them to take their medicines safely.

We saw medicines were stored in locked trolleys, cabinets or fridges, all of which were clean and tidy. Senior staff took responsibility for administering medicines and we saw them doing this with patience and kindness. We spoke with a senior care worker who confirmed they had received training and the deputy manager told us they observed staff administering medicines as part of their medicines audit. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. We checked a random sample of medicines and found the stocks being held were accurate. This showed us medicines were being managed safely.

The home was also clean and free from odours in all of the communal areas. People living at the service confirmed that the home was always kept clean and odour free. One person told us, "The home is clean – the bathroom, everywhere is kept spotless. It is always nice and warm here."Another person said, "The cleaner here is one of the best I have ever seen." A third person said, "This is a nice, warm house – very clean – we have cleaners in every day." Cleaning staff were in place and they said they had the resources and time to keep the home clean. We saw staff adhering to good infection control techniques and checks were regularly undertaken on infection control and cleaning practices. We saw systems were in place to ensure items were laundered promptly although due to space limitations in the laundry room, there was not a clear separation of clean and dirty laundry.

Incidents and accidents were recorded and action taken to reduce the likelihood of a re-occurrence. Following each incident a management report was completed detailing the suspected cause and any action

needed. Incidents were analysed each month to look for any themes and trends and to check that appropriate action had been taken to prevent a re-occurrence. We saw following incidents such as falls, liaison took place with district nurses and risk assessments were updated to help reduce the risk of repeat incidents.

Good

Is the service effective?

Our findings

Care records demonstrated people's needs were assessed and people told us care was delivered in line with their wishes. The service subscribed to a number of publications to keep up-to-date with best practice guidance. The registered manager attended provider forums run by the local authority, which also helped them keep up-to-date with best practice. They demonstrated to us they improved practice based on research and guidance. For example the registered manager had read a study with showed that people living with dementia benefit from at least an hour of individualised interaction and activity per week. This had led to them reiterating the importance of personated interaction with the staff team, arranging for staff to spend more time with each resident. They told us they had already seen positive outcomes in terms of people's mood and behaviour and hoped to formally record their findings over the coming months.

We concluded staff had the right skills, knowledge and experience to care for people. One relative said of staff ,"Very good staff, all switched on." Staff were knowledgeable about people and how to meet their needs. Staff received a range of training relevant to their role. The training matrix showed staff were up to date with training, or refresher training had been booked. Training courses included infection control, medicines, first aid, food hygiene, continence care, care planning, moving and handling, palliative care and safeguarding. We saw staff had also received specialist training in topics such as how to use food supplements, diabetes and dementia care.

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. We saw evidence of induction in the staff files we reviewed. We spoke with one member of care staff who had been recruited recently. They told us their induction had been comprehensive and had included a period of shadowing which they said had helped them get to know people who used the service.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff also had an annual appraisal. Staff we spoke with told us they felt supported and said they could go to the registered manager or deputy manager at any time for advice or support.

People were supported to maintain a good balanced diet. People spoke positively about the choice and quality of food available. Comments included, "I have no complaints about the food. You can have what you want. I think you can have a cooked breakfast – not that I have one – but the gentleman opposite me has bacon." "It's not so bad. I usually have porridge and toast. I could have a cooked breakfast if I wanted one. Some people have bacon and eggs." "The food is good here. We all like good food." "The food is very good. We have a choice – they will give you whatever you want for breakfast. If you wanted a cooked breakfast you can have one. I have my meals in the dining room but you can have your meals in your room."

Menu's showed sufficient choice and variation of food. There was a four week cycle of menus in operation and the registered manager explained adjustments to these could be made to incorporate people's

preferences. The cook also catered for any special diet's such as diabetic and soft meals. Care staff made the cook aware if people were losing weight and meals and drinks were fortified accordingly. Jugs of nutritional supplements and fortified milk were made up in the mornings so they were available when needed. During the morning we saw people being asked if they wanted drinks as we saw a drinks trolley being taken around the home. We also observed jugs of both blackcurrant and orange juices, in the lounges as well as snacks. Mid-morning drinks and snacks were on offer and mid-afternoon drinks and cake were served to provide people with additional nutrition.

We observed lunchtime in the dining room and found it to be a positive experience. All the tables had been set with cutlery and condiments. There were flowers and serviettes on each table. We observed one person who needed some support with their meal. Staff were supportive yet unobtrusive. People were also offered clothes protectors before commencing to eat their meal. We saw that people were given choices as to where they wished to eat their lunch. Some people had their lunch in their own rooms.

We looked at the care records for one person who had been assessed as being nutritionally at risk and saw their weight was being monitored closely. We saw staff, patiently sitting with them, offering them encouragement to eat and drink. People had nutritional risk assessments and care plans in place which were regularly updated. This provided us with assurance people's nutritional needs were being met.

The service worked with other organisations and health professionals to help ensure effective care and treatment. People we spoke with confirmed they had access to health care services and reported no concerns in this area. One person said "The district nurse come in regularly she is coming in today to see to my leg." Another person said, "If I became unwell –they [staff] would get the doctor out." A third person said, "If I became unwell they [staff] would get the doctor out straight away. If someone was admitted to hospital, a summary care plan was sent with them so the hospital had information on their care and support needs. We saw feedback had been received from the hospital praising the quality of the care plans which accompanied people as well as the knowledge of the care home staff that had supported them. This helped ensure people received good joined up care when moving between services.

The 'Tele medicines system' was in use at the service. This was a free system for care homes provided by the NHS and run exclusively from Airedale Hospital. The NHS provided the home with a laptop and camera to run the system, when this was set up the care home could get straight through to the Nurses Hub at Airedale Hospital for advice. This was a fully portable system and could be taken to peoples bedrooms where they could speak directly to a nurse. If there were visible symptoms the camera could focus on these and it would show up on the screen for the medics to assess and give advice. It could also be used to get advice on medicines. If someone required hospital treatment 'Tele medicines' staff could fast track the admission.

Care records assessed people's health conditions and put plans of care in place for staff to follow. In the care records we looked at we saw people had been seen by a range of health care professionals, including GPs, opticians, dentists and podiatrists. Staff told us if there were any concerns about people's health the senior members of staff acted promptly either by using the 'Telemedicines' system or by contacting a GP. A senior care worker said if anyone was a bit out of character they would routinely get a urine sample to rule out any underlying infection. We concluded people's health care needs were being met.

The premises were of high quality, appropriately designed and adapted to meet people's individual needs. People's bedrooms were a reasonable size and overlooked the garden of the property. We saw that people had their own television/radio as some told us they chose to spend a lot of time in their own room. They told us they did this because they preferred the quietness of their own bedroom. Some people had photographs of members of their family around them on their bedside tables. One person had brought their own cat into

the home. They told us how much comfort this brought them. The person said, "They [staff] even let me bring my cat into the home, which was brilliant."

We saw that communal areas were nicely furnished and decorated. The furnishings were of a good standard. Communal areas were well lit. We saw that there were no light bulbs either missing or not working, which meant that staff worked hard to maintain good lighting to promote a homely atmosphere and help reduce the risk of falls. The registered manager explained that bedrooms were always re-decorated before people moved into them to ensure a high quality living environment. We saw there was a person centred approach to this. For example two male residents had agreed to move into a room together, a large room had been chosen to safely accommodate the moving and handling equipment they required. The room was being decorated and furnished to their preferences with a large flat-screen television being placed on the wall. This demonstrated a person centred approach.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There was one current authorised DoLS in place with other applications awaiting assessment by the local authority. The authorised DoLS had one condition attached to it which had been met by the service.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and staff from the service. We saw clear best interest processes had been followed, for example, for people who were moving bedrooms.

The registered manager had a list of Lasting Power of Attorney (LPA) which were in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the registered manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

At the last two inspections we found a lack of person centred approach regarding some people's mealtime regimes. We found there was not always an appropriate gap between breakfast and lunchtime, which demonstrated a lack of person centred approach to care and support. At this inspection we found improvements had been made. More thought had gone into planning mealtimes to meet people's individual needs. People could eat at a time that suited them, and we saw appropriate gaps between meals for those who needed assistance.

Everyone told us they were well looked after by staff. Comments included: "They [staff] are all very good and nice. The staff do treat me well, but I do think they work hard." They [staff] are not so bad – they are easy to get on with." "They [staff] are human – very friendly." "The staff are very good here. I am very pleased with the staff – they do their very best and are very helpful." The staff are wonderful. They [staff] are brilliant and all of them are very obliging." A relative told us, "It's fantastic here and Mum is so happy." We spoke with two visitors, who had turned up unannounced to see if the service would be suitable for their relative. They told us they had been shown around everywhere and thought it was a warm, welcoming, friendly home with plenty going on.

We observed care. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured banter shared between people who used the service and staff which resulted in much laughter. Staff took the time to talk to people in between care and support tasks. This provided good companionship to people and made for a lovely atmosphere.

Staff knew people well, for example, we asked them about one person whose care plan we had looked at. They told us the person liked Opera music and fashion and always liked to be colour co-ordinated. We saw this person looked well dressed and the entry in the daily records read, "[Name] looks very smart this morning with a pale yellow cardigan on, she chose her own clothes." Person centred information on people's likes, dislikes and history was maintained in care records which demonstrated staff had sought to know about people to help provide individualised care and support.

Care staff were very considerate towards people, for example, at breakfast time one person complained their coffee was 'horrible.' A care worker made them another drink and checked that one was alright before continuing with their other duties. Another member of staff was sitting with three people in one of the lounges and discussing with them what they might like to watch on TV. The final decision was a wildlife programme.

People were able to express their views and were involved in making decisions about their care and support. During the inspection we saw staff asking people where they wanted to sit, what they wanted to eat and do. Staff patiently waited for people to respond before taking action to meet their requests. Staff meeting minutes showed that staff were constantly reminded of the importance of offering people choices, even if they knew people's preferences well. People had chosen décor, food and activities in the home. This

demonstrated the service recognised the importance of listening and acting on people's views. People confirmed they were able to make choices. For example they said they were able to get up and go to bed at the times they wanted. One person said "Yes, you can please yourself as to when you go to bed. I was very tired yesterday- so I went to bed at 5:45pm – I know it was early but I was exhausted after so many visitors."

Care plans showed that people and relatives had been consulted over care and support needs. Relatives told us they felt involved in care and support decisions. We saw they were regularly contacted should people's care needs changed. Relatives described communication as good.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

People were consistently treated with dignity and respect by staff. We saw staff lower their voices to discuss care and support tasks with people to maintain their confidentiality. Staff knocked on bedroom doors before entering and ensured doors were closed during the provision of personal care. If people's relatives couldn't assist, the service supported people to attend hospital and other medical appointments. This helped reduce distress to people. This service was provided free of charge which demonstrated a caring service.

We asked people about visiting times at the home. People told us their relatives and friends could visit at any time and that they were unaware of any restrictions. One person said, "Yes. I do get visitors. They can visit at any time. There are no restrictions." Another person said, "Yes, my neighbours visit every week. There are no restrictions as to when they visit."

Good

Is the service responsive?

Our findings

People told us there was a personalised approach to care and support. For example people said they could follow their preferred daily regimes. They said care was appropriate and met their individual needs. A relative said there had been an "amazing transformation" in their relatives' condition since they moved to the home and their care needs were consistently met. Another relative said, "They do look after people really really well".

Electronic care records were maintained which showed people's needs had been assessed in a range of areas including nutrition, mobility, social activities and personal care. Regular entries of the care provided were inputted by care staff. We looked at these which demonstrated people had received the required care and support interventions. Care and support plans were regularly updated and reviewed when people's needs changed. This helped ensure responsive care.

The registered manager and deputy manager had attended an information session held by Bradford Council relating to the Accessible Information Standards. They understood their responsibilities in relation to this. People's care plans gave clear information to staff about people's individual communication needs. For example one person was partially sighted and there were clear instructions recorded on how to meet their needs. We saw staff adapting the way they communicated with people dependant on their individual communication abilities.

People had access to a wide range of activities which were positively received by people. Comments included: "We have a bit of dancing, exercise with a ball." "You can go out for a walk if you want to." "We have an entertainments girls who is always organising things. Mondays – we have music – we have a lady who comes and plays the harp. Next month we have some Alpacas vising the home. We are going out to Embsay railway. We have been to Scarborough, Bolton Abbey and the Carlisle railway. I like spending a lot of time in my own room – as I like to watch television. I also like sitting outside – when it's good weather." On the day of the inspection, people were celebrating one person's birthday in the main lounge near to the office, during our visit. People were enjoying music, singing, drinks and birthday cake.

An activities co-ordinator was employed who worked four days a week. The programme of activities was on display in the dining room, which included arts and crafts, light exercises, film afternoon and trips out. There were also outside entertainers who came into the home. For example, every Monday evening there was a sing- a-long with The Music Man, Golden Oldies on the first Thursday of every month and Healing Music. On Friday mornings people could go out to visit Silsden Methodist Church. The activities co-ordinator also arranged trips out using a local wheelchair accessible Taxi service. These trips included Garden Centres and Bolton Abbey. The service undertook one to one activities with some people so they did not become socially isolated. We saw examples where staff had played music through a tablet computer to people individually resulting in positive outcomes.

Links to a local Primary School had been developed with the children coming into the home at Christmas to sing. Arrangements had since been made for four or five children to visit the home every other Thursday to

read to the people who lived there. There were photographs on display of various events and people's art work was on display. We concluded people were being provided with a range of activities and social opportunities to keep them occupied and meet their individual and diverse needs.

People we spoke with knew who to speak to if they had a complaint or any concerns. They all said they would go the manager. People said they were satisfied with the service and had no complaints. The complaints procedure was on display and care plans contained information about the support people may need in order to make a complaint. One relative told us they would feel able to raise any concerns with the registered manager or deputy manager. We looked at the complaints log and saw any complaints which had been made had been fully investigated and an outcome had been reached in each case. This showed us concerns were taken seriously and dealt with appropriately. A significant number of compliments had been received about the service and these were recorded so the service knew the areas in which it exceeded expectations. For example one said, 'Thank you all so much for looking after my mum and for all your kindness.' Another said, 'We would like to say all your staff are wonderful , caring and respectful, we cannot thank you enough.'

Care planning demonstrated the service spoke to people and their relatives to help establish their end of life needs and wishes. We saw examples where this had resulted in care plans being produced to guide staff on the care required.

Good

Is the service well-led?

Our findings

People and relatives told us they were highly satisfied with the service. No-one we spoke with raised any concerns with us during our visit. One person said, "Overall, I am happy with everything. The staff treat me well." Another person said, "It's very good here actually. Overall, I would definitely recommend this home to people." A third person said, "Overall, I would recommend the home to other people. I am very pleased to be here. We have residents meetings once a month – they ask if we are happy with everything. I am very satisfied with everything." Another person said, "I would recommend anyone to live here – as it is very nice." A relative said, "Really really good, great place, the thing for me is the consistency of care."

All of the staff we spoke with told us they would recommend Summerfield Private Residential Home as a place to be cared for and to work. Comments included; "It's a nice staff team, carers are good and interact well with residents. I very much enjoy coming to work." "It's a nice, friendly home to work in. The manager is out on the floor and is approachable. I enjoy coming to work and wouldn't work anywhere else." Staff told us the manager and provider were very responsive if anything was needed, for example, replacement of carpets or new equipment.

People and staff both said the manager and provider were friendly, approachable and helped deal with any issues or problems that arose. We observed a friendly, visibly person centred culture within the home with staff working well together to help ensure people's care experience was as positive as possible.

Systems were in place to assess, monitor and improve the service. Audits took place in a range of areas including infection control, the homes environment and medicines. An overall care audit reviewed people's care and support needs including care plan documentation. The manager also conducted regular night checks to provide assurance the home was operating safely at night. A staff member reviewed daily care reports made by staff on the computerised system each day to determine whether they were appropriate and ensure the required care and support could be evidenced. Staff confirmed meetings were held and they felt able to have an open discussion with the management team. The minutes of these meetings showed the service was committed to continuous improvement, with quality and care issues discussed to help improve performance.

We spoke with the registered manager and deputy manager who both demonstrated they were committed to continuous improvement of the service. They attended conferences, training and read care relating publications to keep up-to-date with best practice guidance. We saw they had produced 'case studies' to demonstrate where the service had helped people to achieve a positive care or support outcome. This included learning points to further improve the service. For example one case study demonstrated how the service had successfully supported a person to make contact with old friends and their place of worship. The details of this were recorded to aid further learning and improvement. Another case study demonstrated lessons learnt as a result of a delay in a person receiving their medicines. Incidents and accidents were analysed for possible causes to aid improvements to the safety of the service.

The service worked with a range of other agencies including the local hospital to ensure joined up care for

people. For example staff helped people attend appointments and there was a dedicated care plan given to hospital and other professionals so these agencies had concise information on people's needs.

People's views and feedback were sought and used to make improvements to the service. Monthly resident meetings were held which had a good attendance. We looked at the minutes of the February 2018 meeting which showed people felt happy safe and comfortable. People discussed a range of topics including activities and meals. We saw people's feedback had been acted on. For example people were asked if they would like local nursery school children to visit and they had said yes. This was currently being arranged demonstrating people's views were being acted on.

The last resident and relative's survey had been completed in July 2017 and we saw the results were extremely positive which was in line with our observations and feedback people gave us during the inspection. Comments included; "Excellent place, great staff and management." Staff show outstanding empathy with residents." "Staff always cheerful, smiling and polite." "Has been in three previous homes and I am happiest with this one and so is he."; "Residents always come first." "Residents are happy here." "The home is well kept." "If I had parents still alive this is the home I would bring them to if they ever needed one. It's like home from home." "The residents get what they want." "Nothing is too much trouble."