Mr & Mrs M Covell

Summerleaze Residential Home

Inspection report

Summerleaze
79-81 Salterton Road
Exmouth
Devon
EX8 2EW

Tel: 01395279349
Website: www.summerleazecare.co.uk

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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

Summerleaze Care Home is a residential care home providing personal care to 31 people aged 65 and over at the time of the inspection. During our inspection, 30 people were living at the home; a few people were staying on a short stay basis to recuperate or because of their family circumstances. Some people chose to return for a short stay on a regular basis.

People's experience of using this service:
People were positive about their experience of living at the home. For example, "It's very friendly…
A friend recommended it … she said it was a good place, and she was right."

People said they felt safe and they received their medicines on time. People were protected from abuse because staff understood their safeguarding responsibilities. Staffing levels delivered responsive support to people. Care staff were recruited to suit the caring values of the service and recognised the importance of team work to provide consistent and safe care. The home was well maintained, clean, and staff had access to protective equipment to protect people from the risk of infections.

There was a stable and attentive staff group; a person said "I am well looked after. I would not want to be anywhere else." People were supported by staff who respected their privacy and dignity. Staff relationships with the people they assisted continued to be caring and reassuring. Care staff were kept up to date with changes in people's health and spoke respectfully about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing.

Staff received training at the start and throughout their employment to ensure they had the skills to provide effective care. Staff said they were well supported by the manager and the providers. The registered manager and care staff worked well with community health professionals to ensure people received effective care. Referrals were appropriately made to health care services when people's needs changed.

People's care needs were regularly reviewed. Risk assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in. People's nutritional needs were met, and people socialised as they ate their meal in an unrushed atmosphere.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Information was in place to ensure people's legal rights were protected.

There were systems in place which enabled the registered manager and the providers to monitor the quality of care. For example, through regular reviews, surveys, meetings and observations of staff practice. Feedback from people using the service and quality assurance records showed this approach had been effective. For example, "I can't fault this place" and "They treat you very well here."

Rating at last inspection (and update):
The last rating for this service was Good (published). At this inspection, the rating remained the same.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Summerleaze Residential Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Summerleaze Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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.

What we did: Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with 11 people living at the home, three relatives, five staff members and the registered manager. Some people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully. We also gathered positive feedback from three health professionals.

We reviewed three people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
•□Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse. Actions by the registered manager highlighted they knew when to raise safeguarding concerns. They had shown a strong commitment to protecting people in their care.
•□People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People said they felt safe, for example, "Absolutely. Medically, particularly. I didn't like being alone at night. I can lock my bedroom door if I want to – I do sometimes – and I feel safe. It's a very big thing."
•□There was CCTV in communal areas, which only the registered manager and the providers could view. If a person fell, the footage was reviewed to see if the harm could have been avoidable, so steps could be taken to reduce a reoccurrence. People were made aware of the system when they moved in, both verbally and in writing. People were unconcerned by its presence and staff said they thought it was a good idea.

Using medicines safely
•□People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines.
•□Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe.
•□Medicines were held securely, including medicines requiring extra security.
•□People said their medicines were given on time, for example "They come and say it's time for my pill…I know what time they come. They have never come late… I take it while they are there, with water."

Preventing and controlling infection
•□Good infection control practice was in place. This helped maintain a clean and odour free environment. Visitors and people living at the home commented on the cleanliness of the home.
•□Minutes from meetings showed staff were reminded to maintain good hygiene standards to help prevent cross infection. Staff were seen regularly applying hand gel which was available throughout the home.

Assessing risk, safety monitoring and management
•□Assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise this occurring. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for

example malnutrition. People's weights were monitored.

•□Some staff were taking on new roles in care planning and risk assessing and they were still learning how to review a new electronic care planning system. While the registered manager was on annual leave, a discrepancy linked to one person's weight had not been acted upon. This issue was addressed during the inspection and on the second day of inspection the person's records were up to date, equipment had been checked and the outcome showed their weight had been stable.

•□Staff could explain potential risks to people's well-being and knew what action was needed to reduce the risk. For example, ensuring pressure relieving equipment was working effectively.

•□Staff answered call bells promptly and took time to engage with people as they walked around the home. People and their relatives said care workers had time to do their job properly. People said, "There's a call button you can call for help. I do use it. I dress so far and then I need help with my socks, so I press the bell for help. It works. They come."

•□During the inspection, action was taken to replace three individual ensuite showers to ensure the hot water ran at the HSE recommended level. Environmental checks took place regularly to help protect people from scalds from hot water or burns from radiators. People said risks were well managed, for example "They check the fire alarms every Thursday. They adhere to the rules here, the windows and the doors. They keep an eye on people."

Staffing and recruitment

•□People benefited from a conscientious staff team who knew them well and could meet their current care needs.

•□Staff recognised the importance of team work to provide consistent and safe care, which was evident by their practice and responding to people's emotional and physical needs.

•□Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people. The registered manager took action to address a discrepancy on one staff member's file during the inspection.

Learning lessons when things go wrong

•□Accidents and incidents were reported, investigated and monitored for themes and patterns.

•□Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

Staff support: induction, training, skills and experience
•□People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. Staff said they would recommend working at the service. Visitors commented on the professionalism of staff.
•□People looked relaxed and at ease with staff. Staff spoke confidently about how they supported people and understood how they contributed to people's health and wellbeing. A person said, "They are well trained. They talk. They give me confidence."
•□Training was provided in different formats to suit different styles of learning, which included courses from external sources such as health care teams including the speech and language team. The registered manager had arranged for staff to attend training on oral health care.
•□General training topics included safeguarding, infection control, medicine awareness and food hygiene. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications.
•□New staff were paired with an experienced staff member. There was a planned induction process, the registered manager said they would review this to ensure it captured all of the elements contained in the Care Certificate. Their policy was to generally only employ staff with a background in care.

Supporting people to eat and drink enough to maintain a balanced diet
•□People's nutritional needs were met. Care plans held information about their dietary needs, including likes and dislikes. For example, one person did not like the main option so was served calamari instead. Staff served the main meal in the dining room, which enabled them to gain feedback.
•□Individual table menus were being updated; people said if they did not like the main course they could request an alternative. Based on our feedback from two lunchtimes, the registered manager said they would remind staff to ensure people knew what dish was being served to them.
•□Staff recognised when people's physical health needs changed and impacted on their swallowing. They requested speech and language health professionals to assess how people should be supported to eat and drink safely.
•□People ate in a leisurely manner without being rushed. Some used equipment to help them eat independently, for example the provision of a plate guide.

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

healthier lives, access healthcare services and support

- Staff were quick to recognise changes in people's health and request an external assessment or review. Care records showed staff at the home worked closely with health professionals, following their advice and ensuring appropriate equipment was in place.
- Records of routine medical, dental, eye checks and other important appointments showed staff worked with a range of community professionals to maintain and promote people's health. Oral health care assessments were completed to ensure staff knew what level of assistance people needed.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Staff asked for people's consent before they received care or support.
- A new electronic care planning system had been installed. The registered manager was in the process of requesting a format for people to sign to show they agreed with the content of the care plan. People said they had been involved in the process of assessing their care needs.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;
Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Our observations and conversations with staff provided many examples of their commitment to supporting people in their preferred manner and respecting their privacy.
- Our discussions with the registered manager demonstrated their empathy towards the people using the service. They provided a positive role model to the staff group. The registered manager helped nurture the strengths of each staff member and staff said they felt valued. This respectful approach then influenced how staff members treated the people they supported.
- People's views were respected, for example one person preferred personal care from female care workers and this was provided.
- Staff relationships with people using the service were caring and supportive. A number of people valued their independence and were pleased staff recognised this was important to them. This meant people still felt in control. For example, "I am independent. I like to be independent. I tell them 'I can do that'. They accept I can do it myself."
- People were treated as individuals, and we saw many examples of good staff practice throughout the inspection. This meant people were relaxed and at ease. The atmosphere was welcoming.
- Relatives said they valued the emotional support provided by the staff who recognised they were often struggling to come to terms with their spouse or relative moving into a care home. They particularly praised the registered manager for her helpfulness and her kindness.
- Staff described supporting people to maintain their dignity by ensuring their clothes were looked after, and supporting them with their appearance. A hairdresser regularly visited the service. People's conversations with staff showed they appreciated this visit and enjoyed having their hair done.
- In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who used the service.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good.

Good: This meant 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 received personalised care and support specific to their needs and preferences. Staff members' conversations with people showed they knew them well and what topics would interest them. For example, one person only socialised when children from a local nursery or school visited; the registered manager commented on the positive impact on the person's well-being during these visits.
•□Many people said they preferred their own company, which was respected by staff. For example, "I am not very sociable I suppose. I do puzzles and watch TV. I read." A relative said staff continued to encourage his mother to join in any activities but respected her choice when she did not want to attend.
•□Staff, including the activities co-ordinator, said they visited people in their room and gave them the opportunity to chat or complete a hobby/interest on a 1-1 basis.
•□However, some people regularly participated in group activities, including quizzes. A group met after lunch to play cards or board games. Social events information ensured people were aware of what was happening in the home. For example, "We have a list of each day of the week. Something happens each day. Yesterday there was a quiz up here [sitting room]. There's no pressure, but we are encouraged." Research into the positive impact of music into people's well-being had led to staff and the registered manager considering how they could incorporate music further into the life of the home.
•□Assessments of people's needs were carried out before they came to live at the service. These were used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met. Our discussions with staff showed they knew individuals well.
•□As part of staff development, seniors were taking a more active role in care planning, including reviews. This was a new role. During the inspection, the registered manager identified staff needed further support to make reviews meaningful. They immediately began to address this with staff and took action to update one care plan, where the person's care needs had deteriorated quickly.
•□There was good communication between care staff through verbal and written handovers. Staff said the registered manager and senior staff kept them up to date about changes to people's care.

End of life care and support
•□At the time of the inspection, nobody was receiving end of life care but there was recognition that one person's health was deteriorating and changes to their care had been instigated. For example. putting pressure relieving equipment in place. Health professionals said, "Staff respond quickly to changes in their client's wellbeing and deliver thoughtful and effective care…"
•□In conversations with staff, they showed a commitment to making people feel safe and comfortable in their final days. We met with a person who said the care of their relative, who had died six months

previously, was "exceptional." They gave examples, such as staff offering different small pots of food to try and tempt their relative to eat. They said the skills of night staff gave them confidence and reassured them. They appreciated they could spend time with their relative after they died "to say their goodbyes", which helped with their loss.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Care records contained communication plans explaining how each person communicated to ensure staff gave people time to respond. They checked people understood them.

Improving care quality in response to complaints or concerns
• Information relating to how to make a complaint was readily available. At the time of our inspection the registered manager had no ongoing complaints. People had her office phone number, so they could ring her direct to share concerns or request a meeting. This was particularly useful for people who were less mobile or chose to spend their time in their own room.
• People were confident if they ever had any concerns these would be dealt with and addressed by the registered manager.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well run by the registered manager. 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.
- Staff said there was good teamwork and they were supported by their colleagues and the registered manager. People living at the home described the registered manager as "great" and "approachable." A visitor said how helpful the registered manager had been to them and their relative.
- There was an open and friendly culture; people felt welcomed. The registered manager was visible around the home and people knew her and chatted to her; relatives felt able to drop into her office for a chat. Staff said they were well supported through training and supervision; they felt valued.
- Relatives commented all staff had a helpful and caring approach, which meant they were kept up to date with their relative or friend's well-being.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager valued and recognised the commitment, kindness and reliability of the care staff.
- During the inspection, verbal and written feedback from people using the service and quality assurance records confirmed improvements to the running of the service.
- Staff had the necessary skills to meet the range of needs of people who received care from the service. Training was well managed to ensure staff had their skills updated to complete their work safely and with a caring attitude.
- The registered manager was aware when to notify the Care Quality Commission. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service's previous rating and report was clearly displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Our conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that

protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

• The service worked with health and social care professionals to meet people's specific needs. Staff described a good working relationship with the community nursing team and other health professionals. Care records showed this positive relationship had benefited the people living at the home. For example, guidance and advice being followed.