HC-One Oval Limited

Summerhill Care Home

Inspection report

East View
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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

The inspection took place on 30 January 2018 and was unannounced. This meant the service did not know we were coming. This was the first inspection since the service registered with their new provider HC-One Oval Limited on 3 February 2017. During this inspection we found the service was meeting the requirements of the current legislation.

Summerhill 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.

Summerhill Care Home accommodates up to 71 people across four separate units on two floors, Buttermere, Windermere, Grasmere and Thirlmere, each of which had separate facilities. Buttermere specialised in general nursing care, Windermere specialised in nursing care of people living with dementia, Grasmere specialised in high dependency personal care with mental health needs and Thirlmere specialised in people with personal care needs only.

The service had a registered manager in post at the time of our inspection. 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.

Records had been completed in relation to medicines management and people we spoke with told us they were happy with how their medicines were managed.

Staff we spoke with understood the appropriate procedures to take when dealing with any abuse allegations. Records we looked at confirmed the actions taken as a result of any allegations of abuse as well as any lessons learned.

Safe recruitment procedures were in place. Relevant checks had been completed. Staffing levels supported the safe delivery of care to people who used the service. Staff we spoke with confirmed they had received training that supported them to fulfil their role effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

We saw a positive dining experience was provided to people who used the service. Meals were varied and choices were seen.

It was clear people were happy with their care. Staff were observed treating people with dignity and respect and ensuring their privacy was maintained. Records contained information in them about how to ensure

people were supported with their communication.

Care files were detailed and reflected people's individual needs, choices and likes. People told us they had been involved in reviews about their care.

Systems to deal with complaints were in place. People who used the service and their relatives told us they knew the procedure to raise any concerns.

We received complimentary feedback about the registered manager. It was clear the registered manager had oversight of the service and was working to ensure a smooth transition with the new provider.

Comprehensive and detailed audits were taking place that ensured the home was safe and monitored for people to live in. Records included any actions required as a result of the findings.

Team meetings were completed regularly we saw records of minutes from the meetings. Positive feedback about the quality of the service was seen.

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.

Medicines were managed safely in the home. People we spoke with said they were happy with their medicines.

Staff we spoke with understood the appropriate procedures to take when dealing with allegations of abuse.

Safe recruitment procedures were in place. Relevant checks had been completed. Staffing levels supported the safe delivery of care to people who used the service.

Is the service effective?

Good

The service was effective.

Relevant capacity assessment had been completed and applications had been submitted to the relevant authorities.

We saw a positive dining experience was provided to people who used the service. Meals were varied and choices were seen.

The building was purpose built and all of the units in the home had lounge, dining and bathroom facilities available to people who used the service.

Is the service caring?

Good

The service was caring.

People we spoke with were happy with the care they received and told us staff treated them with dignity and respect.

People told us and records confirmed they had been involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care files were detailed and reflected people's individual needs,

choices and likes. People told us they had been involved in reviews about their care.

We saw systems had been developed using technology to review audits and quality monitoring.

Activities were varied and were tailored around people's individual likes and choices.

Is the service well-led?

Good

The service was well-led.

We received complimentary feedback about the registered manager.

Comprehensive and detailed audits were taking place that ensured the home was safe and monitored for people to live in.

Team meetings were completed regularly we saw records of minutes from the meetings.

Summerhill Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was unannounced. The inspection was undertaken by three adult social care inspectors, a pharmacist specialist advisor and a nurse specialist in dementia care. The team was also supported by two experts by experience. One had experience in dementia and older people and the other had experience in dementia, older people and physical and sensory impairment. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the information we held about the service. This included feedback, compliments or complaints as well as statutory notifications that the provider is required to send to us by law. We used a planning tool to collate all this evidence and information prior to visiting the home. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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. We took this into account when we inspected the service and made the judgements in this report.

To understand the experiences of people who used the service we undertook observations in all four units in the home. We also 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 talk with us. We undertook a tour of all of the communal areas of the home and spoke with nine people who used the service, ten family members and obtained feedback from one professional.

We looked at a number of different records relating to the management of the home. These included seven care files, seven staff records, training records, duty rotas, audits, meeting minutes and information relating the monitoring of the service. We also spoke with five care staff, one activities co-ordinator, and three ancillary staff as well as one nurse, the clinical services manager and the registered manager.

Good

Is the service safe?

Our findings

Most people who used the service and relatives told us they were happy with the way their medicines were managed. They told us, "Yes and the doctor always asks me if everything is alright", "I have never felt the need to discuss them" and "Yes I am taking a lot." However one person told us. "I would like to see my list of medications." All people told us they received their medicines on time. Examples of comments included, "Always on time" and "More or less on time. Yes, I need to take paracetamol and I usually receive that in time."

We looked at the support arrangements in place from the dispensing pharmacy. Whilst we saw a contract was in place with a pharmacy for the supply of medicines there was no regular visits undertaken by a pharmacist. We also saw some improvements were required in relation to medicine guidance provided by the pharmacy in relation to the physical description of the medicines people were prescribed to enable easy identification. The service confirmed they would discuss this with the pharmacy to ensure staff had the required information about people's medicines.

All people who used the service had a medicines administration chart which included a photograph and identification of allergy status. Administration was recorded and codes were used to record any reasons for non-administration. We also saw supplementary files in people's rooms to record the administration of creams and dietary thickeners where they were required. Where we saw two containers of thickening agents were not in lockable storage staff responded immediately to ensure these were safely stored away. During our observations we saw appropriate advice on people's bedroom doors where oxygen had been prescribed and creams were stored appropriately.

We saw that when staff were undertaking medicines rounds a do-not-disturb sash was used to ensure staff were provided time to administer medicines to people safely. We observed medicines rounds in the home. Whilst safe practice was taking place; where staff administered medicines from the treatment room this prolonged the time taken to administer people's medicines. Staff we spoke with confirmed they would review this procedure to ensure people received their medicines in a timely manner.

Records were kept of the ordering, receipt, administration, disposal, changes to prescribing of medicines and if a resident took their medicines out of the home. Medicines including controlled drugs were stored safely and securely within appropriate cabinets, fridges and trolleys in treatment rooms. The temperature of the fridges was monitored daily. Patient information leaflets, alerts notices and up to date reference books were available in the treatment rooms. All staff had received training on the handling of medicines at induction. Staff who were responsible for administration received additional training and had an annual competency check.

We saw protocols for the administration of 'when required' medicines detailing when and how to administer these. Daily records were used to record their administration and the amount administered when a variable dose was prescribed. Where homely remedies were required we saw these had been stored safely and their administration had been recorded. We saw GP's were involved if repeated requests had been made for

homely remedies however we could not see that any pre-authorisation prescribing had been obtained for homely remedies. We discussed this with the service who confirmed they would review this process. We saw that regular audits were in place to confirm that medicines were being handled in accordance with policies and procedures and that any issues identified and the action taken was recorded. One of the weekly audits though had not identified that some of the drug round checklists had not been completed and that several alterations to the medicines administration records had not been initialled. This was discussed with the registered manager who said that they would speak to the member of staff who had completed the audit.

People who used the service and visiting relatives told us they felt people were safe in the home. Examples of comments included, "Yes I do feel safe here. I know if I have any problems they will come", "Yes I would rather be here than at home on my own", "Yes, I do feel safe" and "Safety here is good." Relatives told us, "Yes she is alright here", "The environment is safe, secure, they are well fed and there is a really nice atmosphere", "I believe she is, she can't get out, there is plenty of staff and they know her requirements", "I feel my [name] is extremely safe" and "They are very careful keeping an eye on everyone and aware of family circumstances."

Staff we spoke with demonstrated their understanding of abuse and the appropriate actions to take if abuse was suspected. They told us, "I would report any concerns to [the clinical services manager]", "I would report it [concerns] to a senior" and "I would report any concerns to the manager. They are available 24 hours a day seven days a week." Policies and guidance were available to support staff in ensuring people were protected from abuse well as the measures to take if abuse was suspected. Training records we looked at confirmed staff had undertaken safeguarding training and the staff we spoke with told us they had undertaken training to provide them with the knowledge and skills of safeguarding and how to protect people from abuse.

Systems to record and investigate allegations of abuse were in place. All safeguarding allegations were recorded on a monthly tracker that would assist the monitoring of investigations to ensure these were conducted in a timely manner. There was evidence of completed records that confirmed investigations had taken place as well as actions recorded. This would promote improvements and lessons learned in the delivery of care. Where appropriate relevant referrals had been made to the relevant authorities and statutory notifications had been submitted to the Care Quality Commission in a timely manner.

Safe systems were in place to manage risks. Care records we looked at identified good evidence of completed individual risk assessments. These included falls, pressure areas and malnutrition. Records confirmed that risks had been reviewed monthly by the named nurse. Where high risks had been identified relevant interventions were implemented to protect people from future risk. An example of this was pressure relieving equipment to reduce the risk of people developing pressure ulcers.

Comprehensive and detailed environmental risk assessments had been completed regularly and where actions were required to ensure any potential or actual risk had been identified these had been acted upon. These included portable appliance testing, electrical and gas safety. Audits included the laundry, outside space, window checks, emergency lighting, nurse call bells, bed rails, water and temperature checks. Where actions were required we saw some records had evidence of these however not all had been completed. We spoke with the registered manager about this who gave assurance that any actions would be recorded as completed once they had been done. This would assist in identifying any gaps or issues and reflect on any lessons learned.

Systems to record and act on incidents and accidents was in place. Records we looked at confirmed the appropriate actions that had been taken as a result of any accidents or incidents. We saw a new system that was being implemented to record incidents and accidents onto a computer database. The clinical services

manager told us this would support analysis of the incidents, any themes or trends as well as any lessons learned that would reduce any future risks.

Fire risk assessments and essential checks on fire equipment and alarms had been completed regularly. We saw regular fire drills had been undertaken which included names of attendees and the dates these had been completed. This would ensure staff demonstrated their understanding of how to safely evacuate the building in the event of an emergency. The home had a completed fire emergency folder which had details of all people's needs and personal evacuation plans that would support the emergency services if required in an emergency. Business contingency plans had been completed that provided staff with relevant information about how to deal with specific emergencies in the home. During our inspection we saw the registered manager took appropriate actions to act on an unusual smell in one of the units in the home. This ensured people who used the service were kept safe in the environment they lived in.

We looked around the home and saw all areas were clean and tidy. These included communal areas, bathrooms, the laundry and the kitchen. Access doors to the kitchen and laundry area in the home was closed. Guidance on these doors advised this was a 'staff only area'. Relevant and regular checks had been completed that confirmed cleaning duties had been done. We saw ancillary staff undertaking their duties. Cleaning equipment was appropriately stored in trolleys and locked when not in use. We saw plenty of supplies of personal protective equipment available for staff and we saw staff making use of these during our inspection. Polices and guidance was available to staff and we saw training records that confirmed the majority of staff had undertaken the relevant training in infection control. This would ensure people who used the service, staff and visitors were protected for the risks associated with infection.

The feedback from people who used the used and visitors to the home confirmed they felt there was enough staff to meet people's needs. Comments included, "I feel staff are chosen for respectability and there is no one who is untoward" and "There would be someone come if I wanted them", "Yes there is always someone there" and "There generally is, there is always someone around to help with things." However others told us, "Yes but they are short staffed at the moment", "I don't think there is enough staff to run the place. Even the staff have admitted to me that there is not enough of them to do what they want to do" and "Mostly, absolutely, the odd weekend numbers are down." Relatives told us regular staff were seen when they visited the home. They said, "There is a continuity of staff, one has been here since [name] was admitted" and "Yes very much on the whole."

Staff we spoke with told us they had enough staff to undertake their role safely. They said, "Yes we manage fine" and "Yes we can share across the units but the team usually help you. We keep the same staff for service users [people who used the service]." We undertook observations in all of the units in the home and saw staff supporting people in an unrushed manner. Nurse call bells were answered promptly that would ensure people received timely intervention and support with their needs.

Duty rotas were completed for each unit which identified the allocation of staff for each shift. We saw records that confirmed dependency assessments were completed weekly. These took into account people's individual needs, staff training, leave and sickness. This would ensure relevant numbers of staff were in place to ensure people's needs would be met by enough staff in the home.

Systems were in place that demonstrated safe recruitment procedures were in place that ensured only people suitable for their role were employed. Staff records had evidence of completed application forms as well as interview records and receipt of references from previous employers. Relevant records that confirmed people's identity was seen along with, professional registrations and Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent

unsuitable people from working with those who used care and support services.

Good

Is the service effective?

Our findings

People who used the service we spoke with told us they thought staff had the knowledge and skills to deliver effective care. Comments included, "The staff seem competent, work in teams and work well with the residents and they are always careful when using hoists", "Yes, they seem to know what they are doing", "I would say on the whole yes, I think so", "Yes. They always answer every question we have satisfactorily", "They are very good. Most go the extra bit so I have been very lucky", "It is quite a specialist knowledge and I believe they do know what they are doing."

Staff told us they had undertaken training that was relevant to the role for which they were employed. They said, "I have had regular training and they do regular knowledge checks", "All of the training is face to face. Additional training is available diabetes, dementia training for example. Knowledge checks are done for staff. If they don't pass they have to complete additional training" and "I have done regular training. I have done a recent moving and handling refresher training." Staff files and training records we looked at confirmed staff had received relevant training relevant to their roles. We saw records that confirmed appropriate knowledge checks were completed regularly. These confirmed staff had the knowledge and skills to deliver effective care to people who used the service. Training included basic food hygiene, emergency procedures, care of a person with dementia, moving and handling pressure ulcers, bedrails and health and safety.

New staff had undertaken an induction programmes which had been signed and dated when they had been completed. Where risk assessments were required to ensure staff were safely recruited we saw records had been completed to confirm the relevant checks had been done. Staff we spoke with confirmed they received supervision regularly from the senior team and management. They told us, "Yes [I have had supervision] I can speak to the manager anytime." Supervision records we looked at confirmed regular supervision was taking place. Where concerns about staff practice had been identified additional supervisions had been completed and included references to lessons that had been learned as a result.

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).

During this inspection 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.

Care files we looked at confirmed relevant assessments had been completed where they were relevant.

Detailed mental capacity assessments were in place. Where concerns about people's capacity had been identified relevant best interests meetings had been held and documented in full. Records confirmed DoLS applications had been submitted to the relevant assessing authority. This would ensure people who used the service were not subject to unlawful restrictions.

People who used the service and relatives we spoke with told us they had been involved in and had agreed to their care. Comments included "Yes indeed" and "Yes when they come in they say 'hello' and ask if it is okay to carry out their duties." However one person told us, "I don't think I have ever been asked." Some of the care files demonstrated people had signed and agreed to their plans of care but not all had confirmation that people had agreed to their care. Where people were unable to consent to their care for example the use of bedrails. We saw best interest's assessments had been completed and agreement had been sought and documented from their nearest relative where possible.

During our observations we saw staff speaking politely to people and asking permission before they undertook any activity or tasks. Staff were observed knocking on people's bedroom doors and waiting for permission to be invited in before entering. The provider had up to date policies that guided staff on consent on how to support people who used the service ensuring consent was obtained and understood for any activity of task.

We asked people who used the service and relatives about the food on offer in the home. Most people said the food was good. They said there was more than enough to eat. Comments included, "I do enjoy the meals. There is a lovely choice and I always have plenty of drink on my table", "I do enjoy the meals and you have a good choice", "The meals are very good" and "My [name] is a vegetarian but they do cater for his needs. There is a special menu for [name] so there is a good choice and they keep him well hydrated." However a relative said, "The food is appalling. My [name] tends to eat mostly sandwiches."

We observed the meal time experience in several areas of the home both at breakfast and lunchtime. The food served to people looked fresh and appetising. Tables were nicely set with table cloths, crockery, cutlery and flowers. We saw staff engaging positively with people supporting them eat their meals in a time and pace of their choosing. Whilst we saw the lunch time experience was positive and no one was rushed with their meals one of the units took a long time to serve food to people. Food was provided to people according to their likes needs and choices as well as any professional guidance where it was required. Positive and caring interactions were seen where staff provided people with choices of meals available to them. Menus were on display in all of the units in the home and contained details of the choice available to people.

We looked in the kitchen and saw plenty of supplies of fresh, frozen and dried foods available. We saw food was prepared with fresh ingredients for example fishcakes on the day of our inspection were made fresh for lunch. Relevant cleaning and temperature checks had been completed that would ensure food was prepared and served to people was checked and safe for them to eat. We saw a rolling menu was in place which included choices of meals at service. The chef told us special diets were accommodated for and people were able to choose any meal and this would be accommodated. The home had developed a two week vegetarian menu for people to choose from if they so wished.

Records contained details of completed assessments in relation to the dietary needs. Where people required referrals to a specialist for example dieticians and speech and language therapy we saw these had been completed. Care plans were in place and had evidence of people's likes and choices in relation to their meals and how to support them safely.

People who used the service and their relatives told us staff responded appropriately if they were unwell and that their health needs were being met. They said, "A nurse would come in and take over and if necessary call a doctor", "Yes they know, I would not have to tell them", "Yes I think so they treat me very well" and "Yes they are they look after me properly." Relatives confirmed they were kept informed of their family members conditions and people were supported to maintain their health. "I am kept up to date as I am here every day but if anything happens when I am not here I get a phone call", "As soon as I come in they tell me how my [name] is", "If the staff pick up that my mother is not well they phone me straight away" and "Yes by telephone and they speak to me when I visit."

It was clear where people required; health professionals had been involved in assessments and reviews of their individual needs. Care files contained information about the involvement of professionals for example where concerns had raised about pressure area management specialist nurses had been involved to ensure up to date and relevant guidance was available to meet people's individual needs. This would promote positive health outcomes for people. Care records contained personal information in them which included any relevant medical history along with the details of the General Practitioner. We saw two visiting General Practitioners during out inspection. This confirmed people had access to health reviews where they had any changes in their condition.

The home was a purpose built building and all of the units were nicely decorated and had lounge, dining and bathroom facilities for people to access. With permission we looked in some people's bedrooms and saw these had been personalised with mementos and photographs of their choosing. This promoted a feeling of home for people who used the service. All of the bedrooms were ensuite and memory boxes had been developed for people outside their bedrooms. We saw the home had developed a record that had important information about them next to their memory boxes. Examples of these were people's previous employment, animals, friends, family and favourite pastimes. This would support conversations and activities that people enjoyed and were able to associate with. All of the units had access to books, CD's and DVD's as well as board games. Areas had appropriate signage and bedroom doors had information to support people to identify their own rooms easily.

During our walk around we saw all areas of the home were clean, tidy and warm. Corridors were wide and had handrails to support people to move around the home safely. The home was over two floors and a lift was available to people whose mobility was limited. We saw evacuation sheets available for people with limited mobility to use in the event of an evacuation.

Good

Is the service caring?

Our findings

We received very positive comments about the care people received in the home. People who used the service and relatives told us, "It's a great relief to my family to know I am being looked after", "All my needs are met and questions answered", "Extremely happy", "Yes we are. I can only say what we see when we are here" and "Yes I think [name] does." We observed visitors could visit their relatives in the privacy of their bedroom if they chose to. People told us they were always made to feel welcome and could visit at a time of their choosing. They said they had, "No restrictions whatsoever", "My family can come any time", "I am here every lunch time for at least two hours" and "There are no restrictions for me. I am here three to four times a week." It was clear from our observations that visitors were welcome and encouraged to visit the home.

Staff we spoke with understood the importance of ensuring people received good care. They said they provided, "Excellent care. High standards are provided", "Everyone had their own likes and dislikes" and "I always tell people [who used the service] what I am doing before doing it." Throughout our inspection we observed kind and caring interactions between people who used the service and staff. Conversations were tailored around people's likes and needs and it was clear staff understood people's needs well. All of the people we saw were well groomed and clothing was appropriate for their surroundings and the time of year.

All of the people we spoke with told us they were treated with dignity and respect and their privacy was maintained by staff. Comments included, "Yes they knock on my door and keep curtains closed", "They are very respectful. They do treat everyone with respect. They even keep an eye out for the quiet ones", "On the whole; yes. Sometimes I feel the need to ask if the door is closed and it usually is" and "They are exceptionally kind and affectionate. The staff are also very caring for each other; which is nice to see." Relatives told us, "Yes, I have to wait outside whilst [name] receives treatment. They always knock before entering", "Yes, they do respect people's privacy", "Without a doubt they are empathetic" and "I think they have quite a high degree of compassion."

We saw people who used the service were treated with dignity and respect and their privacy was maintained at all times. It was clear from the chatter and banter in all areas of the home that staff knew people's needs well and people were comfortable in the company of the staff team. Light-hearted conversations were seen taking place between people and staff. Staff were seen addressing people in a respectful manner, using their first names. Kind interactions were observed for example when staff spoke with people they did so at eye level offering a reassuring touch on the arm or hand where appropriate. Where people required any personal care or intervention we saw this was undertaken in the privacy of their bedrooms or bathrooms. Staff had access to policies and guidance that supported them in ensuring people's privacy and dignity was maintained.

All of the records we looked at had information in them that which included how to support people in communicating and involving them in conversations. The home had signage on display to support people's understanding of the environment for which they lived in. Care files had records to guide staff on how to ensure people were supported with their individual communication needs. Records related to people's use

of glasses and hearing aids where appropriate. We observed people who used the service had glasses and aids to their disposal where they were required.

During our observations we saw people who used the services equality, diversity and human rights were protected. People were seen being treated as equals in their care and their choices and preferences were respected. Staff understood the importance of ensuring people's choices and needs were maintained. They said, "If a lady prefers a female carer for a bath for example we always make sure [we have one]" and "We treat people as individuals. Always like I would want to be treated." Training was available, which provided staff with the knowledge to understand how to ensure people's equality, diversity and human rights were protected.

Observations during our inspection confirmed people who used the service were supported to maintain their independence. Staff were observed involving people in decisions and choices of activities they were planning. Where activities were provided we saw people responding positively and taking part in them. Staff were seen offering encouragement to one person to eat their breakfast. We saw conversations between people and staff were light heated and staff were heard talking about the local area which people clearly enjoyed taking part in and could relate to. Care files contained individualised records which demonstrated people who used the service had been involved in decisions and choices in relation to the care provided by the home.

We asked about how people were able to access the support of advocacy services to support people with decisions. Staff we spoke with told us any people who used the services would be referred to the registered manager or clinical services manager for referral to advocacy services. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they knew who to go to if they had any concerns or complaints. They told us, "I would speak up but I have never had to", "I did raise concerns to a nurse she listens to me", "I would just ask the staff", "I would try to find someone higher up" and "I could complain to any of them." However not all people knew how to complain. One person told us, "No I wouldn't know who to speak to." Relatives told us, "I don't have any worries. I have raised a concern and the home was very pro-active in sorting it out.", "No concerns. We did have a concern once that [names] call button was not working but that was sorted out quickly." However one relative said, "My only concern is the management, they are unapproachable. I have raised a concern over management and they did sort it out to my satisfaction."

Systems were in place to record, investigate and act on any complaints or concerns. Records were looked at confirmed any actions taken as a result of any complaints. We saw positive feedback on display in the home. Examples seen were, "The care provided is excellent" and "My [name] has been very well cared for."

People who used the service and relatives told us they were happy with the care they received and that they had been involved in the development and some reviews of their care files. Comments included, "I have agreed my care plan", "We have agreed my [name] care plan and we review it regularly", "I have agreed my [names] care plan but we have never reviewed it" and "Yes I have a copy in my room." Staff we spoke with told us about the importance of care plans on supporting the delivery of care to people. Comments included, "When anything changes we do a new care plan."

All of the care files we looked at provided the relevant information in them to guide staff about people. Areas covered included all areas of daily living for example; senses and communication, choices and decisions, lifestyle, mobility and mental health and wellbeing. The care plans were clear and easy to follow. Although there were numerous plans which at times seemed repetitive, and it could be difficult to find specific plans. There was evidence of completed risk assessments that supported people to manage their identified risks safely. This would ensure records reflected people's current and individual needs. Evidence of regular reviews were seen but not all records confirmed people who used the service had been involved in their reviews.

Daily records were in place and recorded all of the information about people's day, personal care, food and fluids and activities undertaken. One of the care files we looked at had information relating to a personal care intervention. We spoke with the staff member responsible for the entry who agreed the wording of the record could be interpreted in other ways. We discussed this with the registered manager who told us they would ensure all staff were aware of the importance of accurate record keeping.

We asked about how the home supported people to received good end of life care at the home. We saw records relating to Do Not Attempt Resuscitation (DNAR). It was clear that these DNAR plans had been discussed in full with the family and relevant members of the wider professional team. Care files we looked at had information in them about people's future plans and decisions about how they wish to spend their final days. Records recorded the involvement of family members where appropriate. This ensured people's

wishes and preferences were recognised and supported.

People who used the service told us they were provided with activities of their choosing to take part in. They told us, "Yes if there is anything going on they will ask me if I want to join in", "I mainly do my jigsaws", "It is up to me to choose", "I don't go to many. I am never forced to do anything" and "One day someone was singing so they took me." Relatives were aware of the activities programme in the home and where the details of planned activities were recorded. They said, "I have seen the notice board so am aware of the activities" "I am aware of the activities. My [name] was at one this morning" and "My [name] is always chatting about the different things they do."

There was detailed and comprehensive activities programme in place in the home. It was clear from our observations that the staff and activity team were passionate about ensuring people had access to activities of their choosing. Notice boards were on display in all areas of the home which detailed the planned programme of activities for people. Activities included, Robert Burns' theme night, library book sessions, baking, word searches, what's the news, music quiz, painting and film afternoons. During our inspection we saw the men's group and ladies circle undertaking activities as well as a variety of other activities taking place. Care files we looked at had information in them about the activities they had taken part in. However not all of the records had been completed in full reflecting what activities they had undertaken.

We spoke with the activities co-ordinator who told us they accessed on line applications to vary the programme of activities tailored around people's choice and abilities. They said, "We use online word searches in large print as well as a piano app for people. I am looking at downloading photographs of Kendal in the past that I can put onto a large screen share with people."

The home had internet access in all areas of the home and staff and people were able to access online services when they wished. Systems had been established using computer programmes that would aid in audits and monitoring of the service.

Good

Is the service well-led?

Our findings

The feedback about the leadership and management of the service was mostly. The majority of people told us the registered manager was visible in the home it was evidence she had a good understanding about the management and oversight in the home. Comments included the registered manager has, "Definitely high standards", "I think they do set high standards", "There are high standards here and I think [registered manager] is instrumental in that. Others said, "She is always walking past", "We always see the manager when we walk in, and she is always there when we leave", "The manager is always around and speaks to me every day", "Yes she was very helpful when I needed to find places for [names] but I don't have much contact now" and "Yes I think she does a good job."

However one person told us, "The staff work to high standards anyway but I do not think the management know what is going on from day to day. They need 'hands on' experience."

Staff provided positive feedback about the leadership and management of the home. They told us "I really enjoy working here. I have a good team. I feel well supported." They said the registered manager is, "Good, I love working here", "Great she is always around. It is a rewarding job I love coming to work" and "She is always about. [Clinical services manager] is here every day. When she is not here I would see [registered manager]." However one person said of the registered manager, "A little bit of praise would go a long way."

The service was led by a manager who was registered with the Care Quality Commission. The registered manager took responsibility for the day to day operation and oversight of the service. It was evident that she had the appropriate knowledge, skills and understood the needs of people living in the home and the operation and running of the service. Throughout our inspection all members of staff were supportive of the process and the registered manager demonstrated the open and transparent culture of the home.

Systems were in place to ensure the home was monitored and audits had been completed that ensured it was safe for people to live in. Audits included care plans, night visits, nutrition and catering, equipment, medicines and the environment. We saw records that confirmed analysis of findings was taking place that ensured any actions required and lessons learned were identified and shared with the staff. This supported a monitored and safe environment to people to live in.

We asked about the future plans in the home. All of the staff we spoke with told us the transition to the new provider had little effect on their ability to continue to deliver good care. The registered manager told us the priority at present was to embed the changes as a result of the new provider for the service. There was a home improvement plan in place that recorded any future plans for the home going forward.

Staff had access to up to date policies and guidance to support all aspect of care and management in the home. Relevant certificates relating to the homes registration was on display in the entrance hall. This included the registered managers registration, the providers registration and employers liability. Where required the home submitted relevant statutory notifications to the Care Quality Commission in a timely manner. Statutory notifications are information providers are required to send to us by law. This

demonstrated that the home was open and transparent about their operation and oversight.

Staff told us regular team meetings took place which provided them with the opportunity to receive updates and share their views with the management. Dates of planned team meetings were on display. We saw a number of records that confirmed regular meetings took place. These included a weekly clinical risk meeting, night staff meetings, and team meetings. Minutes from the meetings included date of these and attendees. Topics covered as part of the meeting recorded included, training, absence and holidays, safeguarding, incidents, health and safety resident involvement and financial overview.

Record of minutes from resident meetings were seen which included topics discussed as well as dates of the meetings and the attendees. Examples seen were, topics this month, care, food, laundry and housekeeping and activities.

We saw evidence of the home's commitment to obtaining the views of people who used the service and visitors. Results of surveys were on display in the entrance to all of the units. These included what people had said as part of the surveys as well as the action taken by the home as a response. The provider had developed a feedback leaflet that was available in the entrance to the home. There was a facility available for people to post their feedback. This provided people the opportunity to give anonymous feedback about the service anytime they wished. We saw feedback from recent survey on display which demonstrated people were happy in the home. Comments included, "The care provided is excellent." Staff surveys had been undertaken and feedback from these was positive.

We saw that the home was committed to working with the other professional teams to improve the care of people living in Summerhill Care Home. We saw a number of professionals visiting during our inspection that would support positive outcomes for people who used the service.