

CHD Living Limited

The Summers

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service:

The Summers is a care home without nursing for a maximum of 35 older people, some of whom are living with dementia. There were 35 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People were cared for in a safe and friendly way at this home. The main reception area was a lively area of the home where people and staff congregated to socialise and enjoy the sun shining through the main doors. One relative told us, "The staff go above and beyond for the residents." Another relative said, " They are so kind here its incredible." Staff danced, played games and chatted with people throughout the day giving the home a family atmosphere.

Although there had not been enough staff to ensure safe care for people at the time of the inspection, staff numbers were increased immediately following the inspection by the provider. Staff were well trained to safely care for people and knew how to engage and empower them. People had access to health care professionals throughout the week. One doctor told us, "They are a good service. They are consistent and ensure that people are looked after."

People's needs, choices and preferences were recorded in person centred care plans. The food at the service was enjoyed by people as they were able to choose what they ate from a menu with variety. The care records enabled staff to correctly provide care and support for people in a safe way. Complaints and concerns were recorded, responded to and used to consider improvements at the service.

The registered manager led by example in providing person centred care and interacting with everyone who visited the service. Detailed audits were completed to check and quality monitor the service and the care it provided. Where certain auditing needed improvement, the management team and provider were receptive and swift to implement changes.

Rating at last inspection:

Good (29 June 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Summers

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Summers is a residential care home for 35 people. On the day of our inspection, 35 people were living in the home. Many people were living with dementia. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We carried out this unannounced inspection on 30 and 31 January 2019 at the home.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their 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.

During the inspection, we spoke to eight people, six relatives and eight staff. We reviewed care records and policies and procedures. We reviewed three people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed

Is the service safe?

Our findings

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

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received was not always safe and required improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always enough staff to ensure people were cared for and supported safely. We received mixed feedback from people in relation to staffing levels. One person said, "Sometimes there aren't staff to help me." A second person told us, "I think there are enough staff but they could always do with more. I am safe here."
- We observed that staff were consistently present and attended to people when they were needed. We found that the staffing dependency tool needed to be developed to ensure that it correctly reflected the number of staff required at the service. We also found that the call monitoring system required a clear policy to enable proper quality assurance of response times.
- Following the inspection, the provider corrected the dependency tool and increased staffing numbers by one extra carer each day and one additional activities co-ordinator. The provider also immediately implemented a new call monitoring policy. We will review these at our next inspection.
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

We recommend that the provider ensures there are enough staff at the service by following the staff dependency tool and call monitoring policy and ensures they are both embedded into practice.

Systems and processes to safeguard people from the risk of abuse

- People were helped to stay safe because staff understood their roles in safeguarding them from abuse. One person told us, "I feel safe living here. You get to know the faces of the staff well." All staff had received safeguarding training and demonstrated a good understanding of the signs of abuse, as well as the procedures for escalating any concerns that they might have. One staff member said, "I would stop any abuse I saw happening. We have list of people to contact if we see abuse. I would contact safeguarding or the CQC if I thought it was necessary."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed for people's safety. For example, there were multiple emergency diabetic kits on both floors of the service along with information packs about diabetes for the staff to be able to spot symptoms of deterioration. One person told us, "I feel safe living here. You get to know the faces of the staff well."
- Each person's care plan was linked to a comprehensive set of risk assessments that outlined the action needed by staff to keep people safe. One person's care plan required them to have two staff to help them

move from their wheelchair to an armchair. This was followed correctly by staff. Personal Emergency Evacuation Plans had recently been reviewed and updated alongside the provider's fire safety policies and procedures to ensure people would receive the right support in the event of a fire.

- There were contingency plans in place to ensure people's care would continue in the event of an emergency situation which meant people had to leave their homes.

Using medicines safely

- People were supported to take their medicines as prescribed. One person told us, "They are very organised at giving me my medicines." Medicines were organised in separate boxes with people's names and photographs of them displayed. People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps.
- The most recent external audit by a pharmacy confirmed the safe management of medicines across the service.

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Domestic staff were observed cleaning the home during our visit. The provider conducted regular audits of infection control which resulted in appropriate action plans to resolve any issues identified.

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year. Staff had recorded the location, time and injuries sustained each time a person had fallen. When appropriate, staff had escalated serious injuries to the emergency services. The registered manager analysed and reviewed incidents forms which meant that they could respond to any trends that they identified and learn from any mistakes made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they received care and support which was in line with their needs. People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these. One relative told us, "We had a good assessment when we requested to come here. The manager and another staff member came to meet mum."

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. One person told us, "They use the hoist well. The staff are all well trained." There was a lot of dementia specific training in place for staff and relatives in how to communicate, care for and approach dementia in open manner.
- Staff were well supported by the management team who provided regular supervision and checks on their competency. Individual and group meetings with staff were used to knowledge check and develop skills in accordance with best practice.
- New staff were supported to complete the Care Certificate. This is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.

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

- People were supported to eat healthy food and snacks throughout the day. People told us they liked the food. One person said, "I think the food is good. We (person and relative) have both eaten here and we think its fine." A second person told us, "The food is fine. If I ask for it they bring it to me. They give me a choice."
- The chef knew who was and catered for dietary requirements such as coeliacs, diabetes, lactose free and soft food diets. For each dietary requirement the chef had special alternatives so that people's options weren't limited.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. Records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One relative told us, "They have a doctor come here every three weeks. They take him to see the podiatrist."

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

- People lived in a house that had been designed to meet their needs. The corridors were wide and open for wheelchair access. The toilets and bathrooms had been designed with appropriate equipment for staff to use when supported and assisting people. There were signs on each person's door with their names, photograph and sometimes further details specific to each person. Memory boxes for each person were being installed at the time of the inspection to enable people and staff to recognise their rooms easier.
- In the first floor lounge there was artwork which had been created by people living at the home along the walls. For people with dementia who had the ability to move about the home, there were gadgets, games and interactive pieces along the sides in the main lounge. People used these items throughout the day.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's legal rights were protected because staff followed the principles of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. For example, one staff member said, "I always assume everyone has capacity. I offer them choices and let them decide as much as possible. If they can't respond to the question then I would take the steps to consider their best interests and assess their capacity."
- Where people were found to lack capacity, staff had completed mental capacity assessments and best interests considerations for specific decisions. For example, where one person needed a bed rail to protect them from falling out of bed, a mental capacity assessment and best interest meeting had been completed which also included involvement from the person's family.

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 our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they were supported by kind and caring staff. One person said, "The staff are very nice. They know me now and they always come to help if I want anything." Another person said, "The staff are caring people. They explain things to me and tell me what they are doing." One relative said, "The staff are very friendly and caring." A second relative said, "They (staff) come in here (mother's room) all the time. The nursing care is wonderful here. It's brilliant. We can't fault it at all. As soon as I come in they make us tea and get us a drink."
- Care records included information about people's sexual, religious or cultural wishes. For example, every person was asked about their sexuality so that the home could ensure that people with protected characteristics could be supported.
- People interacted with staff throughout the day in a friendly manner that created a family home atmosphere.

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

- People were involved in their care and supported to express their views. One person told us, "I have made comments in the past for staff to change things. They are quick to respond to me and listen to what I say." One relative told us, "He (person) refuses washes but staff try throughout the day to wash him. They find when he wants to be washed and they do it then so that it suits him."
- Staff consistently asked people if they wanted to go somewhere or do something. People were given options and choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected throughout the day. One person told us, "I have my privacy in my room. They knock before they enter and they close the curtains to carry out care." A second person told us, "I get to keep my privacy and dignity. If I don't want a man to do my personal care, they will get a woman for me."
- People's independence was supported and promoted by staff. One person told us, "They do try to keep me independent as possible." A second person told us, "I have my independence here." A relative told us, "He has freedom here and independence." One staff member told us, "In every aspect of their (people's) daily living I make sure that I do as little as possible so they can do as much as possible for themselves."

Is the service responsive?

Our findings

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

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving responsive care. 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 had access to a range of interesting and fun activities each day of the week. One person told us, "They (staff) always tell me about the activities and give me the itinerary." During the inspection we observed a local librarian visiting the home with books to discuss with people in the dining room. We also saw staff playing ball games with people in the main reception area. When activities were taking place, staff went around the home to see who wanted to take part.
- Care plans were person centred. One person's care plan contained information about their family, teenage years, profession, hobbies and specific things they enjoy or like to talk about. One relative told us, "My mom was able to communicate what she wanted for the care plan. They listened to her and took it on board."
- Care plans were regularly updated and adapted to people's needs. For example,

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. We looked at the complaints log and observed these were being recorded and responded to appropriately. For example, where one person had complained that their television was not working, the registered manager had arranged for it to be fixed that same day and had responded in writing to confirm this.
- There were a high number of compliments sent to the service from relatives thanking the staff for their care. One compliment stated, "The care and attention shown to my mother is extremely good."

End of life care and support

- People received appropriate and sensitive end of life care. There were two people receiving end of life care at the time of the inspection. Their care plans contained detailed, person centred information for staff to consider. For example, one care plan included their daily routine, music preferences, TV, cleaning, location and funeral preferences. They wanted to have constant access to sponge drinks and we saw that these were available next to their bed for staff to provide refreshment.
- Staff sat with this person consistently and ensured they were always hydrated. Their relative was extremely happy with the care provided to their mother and the end of her life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that this standard had been maintained. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives spoke positively of the management team and felt confident to approach them with their views. One person told us, "The manager is good, she's everywhere. She's got a lot to do. She walks past my door in the morning to ask if I am okay." A second person said, "She is good at managing the whole service." A relative told us, "The manager is very caring. She greets everyone with a hug and enthusiasm." Another relative told us, "Management send emails around to everyone and keep us constantly updated. They are effective and quick."
- The registered manager was aware of her responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.
- There was a clear strategy in place to improve the service and ensure a positive culture. This included the hydration project aimed at ensuring people drank enough each day, parties throughout the year to celebrate events, trips to the beach and theatre shows.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits in areas such as infection control, care plans, medicines, health and safety, catering and events. Improvements identified in these audits were actioned and resolved by staff.

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

- People, staff and the local community were engaged by the management of the service. One relative told us, "I have filled out at least three questionnaires and surveys in the last year. Management keep us updated with social services and safeguarding information." One staff member said, "I get asked for my feedback. The manager listens to me and helps us. If I need something then she gets it for me." Another staff member said, "Staff meetings are good. They are once a month and they are useful for everyone. Everyone gets to talk and there is always a plan in place to improve." The local community was engaged through activities such as mother and child days or librarian visits.
- Residents meetings were held every month for people to contribute to the running of the service. At the last meeting on 18 January 2019, the residents agreed they wanted new sewing and reading groups. Staff agreed to this and were in the process of arranging these at the time of the inspection.
- An open and inclusive approach was encouraged and promoted by the management team which enabled

both people and relative and staff to discuss any concerns they had with them.

Continuous learning and improving care; Working in partnership with others

- The registered manager was keen to constantly consider how the service could be improved by external sources of guidance and information. Regular meetings were held with the regional provider team, Local Authority Quality Team and Clinical Commissioning Group to discuss improvements for the service. As a result of these meetings there were improvements such as memory boxes outside of people's rooms and new activities for people at the service. The registered manager was proactive in seeking out training for herself and keeping updated with care news in the country.
- The management team were open and transparent about improvements how they will happen. For example, activities were being improved with the addition of a cinema room and more trips out for people. There had also been a hydration project put in place to ensure people drank enough throughout the day.
- The registered manager maintained connections with local groups and services such as schools, churches and the library. These connections enabled more people to visit the service and interact with the people living there.