



The Office of the
Committee for
Health & Social Care

**REGISTRATION AND INSPECTION
OF
PRIVATE NURSING AND RESIDENTIAL HOMES**

**SUMMERLAND HOUSE
NURSING HOME**

INSPECTION REPORT

DATE: 27/06/19

**This report may only be quoted in its entirety and may not be quoted in part or in any abridged form
for any public or statutory purpose**

HEALTH & SOCIAL CARE
REGISTRATION AND INSPECTION OF
PRIVATE NURSING AND RESIDENTIAL HOMES

INTRODUCTION

The Registration and Inspection unit of Health & Social Care has a statutory responsibility to inspect private nursing and residential homes within the Bailiwick of Guernsey at least twice per year. The Registration and Inspection Officer undertakes a minimum of one announced and one unannounced inspection per year.

The inspections are undertaken in order to establish whether the care home is meeting the legal requirements i.e. The Nursing and Residential Homes (Guernsey) Law 1976 and it's associated Ordinances, together with the agreed standards.

In reading the report the following factors should be borne in mind:

- The report is only accurate for the period when the home was inspected.
- Alterations to physical facilities or care practices may subsequently have occurred in the home.
- Feedback will have been given orally to the senior person on duty at the time of the visit.
- Both the Inspector and the Registered Home Owner/Care Manager of the home to which it refers will agree the report as an accurate report.
- The report will show the compliance with the regulations and standards and the required actions on behalf of the provider.

Name of establishment: **Summerland House Nursing Home**

Address: **Mount Durand, St Peter Port, GY1 1DX**

Name of registered provider: **Guernsey Care Home Holdings**

Name of registered manager: **Mrs C Bailey (Director of Nursing)**
Mrs Susan Browning (Matron)

CATEGORIES/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
Nursing	58

Date of most recent inspection visit: 22/11/18 - Announced
Date of inspection upon which this report is based: 27/06/19
Category of inspection: Announced
Registration and Inspection Officer Vanessa Penney

The Inspection findings relate to the Projet de Loi and its associated Ordinances. These are supported by the agreed Guernsey Standards for Care Homes as examples of 'Best Practice' and it is against these that form the basis of the inspection and its findings.

The report follows the format of the Guernsey Standards and the numbering shown in the report corresponds to that of the Standards.

INSPECTION REPORT

Identified below are areas addressed in the main body of the report, which are seen as health and safety, and/or good practice issues which the Registered Provider should consider for implementation.

RECOMMENDED PRACTICE DEVELOPMENTS	Refer to standard
Continue to maintain the quality care and services that you currently provide at Summerland House Nursing Home. There were no areas of concern that were observed to require attention on this visit.	

STANDARD 1: INFORMATION

OUTCOMES: The intended outcomes for the following set of standards are:

- Service users have the information they need to make an informed choice about where to live.
- Each service user has a guide to the facilities
- Each service user has a written contract/statement of purpose setting out the aims and objectives of the home.
- Each service user understands how to contact the Health Services Inspector and other local health and social services.

Key findings/Evidence:

Summerland House Nursing Home provides nursing care for up to 58 people. Currently there are 51 people living at the home due to some rooms taken up as single occupancy. On making an enquiry, a person is provided with information in relation to the care and services offered at the home, which can also be found on the company's website www.guernseycarehomes.com

To assist a person to make an informed decision to move in to Summerland House for long term or respite care, there is an informative resident's charter and handbook. The information includes the philosophy of care, aims and objectives of the home, resident's rights and responsibilities, procedure for making a complaint, financial arrangements for accommodation and services, visiting policy, personal belongings, room preferences and the policy for gratuities, smoking and for pets. A statement is also included that whenever possible a person will be offered a choice in the gender of the person who will be assisting him/her with personal care. The handbook is indexed and is published in large print for ease of reading for a person with visual impairment. The handbook is reviewed annually and amendments are made as necessary to ensure the information remains current. The philosophy of care is updated in consultation with residents and staff and from feedback provided by visitors to the home (currently in process of being reviewed and updated). A copy of the philosophy of care is displayed on the information board and a copy remains in each person's room.

A contact number for the registration & inspection officer from within Health & Social Care (HSC) is included in the handbook and a copy of the home's most recent inspection report is displayed in reception and is also available on the home's website.

An information leaflet is also available for relatives, which discusses how relatives can become involved within the home and this is provided with the contract. Information is also provided for loaning the home's vehicle, which can accommodate a wheelchair to enable relatives to take their relative on an outing independently. Relatives are requested to sign to acknowledge that they have received this information.

STANDARD 2: CONTRACT

OUTCOME: Each service user has a written contract/statement of terms and conditions with the home.

Key findings/Evidence:

Each resident is provided with a contract on admission, which is comprehensive but easy to read. The contract is a written agreement, which details the expectation of the management of the home and also what a person can expect when he/she has made a decision to move in to Summerland House. Matron and the financial director discuss the information in more detail when they meet with a resident and/or their next of kin (NOK) during the process of pre-admission and during admission in to the home.

The contract identifies the room the resident will occupy, care and facilities provided, consent for photographs e.g. taking part in activities, wound management for advice from healthcare professionals from outside of the care home (tissue viability specialist nurse), financial arrangements (fee structure available on website), trial period, termination of residency and the home's liability insurance. Residents are advised to take out additional insurance for loss of personal/valuable items if they choose to keep these items with them (if appropriate). The contract also includes the financial arrangement for retaining a resident's room during a temporary period of absence from the home; for example, if a resident takes a holiday, or is admitted to hospital.

Services and items which are not included in the fee, for which additional payment is required by individual residents, are also listed. For example; newspapers and periodicals, visiting hairdressers and chiropody, telephone calls, specific/specialist equipment required for an individual resident and visits from the person's GP, dentist or optician etc.

A resident or their NOK/representative and the management of the home sign the contract and both parties retain a copy of the signed agreement.

STANDARD 3: NEEDS ASSESSMENT

OUTCOME: No service user moves into a home without having had his/her needs assessed and been assured that these will be met.

Key Findings/Evidence:

The Needs Assessment Panel (NAP) assesses the needs of each person before a certificate is issued for the level of care required, prior to a person moving into the home. Matron/deputy also visits a person in their own home, hospital or other place of residence, to assess their needs prior to a person joining the waiting list. This is to ensure that the team are able to meet a prospective resident's needs and

their expectations of the home and the expectations of their NOK.

On admission an assessment form is used as an interim care plan for a 2-week period. This allows the care team to acquire more in-depth information through the building up of information over the 2 weeks; before the final detailed care plan is developed. Baseline observations for blood pressure, pulse and weight are recorded and risk assessments are completed for nutrition, tissue viability, care dependency, moving and handling and for the risk of falls. An admission checklist is in place to ensure the nurses capture all of the information required.

Following on from the initial assessment period, each resident has a more comprehensive assessment, which informs the final care plan. The involvement of the resident's NOK and other allied healthcare professionals, for example, the resident's GP (consent form signed by resident or their NOK to obtain medical history summary), social worker (NAP summary obtained) and the community nurses etc, are also included to obtain maximum information.

Work processes and documentation are reviewed regularly, to ensure they continue to meet the needs of the residents and the operation of the home and that staff are working safely.

STANDARD 4: MEETING NEEDS

OUTCOME: Service users and their representatives know that the home they enter will meet their needs.

Key findings/Evidence:

The team are able to provide care for people with medical conditions requiring nursing care and for people with high physical dependencies, psychological needs and for early stage dementia; but does not provide specialist services and care for a person with advanced dementia or with challenging behaviour. A person is assessed on individual need, as people who have dementia present with different behaviours and personalities; no two people are the same. Matron/deputy liaise with the community mental health team for support as required.

The dependency level for each resident is calculated every 3 months so that collectively both the care needs of the residents can be assessed and reviewed if necessary and the workload of the staff can be monitored.

Carers are encouraged to build upon their current level of knowledge and skills through the home's successful ongoing VQ programme and in-house training sessions. The staff are also supported to attend more formal training sessions held by other accredited trainers. A carer is due to undertake the new apprenticeship scheme, which is being introduced through the College of Further Education, in September, which is good news. The management also subscribe to healthcare journals such as the Nursing Standard, Nursing Older People and the Health Care Assistant's Journal and staff have access to the internet for continued professional development and for research.

The Registered General Nurses (RGNs – qualified nurses) are also supported through a quality training programme. Nurses attend training sessions at the Institute of Health and Social Care Studies (IHSCS) and attend both on-island and off-island conferences which are relevant to their area of practice. The RGNs have also taken advantage of belonging to an established link nurse system with the specialist nurses from within HSC. Summerland has link nurses for tissue viability, moving and handling, infection control and for the management of incontinence. Both Matron and the nurses work alongside and supervise carers with hands-on practice as well as with providing more formal in-house training sessions. This is excellent and demonstrates the management's commitment to supporting staff in the development of best practice, in order to provide good quality care for the residents who live in the home.

STANDARD 5: TRIAL VISITS

OUTCOME: Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.

Key findings/Evidence:

Before taking up accommodation at Summerland House, a person and/or their NOK are encouraged to visit the home to have a look around and to introduce them to some of the residents and staff. This gives a prospective resident an idea of the care and the services that the home has to offer and assists the person to be able to make an informed decision regarding a move into Summerland House for long-term or respite care. When a person moves in to the home, a one-month trial period is offered; however, the management are flexible if this is necessary.

Once a person is living in the home, a person is able to change rooms when their choice of room becomes vacant. However, this is subject to finances as prices differ for rooms of different size and matron would also consider a person's mobility, supervision needs and safety needs etc.

Summerland House generally has full occupancy; however, if there is a vacant bed at the time of need, a person is accommodated for respite following an assessment of the person's care needs by matron or her deputy.

STANDARD 6: INTERMEDIATE CARE

OUTCOME: Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

Key findings/Evidence:

Summerland House does not have dedicated accommodation for respite care; however, if there was a vacant bed at the time that it was needed, this would be offered – see above. Staff actively manage a resident's level of independence and mobility. If a resident requires a rehabilitation programme the

services of specialist personnel are sought if needed, for example; physiotherapist, occupational therapist or the specialist nurses etc. There is some specialised equipment such as hoists, walking aids, adapted cutlery and crockery, pressure relieving mattresses and cushions and other aids; in order to promote a person's independence with the activities of daily living and for mobility. The appropriate level of supervision is provided for the carers by the nurses.

Intermediate care following a hospital stay prior to a person returning home, is also offered, if there is a vacancy at the time of need. A full discharge plan is developed to include referrals to ensure a person is followed up by the appropriate specialist/services once the person returns home e.g. community nurse, consultant.

STANDARD 7: SERVICE USER PLAN

OUTCOME: The service user's health and social care needs are set out in an individual plan of care.

Key findings/Evidence:

Summerland House has an electronic record keeping system for the secure storage of information in relation to the residents. This system enables the staff to develop a comprehensive individual care record and it is also utilised to inform practice and quality issues. The system is password protected to ensure additional confidentiality and for data protection.

When a person moves in to the home an assessment is undertaken and a care plan is developed with involvement from the resident and/or their NOK wherever possible (where applicable). Once developed, the care plan is reviewed every 3 months; unless there are changes required before this time, which directs the care plan to be amended at the time. Each resident is involved with a formal review of their care plan; NOK are invited to attend a review where relevant. Two relatives who were spoken to said they are very happy with the care of their relative. They said their relative always appeared comfortable when they visited and staff checked on their relative frequently. Their relative is assisted with food and fluids as the person is very frail. The relatives said communication between them and the nurses is very good and they are always kept up to date as things change.

The care director undertakes periodic care plan audits and the results are fed back to matron. Training and supervision sessions are then organised with the relevant nurses to action the highlighted areas for development.

Risk assessments are undertaken for; moving and handling and for the risk of falls, use of bedrails (where applicable), nutrition and for tissue viability. A review of each resident's moving and handling assessment is completed at least every 3 months, unless the resident's needs have changed before this time, then it is changed immediately.

Information to support the care staff with the delivery of person-centred care is displayed in each resident's room. There is a memory book for residents and their family to complete a person's biography, which provides information for 'what is important to me?' and how the person can be

supported/assisted to achieve their chosen outcomes. This encourages the person's family and the team at Summerland House to think about, remember, share and record information about a person's life and well-being. The biography is then continually amended by the family or the person's key carer as a person's needs or areas of importance change. An activity care plan is also developed using this information, which enables the activity stimulation to be much more personalised and meaningful.

Staff attend a handover on the changeover of each shift and this is a combination of both verbal and written information and there is a communication book for appointments, reminders and for day-to-day issues etc; as well as reminders displayed on the electronic recordkeeping system.

STANDARD 8: HEALTH AND PERSONAL CARE

OUTCOME: Service users' health care needs are fully met.

Key findings/Evidence:

All consultations with GPs or other professionals/services are undertaken in a resident's own room. The GP records his/her visit to his/her patient on the computer and the nurses record appointments, changes in treatments and results of tests etc in a resident's electronic care record.

There are currently 2 residents in the home with a pressure injury. Further investigation indicated that there are contributing factors to the pressure injury in relation to the persons' medical health. Measures are in place to minimise deterioration, for example an airwave mattress and a pressure relieving cushion when the person is sitting out of bed. There is a wound chart in place and ongoing monitoring is recorded in the person's care plan e.g. repositioning plan and nutritional status etc. The person's GP and the tissue viability specialist nurse are consulted as necessary, which is also recorded in the person's care plan.

Pressure relieving mattresses and cushions are in place as preventative measures to minimise the risk of deterioration of a person's skin integrity for all of the residents, and all of the nurses undertake a 2 day training session for pressure area care, with regular updates thereafter. If the nurses require additional support for wound management, they are able to contact the tissue viability specialist nurse from within HSC at any time for advice of additional training in specific areas. All of the nurses act as link nurses for wound management (regular updates for pressure grading). The team at Summerland House also have access to the dietician, diabetes specialist nurse, infection control specialist nurse, continence specialist nurse, speech and language therapist (swallowing difficulties) and with the occupational therapists for advice and support when required.

The system of working which consists of a nurse co-ordinator on the top floor and one on the lower floor of the home who the staff liaise with to keep updated with the care of the residents assigned to their team, continues to work well. There is a named nurse key worker and a key carer for each resident and the name of each key worker is displayed on the wall in the resident's room with their photograph, which is an excellent idea as this informs the resident and their relative who is responsible for the resident's care and the key people to contact. This system continues to develop

communication both within the team and with relatives. The team work in all areas of the home to ensure everyone is aware of the care needs of all of the residents in the home. Feedback in relation to this from residents, staff and relatives continues to be very positive.

All residents are supported to maintain as much independence as possible and assistance is offered with the activities of daily living as required; for example, assistance with mobility, meal supervision, bathing and dressing. The nurses provide the additional care that is required by a nurse e.g. medication management, wound management, care reviews and ongoing monitoring. Specialised equipment such as therapeutic baths, showers, mobility aids and cutlery and crockery are available to enable the team to promote independence.

Staff have undertaken training for dementia awareness, which will enable staff to support the development of a biography for residents who have dementia. This will ensure the care that they receive is truly person-centred and the activities offered are meaningful and fulfilling.

Residents and relatives are able to speak matron or the nurse in charge whenever they want to. A private meeting can be organised if preferred. If a resident requires access to support services such as an advocate, dentist, optician, audiologist or for alternative therapies, matron/nurse in charge can organise this (usually in consultation with a resident's NOK – where relevant).

STANDARD 9: MEDICATION

OUTCOME: Service users where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.

Key findings/Evidence:

The nurses use the Monitored Dosage System for the administration of medication to the residents in the home, which is organised through Pharmacy Locale. Only the trained nurses dispense and administer medication.

No resident in the home currently self-medicates. However, if a person wanted to do so, a risk assessment is undertaken to ensure that the person is safe to undertake this task prior to doing this. A checklist is kept with the medication chart so that a regular review and on-going monitoring can be continued. A lockable facility is available within each resident's room for the person to store their medication. Each resident's GP undertakes a review of their patient's medication every 6 months. If a resident's GP has not visited to review their patient's medication before this time, this flags up on the person's care record and the nurse can then telephone the relevant surgery to remind the GP to visit.

All staff have access to policies and procedures for the receipt, storage and administration of medication. There are also policies and procedures for recording medication errors and for medication that is returned to the pharmacy. All policies and procedures include a date and have been signed to show that they have been reviewed and by whom.

There is a current edition of the British National Formulary (BNF) and the nurses receive good support from the Pharmacy Locale. The deputy chief pharmacist from within HSC last undertook a pharmacy inspection at Summerland House in November 2018. The medication system was found to be well-managed; there were no points of concern.

All residents in the home are offered an annual flu vaccination and written consent is provided by a resident or their NOK (as appropriate).

STANDARD 10: PRIVACY AND DIGNITY

OUTCOME: Service users are treated with respect and their right to privacy is upheld.

Key findings/Evidence:

The majority of rooms at Summerland House are single rooms. There are 7 double rooms available for people who choose to share, for example, husband and wife or siblings and there is a screen available between the 2 beds if required for additional privacy. All but 1 room is en-suite. The room that is not en-suite has a wash hand basin in the room and there is a toilet within close proximity to the resident's room.

Residents are able to have their own telephone in their room for which they pay for the calls. Matron is able to organise adaptations for a resident's telephone if required; for example large push button numbers or an amplifier for a resident who may have a hearing impairment. Residents are also able to bring in a mobile phone, laptop or ipad etc if they wish.

All residents choose and wear their own clothing, which is mostly labelled; this assists staff if searching for mislaid items. The residents that were spoken to continue to be satisfied with the laundry service; permanent mislaid items continue to be a rare.

Staff address residents by their preferred choice of name (noted on inspection); for most residents this was their Christian name and this is documented in the resident's care plan. Staff always knock on the door to a resident's room and wait for a reply before entering (observed during inspection), which demonstrates that staff understand the need to uphold a resident's privacy and dignity. Residents appeared cheerful to see them. Residents that were spoken to said the staff answer their call bell promptly and they do not feel rushed when they are being attended to, which is a good indication of sufficient staffing levels. Maintenance also undertake a regular call bell audit as the system provides a recording of waiting times and the results are fed back to matron for her to action as necessary.

Staff do not open residents' mail. If a resident is unable to manage their own affairs, their mail is redirected to the person's NOK the following day.

All staff have access to policies and procedures for adult protection and for privacy and dignity and this is also included in the staff induction programme and there is also a unit for safeguarding included within the VQ programme.

STANDARD 11: DYING AND DEATH

OUTCOME: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

Key findings/Evidence:

If a resident requires palliative care, the person can continue to be cared for in the home by the care team. An End of Life Care Pathway is introduced to guide the team to enable them to continue to provide quality care. The community palliative care team are able to offer support in the delivery of pain control, specialised palliative care, and for bereavement counselling training if required. Training sessions are also provided in-house for the staff for end of life care and for understanding the process of bereavement. One nurse has completed a BA module for end of life care and another nurse has in-depth experience for working within a hospice environment. Matron/Deputy and the nurses also attend periodic training sessions at Les Bourg's Hospice for care of the deteriorating person to include pain and symptom management and for the medications used for palliative care.

The staff ensure respect and sensitivity at this difficult time by also including relative's wishes and needs where possible. Relatives are able to stay with their relative if they would like to (there is a pull-out bed available) and they are offered refreshments, support and comfort by the staff. Several carers have completed the 'Sage & Thyme' course through the Institute of Health & Social Care Studies (IHSCS). This course provides training for carers to manage difficult conversations with people who are worried or distressed. It provides carers with a structure to help them listen and respond effectively, which is excellent.

A resuscitation status is documented for each resident, which has been established in consultation with the resident and/or their NOK and the resident's GP. Forms have also been sent out to care homes from the GP surgeries to plan ahead for end of life care so that a person's GP has clear instruction in relation to their patient's wishes.

All staff have access to policies and procedures for end of life care and for resuscitation, which includes additional equipment that might be necessary and the residents' wishes to ensure the end of life experience is person-centred. Matron and her team are continuing to work on the development of an end of life care information booklet for relatives, which is excellent.

STANDARD 12: SOCIAL CONTACTS AND ACTIVITIES

OUTCOME: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

Key findings/Evidence:

Residents have a flexible daily routine and are able to be involved in the day-to-day running of the

home if they choose. Residents are able to do gardening in the purpose-built raised garden beds, fold napkins or water the plants etc. This is so important, as it helps to give some of these residents a feeling of purpose and can help maintain self-esteem, self-worth and well-being. Matron studied the provision of activities as part of her degree course in advancing practice and as a result initiatives continue to be introduced to encourage social interaction within the care home environment. Each carer is allocated to a resident and looks after the person's profile of activities.

The activity profile, which is developed for each resident includes social history, previous work and employment and previous or current recreation. It has been acknowledged that completing such profiles really helps to engage the individual as a person; knowing what their interests were, particularly for a resident who has some cognitive impairment. Having individualised activities organised for residents on a one-to-one, ensures that each person is encouraged to pursue individual hobbies as well as group activities. It is particularly important for those residents who choose not to/are unable to socialise; they are still supported and are encouraged to pursue some leisure activity. Memory books continue to be developed for people with memory problems or with early stage dementia. This enables a person to express their interests, hobbies and family history if they cannot remember, and is an excellent resource for stimulating valuable interaction between the resident, their family and the staff. Six hours of social care activity has been built in to the activity programme, specifically for people with dementia care needs.

Two activity assistants provide 40hrs of activity time and social stimulation each week; the director said a review of the activity provision is currently being undertaken with a view to re-instating the lead activity co-ordinator role. Volunteers also provide additional activity time each week. The activities consist of both group and one-to-one activities and bus outings are also offered regularly for residents to get out and about within the wider community. There are musical evenings with the Healing Trust musical group who visit the home approximately every 3 months and the dog therapy group visit every Tuesday. There are euchre groups, scrabble games, various other group activities and the residents have also started up a knitting group. Once a month (winter months) there is a cooking session and there is also a Nintendo Wii for residents to use.

The volunteers who visit the home undertake one-to one sessions with some of the residents; either to read to them, write a letter, play scrabble, listen to music or to sit and talk to residents to give them some company. On the day of inspection residents were observed to be taking part in various activities throughout the day; group discussions and own private past times such as crosswords, reading or knitting etc. Some residents preferred to sit in the lounges watching the television.

Regular bus outings are a favourite of the residents. These are provided several times each week to ensure all residents have the opportunity to go if they want to. There is an adapted vehicle for a wheelchair so that a relative can borrow it to take their relative on outings themselves if they wish. Staff also use it to take individual residents out, or with a small group.

Resident's birthdays are also celebrated; 1 resident spoken to is going to be 100 years old tomorrow and is looking forward to the celebrations both in the home and with her family and also a visit by the Guernsey Press. Other events are also included in the activity calendar throughout the year, for example, on Liberation a party was held at the home and 18 residents also attended a Liberation party

that was provided through the Soroptomist group. Several residents have also been on the annual Herm boat trip that is provided through the Lion's Club. A BBQ has been held at the home where there was music provided and also a visit from Dolly the pony, which generated much interest.

Student placements for the Duke of Edinburgh Award are supported and also student placements from schools for people on work experience. These students visit the home once per week and are supervised to undertake activities with the residents; they don't undertake any personal care.

A monthly newsletter is also developed to inform residents, relatives and staff of events, changes or achievements that are taking place in the home. Several residents said they always looked forward to receiving the next month's newsletter. One resident said it made her feel that although she likes to remain in her room most times doing her own thing, she is aware of what is going on within the home e.g. staff starting/leaving/achievements or activities taking place in the home etc.

STANDARD 13: COMMUNITY CONTACT

OUTCOME: Service users maintain contact with family/friends/representatives and the local community as they wish.

Key findings/Evidence:

The staff encourage residents to maintain current social networks; going out with friends and relatives or to social groups/clubs within the wider community. Church and school groups also visit the home periodically to entertain the residents and residents have received invitations to school concerts etc.

There is opportunity for residents to receive visitors either in their own room or in any of the communal areas around the home; including in the garden or on the terrace when the weather is fine and there is an open visiting policy. Residents (if they are safe to do so) and their relatives are encouraged to make themselves a cup of tea in the little kitchenettes around the home if they wish. This is an excellent facility and contributes to the normal practice of inviting someone into their home and offering them a cup of tea. Some residents have a weekly outing to the Salvation Army for coffee and there are regular church services held at the home with the Chaplain, which family and friends are welcome to attend.

During the year, placements are offered for students on work experience from the College of Further Education to give them an insight into life in a care home and for the social aspect of working with and talking to older people. Two students at the College of Further Education undertook placements at the home while they were doing a Health & Social Care Diploma at level 3, which they really enjoyed and are now working at the home as carers. This is an excellent initiative for the recruitment of younger people into the care workforce. Interwork placements are supported and also for students who are looking to take up a career in medicine, nursing (student nurse placements), or who are undertaking their Duke of Edinburgh Award. When all students commence their placement they are required to undertake a health and safety training session and are allocated a supervisor.

Student placements organised through the IHSC continue to be very successful. Matron and her team have supported 7 students this year for placements (3 student assessors in the home). Residents look forward to chatting to a younger group of people and seeing them about the home. One carer who works at the home is being supported by the management to undertake the nurse associate practitioner's course through the IHSCS and is now in her 2nd year. This provides opportunities for healthcare assistants to further develop their skills to support the nurses with more clinical nursing roles, which is excellent.

STANDARD 14: AUTONOMY AND CHOICE

OUTCOME: Service users are helped to exercise choice and control over their lives.

Key findings/Evidence:

Residents are encouraged to bring in items from home to personalise their room, such as small pieces of furniture, pictures and ornaments etc. Most residents have done this and the rooms viewed reflected the person's personality and interests. One resident is an artist and an area has been set up in the resident's room to enable the person to continue with this activity. Several pieces of the person's art work are displayed on the walls of the person's room, which is a nice touch.

Residents are encouraged to manage their own financial affairs where possible. If this is not possible, an assigned relative or representative would do this for their relative. Each resident has access to a secure lockable facility for personal items if they require it. The management have a safe where items can be held short term; although this is not encouraged. If an item/money is held in the company safe, signed records are retained for all transactions both in to and out of the safe.

There is information in the resident's charter and handbook that residents have the right to refuse any visitor; demonstrating the homes commitment in allowing a resident to exercise choice and control. If this is in place all staff are informed to ensure a resident's choice is upheld (none currently).

A copy of each resident's care plan, risk assessments and their memory book/biography (if in place) is kept in their room. The resident's key carer completes the biography with the resident, or their relative, as previously discussed. If a resident requested to see any other part of their care record, Matron would organise this.

All staff have access to policies and procedures for adult protection (incorporated into statutory training programme), safekeeping of money and valuables, and for guardianship orders.

STANDARD 15: MEALS AND MEALTIMES

OUTCOME: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.

Key findings/Evidence:

The menus are varied and are planned on a 4-week rotation. There is a summer menu and a winter menu and these menus are reviewed regularly using feedback from the residents. Relatives are also encouraged to give feedback for residents who are unable to do this. The menu cards are colour coded for different dietary requirements e.g. red for soft diets and yellow for pureed diets, to provide further identification that a person has a specific dietary need. Some relatives complete their relatives' menus each week to ensure they are provided with the dishes they know they enjoy.

A designated member of staff visits some residents on a Monday to assist them to make choices and to complete their menu for the week (if the person or their relative is not able to do this); some still like to complete their menu on a day-to-day basis, which is also accommodated. Weekly completion of the menu choices enables the chef to order the fresh foods in advance. If there is something that a resident does not like, an alternative is offered. However, there are 2 choices of the main cooked meal (with a list of alternatives included) and the chef has a list of each resident's likes, dislikes and allergies, which he keeps in the kitchen. Residents are informed that they can write on their menu what they would like if they fancy something in particular and the chef will do his best to cater for this.

On the day of inspection, the dining area was beautifully laid up to that of restaurant standards, with co-ordinated linen tablecloths and crockery and cutlery, and all places had their linen napkins set up into fans. Having a table pleasantly laid contributes to the ambience, making mealtimes into "an event," something for the residents to look forward to during their day. Some residents who require assistance prefer to sit in the conservatory area, as they feel less self-conscious if they need assistance to manage their meal. The 2 chefs regularly walk around the dining room to speak to residents about the quality of the catering service, which is good practice. Residents who were spoken to said the meals in the home are very good. One resident said "Occasionally there will be something I don't like as I have made the wrong choice, but once a carer is aware, I have always been offered an alternative so I have no complaints". Another resident said "The meals are to hotel standard so I have no complaints".

Most residents are weighed routinely (3-monthly); however, there are a few residents who are not able to be weighed due to their medical/frail condition and this is documented in their care record. If the nursing staff are concerned about a resident's nutritional status, the person's weight is monitored more frequently. A food diary, fluid chart or supplements (prescribed) are commenced as necessary and the dietician or the person's GP are contacted.

Residents are served hot or cold drinks and snacks during the day in between meals and there is a tray of cold drinks for residents to help themselves to in the lounge. Additionally there is a water cooler on

all floors which residents can also help themselves to. Relatives and residents, if they are safe, are encouraged to make themselves cups of tea in the little drink stations, which are situated around the home if they wish, which is excellent. Some residents have chosen to have a small fridge in their room. A few residents have small bowls of fruit in their room; these are replenished daily and usually there is fruit available in the sun lounge.

If residents fancy a snack outside of meal times or during the night; they are offered a choice of sandwiches, soup, cake, biscuits, cereal, fruit or whatever is available in the fridge. A few residents require this service e.g. diabetic and snacks are prepared for them to have at various times of the day and during the night. A variety of snacks are also available at any time, to try and tempt some residents with their diet. The person can graze on snacks when they want to; to improve their dietary intake. Some residents have a small stock of their favourite treats such as sweets, chocolate or biscuits in their room, which have been brought in by friends and relatives when they visit. The nurses are in regular contact with the diabetic specialist nurse for one resident who is diabetic and is prone to unstable blood sugar levels.

An environmental health officer last undertook a food hygiene inspection at Summerland in November 2018 and the home retained their 5 star rating, which is excellent.

STANDARD 16: COMPLAINTS

OUTCOME: Service users and their relatives are confident that their complaints will be listened to, taken seriously and acted upon.

Key findings/Evidence:

The procedure for making a complaint is discussed in the residents' charter and handbook. It states who will manage the complaint and a timescale is included. Periodical complaints are generally little 'niggles' that can be resolved immediately. For more formal complaints a form can be obtained from matron or the management. All complaints are taken seriously, investigated and the complainant is informed of the outcome of the investigation (in writing for a formal complaint). Matron retains records for all complaints made.

There is information displayed on the notice board for referring a complaint to HSC if it cannot be resolved by matron and/or the management of the home. Residents who were spoken to said that they would feel comfortable to make a complaint to matron or to the person in charge of the shift at the time. They said that they felt sure that the complaint would be taken seriously, acted on promptly and would be addressed appropriately. No resident spoken to had any issues to raise at this time.

STANDARD 17: RIGHTS

OUTCOME: Service users' legal rights are protected.

Key findings/Evidence:

Residents are able to access a local advocacy services if required (management could organise if necessary). Residents are also able to participate in local political elections/discussions if they choose. A person would generally do this independently, or if requiring assistance, this would be done in consultation with a resident's NOK.

All staff have access to adult protection polices and for maintaining confidentiality; this also forms part of the staff induction programme. A policy is also in place for data protection.

STANDARD 18: PROTECTION

OUTCOME: Service users are protected from abuse.

Key findings/Evidence:

All staff have access to policies and procedures for adult protection; inappropriate restraint, whistleblowing, receiving of gifts, the safe storage of money and valuables and staff non-involvement in a resident's financial affairs or for witnessing a will/other legal documentation. A policy is also in place for the use of social media e.g. Facebook.

Mandatory safeguard training is in place for all staff and there is also a unit within the VQ programme for carers who are undertaking this award, for the protection of vulnerable adults.

If matron receives an allegation of abuse, this is raised with the relevant department e.g. safeguard lead & registration & inspection officer so that it can be investigated and actioned. Matron/management also have responsibility to inform HSC of anyone who they consider unsuitable to work with vulnerable adults and they have done so previously where necessary.

STANDARD 19: PREMISES

OUTCOME: Service users live in a safe, well- maintained environment.

Key findings/Evidence:

Summerland House Nursing Home is a comfortable home that provides a safe and accessible environment for residents with varying abilities. The aim of the team is to provide an environment that steers away from an institutional feel, enabling residents to personalise their personal space. The management have an on-going programme of upgrading, refurbishment and redecoration and

records are kept for this. The management regularly walk through the home to review areas and to assess the suitability of areas for the working purpose of the home and to meet the needs of the residents and staff. The nurses' office is on the lower level where staff handover takes place. This is to improve privacy and confidentiality of resident information and to minimise interruptions during this time.

Fire equipment, electrical safety checks and lifts etc, are maintained and inspected in compliance with regulations/standards.

A receptionist covers the reception desk during the day (office hours). The reception desk is situated in a prominent position in the entrance to the home for accessibility and for additional security of the home. There is a visitor's book in reception for visitors to sign in and out, which is also good practice for the protection of the residents and also for fire safety. Summerland House also has bright lighting in the grounds of the home for additional security and safety.

The insurance certificate is displayed in reception and is in date.

STANDARD 20: SHARED FACILITIES

OUTCOME. Service users have access to safe and comfortable indoor and outdoor communal facilities.

Key findings/Evidence:

Summerland House Nursing Home has a smoking policy; staff and residents are permitted to smoke outside of the home only in a designated smoking area and facilities are provided for the safe disposal of cigarettes.

The communal areas are furnished with non-institutional looking furniture, which is of a good quality and is suitable for their client group. On the day of inspection the communal areas were clean and tidy and continue to be maintained to a high standard.

There is a large well-maintained garden with small raised garden areas. This area is accessible to all residents with varying degrees of mobility; including for a person who is wheelchair dependent, to mobilise around the home and garden. There are various sheltered areas in the garden for the residents to sit out and enjoy when the weather is fine and several residents said they enjoy spending time on the terrace in the summer, the view from the large conservatory at the back of the home, or outside their patio doors if their room has this facility.

STANDARD 21: LAVATORIES AND WASHING FACILITIES**OUTCOME: Service users have sufficient and suitable lavatories and washing facilities.****Key findings/Evidence:**

All but one room in the home has an en-suite facility; however, this room has a wash hand basin and there is a toilet within close proximity to the resident's room. Four en-suite rooms have a wet room. There is an ongoing plan in place to replace all baths in the en-suites with a wet room, as the majority of residents are not able to climb in and out of a domestic bath and require assisted baths or showers. There are also communal walk-in showers and bathrooms throughout the home to suit the varying needs of the residents. Each en-suite and the communal toilets and bathrooms have appropriate equipment available to the staff for infection control.

The toilets near to the lounges are clearly marked; there is sufficient access and there is a lock on the door. Each facility has a call bell and was free from any unpleasant odour. There is also an electronic toilet seat, in one of the communal toilets, which assists a resident to stand up when getting up off of the toilet. This is excellent as it demonstrates the home's commitment to supporting privacy and dignity by facilitating independence wherever possible.

STANDARD 22: ADAPTATIONS AND EQUIPMENT**OUTCOME: Service users have the specialist equipment they require to maximise independence.****Key findings/ Evidence:**

Summerland House has a wide range of equipment available for residents. Manual handling for both residents and staff is given a high priority for safety. The home's equipment includes specialised crockery and cutlery, electrically operated profile beds, airwave pressure relieving mattresses and cushions, sit on scales, variable height chairs, an assortment of hoists – including an overhead Gantry hoist, raised toilet seats, commodes, walk-in showers and specialised baths, syringe drivers and 2 suction machines etc. Specialised pieces of equipment for a person's sole use needs to be purchased by the person (matron will advise as needed).

Sensors for residents who are at risk of falls, especially for a resident who may wander out of their room at night are linked in to the call bell system. The sensors can be turned on and off as needed for an individual resident. The need for a resident to have a sensor in place is reviewed regularly. If the review indicates a sensor is no longer required, it is de-activated, demonstrating that a resident's right to privacy and freedom is upheld. There are also pressure sensor mats available or pressure sensor pads that sit under a person's mattress, where this is required.

There are 2 large orientation board in the lounges, which displays the date, weather and time; to further orientate residents who may be forgetful and there is a board to display the activities that are

taking place; either in-house or for community events.

STANDARD 23: INDIVIDUAL ACCOMMODATION - SPACE REQUIREMENTS

OUTCOME: Service users own rooms suit their needs.

Key findings/Evidence:

There are both single and double rooms at Summerland House. Rooms, which are shared, are occupied by a married couple or by residents of the same gender who have chosen to share a room. These rooms have a portable screen and there is sufficient space to accommodate more equipment should this be necessary.

Both single and double rooms have been organised to take account of the resident's preferred layout of the room and access around the bed/room, taking into consideration the resident's mobility needs and health and safety concerns.

STANDARD 24: FURNITURE AND FITTINGS

OUTCOME: Service users live in safe, comfortable bedrooms with their own possessions around them.

Key findings/Evidence:

Residents are able to bring in some of their own pieces of furniture to personalise their room if they wish and are encouraged to do so. All beds are electrically operated profile beds. The team has demonstrated a commitment to best practice for manual handling; with risk assessments and re-assessments being completed promptly, which are also used to inform staff of the need to introduce additional equipment if a resident's mobility deteriorates.

Each resident has access to a lockable facility in which to store valuables and medication (if self-medicating) etc and there is a telephone point and a television in every room.

All rooms are pleasantly furnished and decorated and the furniture provided by the home is of a good quality. The management have an ongoing programme of maintenance and upgrading. All rooms have a call bell and the rooms that were seen were clean and tidy and were free from any unpleasant odours. Residents who were spoken to were satisfied with their room and said it is kept clean and staff are respectful with their personal belongings.

STANDARD 25: SERVICES - HEATING AND LIGHTING**OUTCOME: Service users live in safe, comfortable surroundings.****Key findings/Evidence:**

Summerland House has an ongoing programme for the installation of low surface temperature radiators. Currently those rooms which do not have a low surface temperature radiator in place, have a radiator cover fitted to protect residents' from a potential injury such as falling against a hot radiator and being unable to move away.

All taps in areas where residents have access have a temperature regulator in place of 43°C to prevent a person from scalding him/herself and these are checked regularly and this is recorded.

Residents' rooms and the corridors throughout the home have bright lighting to assist residents and staff when moving about the home; especially during the evenings when additional lighting is required. There is also emergency lighting both inside and outside of the home, which is on a timer.

CCTV is in place at the entrance to the home and there is a notice informing visitors of this.

STANDARD 26: HYGIENE & CONTROL OF INFECTION**OUTCOME: The home is clean, pleasant and hygienic.****Key findings/Evidence:**

The domestic staff have a cleaning schedule to follow and keep the home clean, pleasant and odour-free. Clinical waste is collected each week for incineration, in line with Health and Safety requirements.

Summerland House had their most recent infection control audit undertaken by the infection control specialist nurse from within HSC in January 2019 and their score of 97% was maintained, which is excellent and demonstrates that the care staff and housekeeping staff have a good understanding of infection control within a care home environment.

All staff have access to policies and procedures for the safe handling of clinical waste, HSC guidelines, hand washing and the wearing of protective clothing. The nurses all act as infection control link nurses for the home.

As an additional precaution, the staff wear different coloured aprons for when they are assisting with care to those for when they are serving meals, which is good practice.

Staff also have a changing facility so they change out of their uniform on completion of their shift

before they leave for home, to further support infection control.

STANDARD 27: STAFF COMPLEMENT

OUTCOME: Service users' needs are met by the numbers and skill mix of staff.

Key findings/Evidence:

The home is staffed by many members of staff of long standing and they are confident in their role. From examining the off-duty for the week; the staffing numbers and skill mix are good for the number of residents and their dependencies. During a morning shift matron is supernumerary when she is not undertaking a clinical shift. When the home is fully occupied with 58 residents there are 4 RGNs on duty (currently 3 RGNs as 51 residents in the home) with 14 carers (1 carer commences her morning shift at 6.30am to assist the night staff and another 2 carers commence at 7am). During an afternoon and evening shift there are 2 RGNs with 6-7 carers (1 carer continues to work from 8pm until 10pm to assist the night staff). Overnight there is 1 RGN with 3 carers (with additional assistance from the early starters in the mornings and the 8-10pm carer as discussed above). There is also a nurse associate living on-site who could be called upon during the night if there is an emergency. The Director said staffing levels continue to be reviewed daily in relation to the dependency level on each floor of the home and staff are re-distributed accordingly to ensure that care needs continue to be met.

The call bell system enables the time it takes for a call bell to be answered to be logged. Maintenance regularly audit this and matron also uses this to monitor staffing levels. Residents were observed to receive prompt attention when they called for assistance and this was also confirmed in conversation with residents where they offered some examples.

The management continue to regularly review the number of staff on duty to ensure that staffing levels remain good, to ensure the needs of the residents continue to be met. At certain times additional staff may be on duty; for example for outings to ensure that there are adequate staff remaining in the home for the residents who are unable to go on the outing and there are adequate carer and nurse escorts on the outing. Staff that were spoken to (day staff only) confirmed that they had a manageable workload; if any problems with staffing levels arise this is discussed at a staff meeting or individually with matron. Staff felt that following discussion with matron the issue would be actioned appropriately.

Staff that were spoken to confirmed that they have a manageable workload on all shifts and there are good levels of both carers and nurses on each shift. Carers who was spoken to again raised that some shifts can be challenging due to staff absence due to sickness but acknowledged that additional staff were contacted to help out if possible but it continued to be difficult to get cover for a shift at short notice (same for all care homes). If the person is likely to be absent for the following shifts this is addressed to ensure that the team are not continually working short of staff.

STANDARD 28: QUALIFICATIONS**OUTCOME: Service users are in safe hands at all times.****Key findings/Evidence:**

The care team at Summerland House consists of qualified nurses, associate practitioners, healthcare assistants and carers. The home's commitment to staff development is clearly demonstrated by the encouragement and support given to all staff to undertake training; including the NVQ/VQ awards. The home has 3 qualified NVQ/VQ assessors that are active; with a further 1 assessor candidate currently undertaking this course. Six carers have completed the NVQ award at level 3, with another 2 carers currently undertaking this course. Nine carers have an NVQ award at level 2 with a further carer currently undertaking this award. Other carers have also demonstrated an interest in undertaking VQ awards in the future, which really is excellent.

The director, matron and 4 of the nurses have a degree in health care with another nurse currently undertaking this level of study. Three nurses are qualified assessors for the student nurse placements at the home, with an additional nurse currently undertaking this programme. There is also 2 employees with a Diploma in Healthcare working in the home (bank staff), who are in an associate practitioner role within the team as a support to the nurses. One carer who is currently working at the home is due to be supported in-house to undertake this training in the near future. One carer has completed the Care Certificate (Skills for Care Programme – in-house) and another carer has a B-Tec award in care.

STANDARD 29: RECRUITMENT**OUTCOME: Service users are protected by the home's recruitment policy and practices.****Key findings/Evidence:**

When recruiting new members of staff, Police checks (DBS) are undertaken for all staff. An enhanced DBS is undertaken for all for nurses and carers and a basic check is undertaken for housekeeping, catering and administrative staff etc. Two written references are requested; one from the person's most recent employer and these are followed up by a verbal reference also, for additional information that may be required. Matron has access to the Nursing and Midwifery Council (NMC) website to ensure that each nurse is on the live register and staff are provided with a Mediceck form to complete for a health declaration.

All staff have a formal supervised induction programme when they take up a position in the home. Each person has a named nurse (for nurses) or senior carer (for carers) who act as the person's supervisor (currently looking to increase) and all induction programmes are signed off by matron. If a person applies for a job as a carer but has never worked in a care environment before, 2-3 shifts are offered on a trial basis, with supervision, so that the person can see if they feel this is the type of work

the person would like to do. If successful, the person is offered a position in the team and an induction programme is commenced.

All staff have access to policies and procedures for health and safety, dealing with fire and emergencies, confidentiality, whistle-blowing, non receipt of gifts and non-witnessing of wills or other personal affairs and for adult protection. Matron also has a copy of the current 'Standards for Care Homes', which all staff have access to if needed.

STANDARD 30: STAFF TRAINING

OUTCOME: Staff are trained and competent to do their jobs.

Key findings/Evidence:

The company is to be commended on its commitment to training of both induction and ongoing training within the home. There is a training co-ordinator within the team who is provided with dedicated time in which to prepare and deliver training for the staff at Summerland House, Saumarez Park Manor and Maison De Beauvoir (sister homes). A topic is chosen each month and this is concentrated on for the whole month e.g. safeguarding, dignity etc. This enables all staff to complete the training, which is a good initiative. Staff undertake annual statutory training by accredited trainers (combination of formal and in-house sessions) for moving and handling (Ergocoaches x 7), fire safety (Fire Marshalls x 12), health and safety, first aid and resuscitation (12 emergency first aiders), food hygiene, infection control and for dementia care. The nurses also undertake regular updates for tissue viability, catheterisation and diabetes management.

New staff undertake 3 days of training on appointment during their induction and there is a comprehensive staff handbook, which all staff are provided with. An Ergocoach provides training and undertakes assessments for all new employees for safe practice with moving and handling. The new staff member works with a supervisor who continually monitors the person's progress. When the staff member has developed the required knowledge and skill, the induction programme is signed off by their supervisor and is forwarded to matron. After a period of time working at the home, a person is encouraged to undertake the VQ award if the person wants to progress their career.

The nurses and the maintenance team undertake risk assessments in the home and receive periodic updates; the key worker nurses also undertake the individual residents' risk assessments.

Night staff are able to attend training that is taking place during the day and also use DVD training packs for discussion (nurses and carers). All staff receive above the recommendation of 3 days training per year (pro rata for P/T staff) of both formal and informal training.

Ongoing training for staff includes communication, privacy and dignity, maintaining independence, choice and fulfilment and all other policies already identified earlier in this report. In addition to the well supported NVQ/VQ programme, individual staff have also undertaken training in the following areas; managing incontinence and the use of incontinence products, understanding vital signs and

wound management (full list of training kept by matron).

The NVQ programme (now known as VQ) is well supported by all staff in the home, with the majority of the carers having achieved or currently undertaking an award at level 2 or 3. Staff also attend underpinning sessions for the NVQ/VQ programme. The nurses also attend various training sessions throughout the year at the IHSCS, which are relevant to their client group or for a teaching and learning environment (student nurse placements) e.g. assessor updates, syringe driver and end of life medication management updates and venepuncture and compression bandaging.

A staff training file is maintained for all staff training both in-house and through outside providers and this is continually built upon throughout a person's employment at Summerland House. For the nurses, they are also required to keep up to date to revalidate every 3 years with their registering body – the NMC.

STANDARD 31: STAFF SUPERVISION

OUTCOME: Staff are appropriately supervised.

Key findings/Evidence:

A staff appraisal system is in place for staff development and to enable the management to plan for future training needs. This is undertaken biennially for staff who have worked in the home for many years. Staff complete a self-assessment prior to attending their appraisal. Matron undertakes appraisals for the nurses (based on the Knowledge and Skills framework for nurses). The deputy matron undertakes appraisals for the HCAs and some of the carers; with the night nurses and other day nurses appraising a group of carers each. Matron and the nurses regularly work alongside and supervise staff on the floor. A staff supervision sheet is completed whenever a nurse works with a carer; thus demonstrating that staff are adequately supervised. Matron also undertakes an appraisal audit; this provides useful feedback to enable her to identify where additional supervision is required for individuals. A plan is then developed, which is measurable to continue to support individuals with their personal and professional development. All volunteers who work in the home are supported by a supervisor.

Five HCAs have completed the NVQ person-centred care unit as a stand-alone unit for continued professional development. Various other standalone units are undertaken by individual carers, to ensure there is a good level of knowledge and skill within the team.

Matron holds monthly meetings with the nurses and the minutes are documented. Informal meetings between matron and her deputy are undertaken weekly and also with the director of nursing. This enables support to be provided to all parties and facilitate continuity with care and the management of the home. Informal meetings with catering and housekeeping staff are undertaken as needed; with a formal meeting held annually.

HCA/carers' meetings are held 6-monthly (some meetings with the training co-ordinator and the

nurses, depending on topic of discussion). An all team meeting is held quarterly. The minutes of the meetings are displayed in the staff room. This is important as this avoids situations when staff claim not to have been informed of various issues. Matron speaks with employees within all departments of the home whenever she is on duty so can often address issues promptly as they arise.

There is an IV assessor in the team and she also provides support with the VQ programmes for their sister homes Saumarez Park Manor and Maison De Beauvoir.

STANDARD 32: MANAGEMENT AND ADMINISTRATION

OUTCOME: Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his/her responsibilities fully.

Key findings/Evidence:

The director of nursing remains the registered person for the home. She has a BA (Hons) Degree in Professional Practice and a Diploma of Professional Studies in Nursing within which are modules for leadership and management. As director of nursing she is continuing to provide support to matron and her team and is also continuing to work on policies and quality assurance for the company's 3 care homes.

Matron is a registered nurse who has the day to day responsibility for managing the home; standards of care, concerns raised and staff training and development etc. Matron is a qualified district nurse and has experience in a previous role of co-ordinating the rapid response community service. She has a degree in Healthcare Practice, which also included a module for leadership. She is a qualified assessor for student nurses and her colleagues, and prior to joining Summerland House she was a practice manager for 6 years.

Summerland House has a positive attitude towards inspection visits; viewing the inspections as an opportunity to demonstrate good quality care and for promoting continued development of the home.

STANDARD 33: MANAGEMENT AND ADMINISTRATION - ETHOS

OUTCOME: Service users benefit from the ethos, leadership and management approach of the home.

Key findings/Evidence:

Residents that were spoken to continue to be very happy with the care and services that they receive and they said that the management and staff are always available if they wish to speak to them. Residents who were spoken to said that they had never had to make a complaint, however, if they needed to they would feel comfortable to speak to matron or to the person in charge as they are

always visible about the home. They felt that their concern would be taken seriously and would be acted upon swiftly and appropriately.

The management are continually planning development for the home in the way of upgrading the home to improve facilities; this is evident in the refurbishments within the home and with the ongoing programme of replacement of furniture, furnishings and equipment. The staff training programme is comprehensive and staff are encouraged and are supported to seek opportunities for further development throughout their employment in the home.

Student nurse placements are also supported in the home; as previously discussed in this report. As well as providing a learning environment for students to develop their knowledge and skills for providing care and support to older people, this also facilitates the nurses to further develop their knowledge and skills for teaching and assessing. An annual education audit is undertaken by a tutor from the IHSCS to ensure the home demonstrates continuity in the provision of a high standard learning environment providing good quality care. Feedback to matron from the students continues to be very positive.

STANDARD 34: QUALITY ASSURANCE

OUTCOME: The home is run in the best interest of service users.

Key findings/Evidence:

All residents that were spoken to continue to be very happy living at Summerland House and offered nothing but praise for all of the staff. This was also reflected in conversation with 2 relatives. There is a very good activity/social interactive programme, which continues to develop and includes both group and one-to-one activities for all residents who want to take part.

Matron or the nurse in charge speak to residents and relatives throughout the day when they are about the home and matron has an open door policy. A person can always organise a private meeting with matron if they prefer, as previously discussed in this report. There is a suggestion box for people to give anonymous feedback if they prefer; however, this is rarely used. This suggests that residents and their family are satisfied with the care and services which are offered within the home, or are comfortable to raise any concerns directly with the management. The suggestion box is promoted regularly in the Summerland Newsletter, which is developed by the receptionist and keeps the residents, staff and relatives informed of developments, celebrations and any news within the home. Everyone continues to enjoy contributing to and reading the newsletters, which can be provided in large print to cater for the needs of everyone.

Relatives' meetings are no longer held due to a lack of attendance. However, leaflets are available in reception to give visitors information on how they can become involved in the home. Questionnaires are also sent out to relatives periodically to gain their views on their involvement with their relative's care and with the ongoing development of the home.

There are regular management, nurse and team meetings and minutes are documented. Matters raised at meetings are actioned accordingly and the minutes from the staff meetings are displayed on the notice board in the staff room for all staff to read. The administrator has overall responsibility for overseeing the kitchen (ensuring documentation is completed to reflect best practice in the catering department).

The team at Summerland House have received many letters and cards of thanks from residents or their relatives and these are also used as a monitoring tool for quality control.

Matron and her team work closely with other multi service professionals from within the community and feedback from audits and inspections are always received constructively and prompt action is taken to ensure standards within the home remain high. Audits undertaken in the home for ongoing quality monitoring include; accidents and incidents (including for falls), dependency and staffing level, supervision sessions, computer system – recordkeeping (care plans) and length of time for a call bell to be answered etc.

Policies and procedures for the home are reviewed and are updated at a minimum of 3-yearly, unless a change in practice or regulation requires this to be undertaken sooner. New or updated policies and procedures are displayed on the notice board for staff to read prior to being filed.

STANDARD 35: FINANCIAL PROCEDURES

OUTCOME: Service users are safeguarded by the accounting and financial procedures of the home.

Key findings/Evidence:

Standard not examined as Employment & Social Security receive annual accounts from the care home.

The accounts for residents are managed in-house by the administration department and an audit trail is in place.

STANDARD 36: SERVICE USERS MONEY

OUTCOME: Service users' financial interests are safeguarded.

Key findings/Evidence:

Residents manage their own financial affairs; however if this is not possible a resident's NOK or their representative would do this for him/her. The management have secure measures in place for money or valuables etc that are held in the home safe; as previously discussed in this report and records are kept for this. Residents have access to a secure facility in their room for the safekeeping of money, valuables or medication (if self-medicating).

STANDARD 37: RECORD KEEPING

OUTCOME: Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.

Key findings/Evidence:

Summerland House has a record keeping policy and information regarding residents is held securely electronically and are password protected. A copy of a resident's care plan is printed off and is retained in each resident's room so that residents are able to read their care record and can make changes in partnership with their key nurse and their NOK as they go along (NOK involved with reviews where appropriate). The nurse for each team is responsible for ensuring that the care plans are kept up to date; HCAs and carers also have access to the care record for recording information (overseen by a nurse). Each resident's record has an entry made at least once in every 24hrs regarding their well-being. More entries are made if necessary e.g. GP visit, resident unwell, communication with a relative, an accident/incident occurs.

STANDARD 38: SAFE WORKING PRACTICES

OUTCOME: The health, safety and welfare of service users and staff are promoted and protected.

Key findings/Evidence:

Summerland House Nursing Home offers an excellent training programme, which is well-supported by matron and the management to ensure there is good all-round knowledge and skills within the team.

Risk assessments are conducted for all residents within their plan of care e.g. falls, tissue viability, nutritional status, choking and for smoking etc. All residents who like to go for outings on the bus also have a risk assessment undertaken for this activity. Other relevant healthcare professionals are contacted as necessary for further support and guidance e.g. diabetes specialist nurse, mental health nurse and tissue viability nurse etc. Social Workers are contacted as necessary where a care review is required to ensure the most appropriate care environment can continue to be provided at Summerland House where a difficulty may have arisen.

The accident records are electronic. This makes it easier to identify trends for accidents using the electronic system and a review of all of the accident/incident records is undertaken quarterly. This is important if looking to identify trends; for instance an accident/incident may occur frequently during a handover period, in the same area of the home each time, or with the same resident. Matron previously conducted an informal audit following the introduction of sensor mats for some residents who are at a high risk of having a fall. The results of the audit identified that there was a significant positive impact on reducing the number of falls for certain residents and they continue to be used as needed.

There is a clear record of equipment maintenance and servicing. The home provides a safe environment and is smartly decorated and furnished. Ramps and handrails are installed around the home to facilitate safe access to the well-maintained gardens all around the home.

All taps in areas of the home where residents have access have been fitted with a temperature regulator and this is monitored and maintained regularly. If a radiator is not one of the low surface temperature types the radiator is protected with a radiator cover (on-going programme of replacement). All windows on the first floor have a window restrictor fitted to prevent a person from being able to climb out of, or fall from a window. In the continued upgrading of the home there is a window replacement programme in place.

There is a programme in place for the monitoring of Legionella and an asbestos survey has been undertaken and a register is held by the management.

On the previous inspection visit work was in the process of being undertaken to replace the lift, which was completed and is fully operational.

Registration and Inspection Officer's comments

Summerland House Nursing Home provides a comfortable home for up to 58 people who require nursing care. Fifty one people are living at the home as some of the double rooms are currently single occupancy. Residents who were spoken to gave very positive feedback in relation to the care and services offered at the home and said the staff are kind and respectful and nothing is ever too much trouble. This was also the impression given in conversation with 2 visitors. Throughout the day staff were observed to interact with residents in a kind and warm manner and appeared to understand residents' routines and preferences well.

Care plans are detailed and provide information for the level of care each person requires, including how to manage risk to minimise incidents; yet to encourage independence and to support people to make choices. The staffing levels are good and the staff understand their role and responsibilities within the team and feel well-supported by the management.

Activities are varied and are well resourced. People did not feel that they were pressured in to taking part in anything they didn't want to and said staff showed respect for their individuality and beliefs.

A robust recruitment process helps to keep people safe and all staff undertake regular safeguard training. There is a good programme of training and supervision in place including for maintaining a quality learning environment for student placements.

Auditing processes are in place to monitor quality, which include independent audits and inspections from other services from outside of the home. The management uses the feedback constructively for the ongoing development of the home and action recommendations promptly.

Vanessa Penney
Registration and Inspection Officer

REGISTERED PERSON'S AGREEMENT

Registered person(s) comments/confirmation relating to the content and accuracy of the report for the above inspection.

I would welcome comments on the content of this report relating to the inspection conducted on **27/06/19** and any factual inaccuracies:

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Signed:

Designation:

Date:

Note:

In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.

June 2019

