



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: 22/11/18

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 (Matron)**

CATEGORIES/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
Nursing	58 (current occupancy 46)

Date of most recent inspection visit: 25/01/18 - Unannounced

Date of inspection upon which this report is based: 22/11/18

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 has an informative resident's charter and handbook which clarifies the obligations and rights of both a resident and the management of the home. The handbook is indexed and is published in large print to facilitate easy 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. A copy of the philosophy is in the resident's handbook and a copy is also displayed on the information board in the home. A copy of the resident's charter and handbook is available in each resident's room and includes the information which is necessary for assisting a person to make an informed choice for taking up long term care in the home. The information in the handbook includes the 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 residents will be offered a choice in the gender of the person who will be assisting him/her with personal care. A person's capacity to be able to make this decision is taken in to account and also the procedure for which the person would need assistance or support with; to ensure privacy and dignity is supported at all times.

A contact number for the Registration & Inspection Officer from within Health & Social Care (HSC) is included in the handbook and there is information to access the home's website at www.guernseycarehomes.com/index.asp A copy of the home's most recent inspection report is displayed in reception and is also on the website, and there is reference to it in the home's monthly newsletter.

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. Recently added is that a car is now available so that a resident's relative is able to borrow it to take their relative on outings. 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 clearly written, easy to read and to understand and is comprehensive. The contract is a written agreement, which details the expectation of the management and 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 wish 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 to a 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 in place to ensure the nurses capture all of the information needed.

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:

Summerland House Nursing Home has dual registration; 53 beds are registered for nursing care and 5 beds are registered for either nursing care or for residential care. 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 Matron liaises 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 for the staff can be monitored. The Deputy Matron said recently 2 residents have been able to undertake a programme of rehabilitation and have been re-assessed. As a result, these residents have been able to transfer to residential care, which is a positive reflection on the care that the team provide at the home.

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. 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 RGNs 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 RGNs work alongside and supervise staff 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:

When a room/bed becomes available, a one-month trial period is offered; however, the management are flexible, therefore agreement may be made for a longer trial period if this proves beneficial/necessary. Before taking up accommodation at Summerland House, prospective residents and/or their NOK are encouraged to visit the home to have a look around and to introduce them to some of the staff who work in the home and residents who already live there. 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 respite care or for long term care.

Summerland House generally has full occupancy; however, an emergency admission is accommodated, following an assessment, if there is a vacant bed at the time that it is needed.

The Deputy Matron said when a room becomes vacant a resident is able to change rooms if he/she/NOK have indicated a preference. This is subject to finances as prices differ for room size etc.

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 a dedicated bed for respite care; however, if there was a vacant

bed at the time that it was needed, this would be offered. 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 Community 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 RGNs.

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 storing residents' information. 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. Matron undertakes periodic care plan audits and the results are fed back to staff. Training and supervision sessions are then organised 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 receive a handover on the changeover of each shift. This is now undertaken in the nurses' office on the lower floor to ensure privacy and to minimise interruptions. Handover is a combination of both verbal and written information and there is a communication book for appointments, reminders and day-to-day issues etc; as well as reminders displayed on the electronic 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 RGNs record appointments, changes in treatments and results of tests etc in a resident's electronic nursing record.

There is currently 1 resident in the home with a pressure wound. Further investigation indicated that this resident was admitted in to the home with this pressure wound. Measures are in place to minimise deterioration, for example an airwave mattress and a pressure relieving cushion when the resident is sitting out of bed. There is a wound chart in place and ongoing monitoring is recorded in the resident's care plan e.g. repositioning plan and nutritional status etc. A resident's GP and the Tissue Viability Specialist Nurse are consulted as necessary, which is also recorded in a 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 RGNs undertake a 2 day training session for pressure area care, with regular updates thereafter. If the RGNs require additional support for wound management, they are able to contact the Tissue Viability Specialist Nurse from within HSC for additional training in specific areas. All of the RGNs 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 Nurse Specialist, 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 RGN 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 they are able to and assistance is offered with the activities of daily living as required; for example, assistance with mobility, meal times, bathing and dressing. The RGNs 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 Carers 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 are able to speak with Matron/Deputy whenever they want to and relatives are able to speak to them also whenever they visit. 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/Deputy 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 RGNs use the Monitored Dosage System for the administration of medication to the residents in the home, which is organised through Pharmacy Locale. Only the RGNs dispense and administer medication.

One resident in the home currently self-medicates with 1 of their medications. A risk assessment is undertaken to ensure that the person is safe to undertake this task prior to doing this and a checklist is kept with the medication chart for regular reviews and for on-going monitoring. A lockable facility is available within each resident's room for the person to store their medication (if self-medicating). 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 computer and the RGN telephones 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 RGNs receive good support from the Pharmacy Locale. The Deputy Chief Pharmacist from within HSC last undertook a pharmacy

inspection at Summerland House 3 days previous to this inspection visit. The medication system was found to be well-managed; one minor recommendation was actioned immediately.

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/Deputy 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 occurrence.

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. Matron also undertakes a monthly call bell audit as the system provides a recording of waiting times.

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 he/she 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 RGN has completed a BA module for end of life care and another RGN has in-depth experience for working within a hospice environment. Matron/Deputy and the RGNs 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 meals, refreshments 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 conversations with people who are worried or distressed. It provides Carers with a structure to help them listen and respond effectively, which is excellent.

The RGNs are to be commended on having ascertained the resuscitation status of each resident in consultation with the resident and/or their NOK and the resident's GP and this is clearly documented.

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 are 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.

Three Activity Assistants provide 40hrs of activity time and social stimulation each week; 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 if they choose. 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.

A group of volunteers also visit the home and have 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 one resident was playing a board game with a volunteer activity person, which they both appeared to be enjoying. Different residents were observed to be taking part in various activities throughout the day; quizzes, group discussions and arts and crafts. Some residents preferred to sit in the lounges watching the television.

Residents also enjoy regular bus outings. Several residents said they are looking forward to going on a bus outing to see the Christmas lights within the next couple of weeks and the home is also due to have several groups of Carol Singers visiting the home. In addition to the 2 buses available for outings, 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 and other events are also included in the activity calendar throughout the year e.g. Easter, Liberation Day, Halloween etc, and residents enjoy making decorations in the arts and crafts sessions for these events.

Student placements for the Duke of Edinburgh Award are also supported (none currently). These students visit the home once per week and are supervised to undertake activities with the residents

also (no personal care).

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. The Deputy Matron said there are plans to set up a resident user group in the New Year to discuss activities and outings with residents to see what they would like introduced in to the activity programme for the home.

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, Matron also offers placements 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 (none currently). 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 4 students this year for 12-week placements (3 student mentors in the home). Residents look forward to chatting to a younger group of people and seeing them about the home.

STANDARD 14: AUTONOMY AND CHOICE

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

Key findings/Evidence:

The management encourages residents to bring in personal items for their room; including small pieces of furniture, pictures and ornaments. Most residents have done this and therefore their rooms reflect their personality and the interests they hold dear to them. 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 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/Deputy 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 not able to do this for themselves. 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.

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.

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. Snack boxes with different foods in 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. Residents who were spoken to had no complaints with any aspect of the catering in the home. They said that the meals are very good, several residents joked about putting on weight. Residents said the home is very accommodating with their preferences and will always do their utmost to ensure their satisfaction.

An Environmental Health Officer last undertook a food hygiene inspection at Summerland earlier this month 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 either Matron/Deputy 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/Deputy if ever they thought that this was necessary. They said that they felt sure that the complaint would be taken seriously, acted on promptly and would be addressed appropriately.

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.

All staff have access to adult protection policies and the policy for maintaining confidentiality; this also forms part of the staff induction programme. A policy is also in place for data protection with the update of the law in May 2018.

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, whistle-

blowing, receiving of gifts, the safe storage of money and valuables and for staff non-involvement in a resident's financial affairs or for witnessing a will/other legal documentation.

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 capabilities. 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 cigarette ends.

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 dependent on a wheelchair, 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 enjoyed spending time on the terrace in the summer, or enjoyed the view from the large conservatory at the back of the home.

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 facility within close proximity to the resident's room (as previously discussed). 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, demonstrating their commitment to ensuring that resident's needs are being met and that manual handling for both residents and staff is given a high priority. The home's equipment includes specialised crockery and cutlery, electric operated profile beds, airwave pressure relieving mattresses, pressure relieving cushions, sit on scales, variable height chairs, an assortment of hoists – including an overhead Gantry hoist (ongoing programme of servicing and replacement of equipment e.g. slings to meet the changing needs of residents, as required), raised toilet seats, commodes, walk-in showers and specialised baths, syringe drivers and 2 suction machines etc. Some more specialised pieces of equipment may need to be purchased by an individual resident (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 sensor's 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 is upheld. There are also pressure sensor mats available or pressure sensor pads that sit under a person's mattress.

There are 2 large orientation board in the lounges, which displays the date, weather and time; to further orientate residents who may be forgetful (clear to read) 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 (1 shared- couple) 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 electric 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 that were spoken to were once again this year very satisfied with the cleanliness of their room and said that staff respected their belongings and privacy when they needed to move things or tidy things away.

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 from it).

All taps in areas where residents have access have a temperature restriction in place of 43°C to prevent a person from scalding him/herself and these are checked regularly and 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 (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 generally odour-free (one area of lounge discussed with Deputy Matron – increasing to weekly carpet cleaning once again). Clinical waste is collected each week by a clinical waste transportation company, 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 June 2017. A score of 97% was achieved, which is excellent and demonstrates that the care staff and housekeeping staff have a good understanding of infection control within a care home environment. The next inspection is due to take place on 31st January 2019.

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. There is also an infection control link nurse within 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 5 RGNs on duty (currently 3 RGNs as 46 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 RGN living on-site who could be called upon during the night if there is an emergency. The Deputy Matron 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 care needs are continually met. One relative who was spoken to post inspection visit said “No matter where you are in the home a member of staff is never very far away. I’ve never had to go searching for staff if I need someone as staff are present in all areas of the home”.

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/Deputy 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 not able to go on the outing and there are adequate Carer and RGN 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 arose this is discussed at a staff meeting or individually with Matron/Deputy. Staff felt that following discussion with Matron/Deputy 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 RGNs on each shift. Carers who was spoken to said that some shifts can be challenging due to staff absence due to sickness. It can sometimes be difficult to get cover for a shift at short notice but this is always tried by the person in charge. 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 RGNs, Health Care Assistants (HCA – NVQ/VQ qualification) and Carers. The home’s commitment to staff development is clearly demonstrated by the encouragement and support given to all staff to undertake 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 Carer currently undertaking this course. Nine Carers have an NVQ award at level 2 with a further 2 Carers currently undertaking this award. Other Carers have also demonstrated an interest in undertaking VQ awards in the future, which really is excellent.

Matron and 5 of the RGNs have a degree in health care with another RGN currently undertaking this level of study. Three RGNs are qualified mentors for the student nurse placements at the home, with an additional RGN 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 RGNs. 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 3 Carers have a B-Tec award in care. The Deputy Matron said if a person joins the team who has no care experience, the person undertakes the Care Certificate at level 1 as part of their induction programme.

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 (DBS) checks are undertaken for all staff (enhanced for RGNs and Carers). 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/ Deputy has access to the Nursing and Midwifery Council (NMC) website to ensure that each RGN is on the live register and staff are provided with a Medichack Form to complete for a health declaration.

All staff receive a formal supervised induction programme when they take up a position in the home. Each person has a named RGN (for RGNs) or Senior Carer (for Carers) who act as the person's Mentor. All induction programmes are signed off by Matron or the Deputy Matron.

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; extensive list of training over the last 12 months provided. There is a Training Co-ordinator within the team who receives dedicated time in which to prepare and deliver training for the staff at both 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 receive annual statutory training by accredited trainers (combination of formal and in-house sessions) for moving and handling (Ergocoaches x 6), fire safety (Fire Marshalls x 7), health and safety, first aid

and resuscitation, food hygiene and for infection control.

New staff receive 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 moving and handling and the new employee commences the Skills for Care programme (in-house) towards meeting the standards that are required for the Care Certificate. 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 (recently updated) is signed off by their supervisor and is forwarded to Matron. Carers who are new to caring complete the Care Certificate, however, many of the existing Carers are also completing, or have completed this training. Following completion of the Care Certificate, if a Carer wants to undertake further training, they are supported by the management to undertake a VQ award.

The RGNs and the maintenance team undertake risk assessments in the home and receive periodic updates; the key workers (RGNs) undertake the individual residents' risk assessments.

Night staff are able to attend any training that is taking place during the day and also use DVD training packs for discussion (RGNs 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, within the previous 12 months Carers have received in-house training and off-site training for the following; using incontinence product - Tena pads, understanding vital signs, dementia care (person-centred), dementia care (communication), emergency aid and diabetes update (Chefs also).

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. RGNs also attend various training sessions throughout the year at the IHSCS, which are relevant to their client group e.g. tissue viability, syringe driver updates, safeguarding, VQ assessor updates etc.

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 RGNs, they are also continually working towards meeting the level required for revalidation (every 3 years).

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. Staff complete a self assessment prior to attending their appraisal. Matron undertakes appraisals for the RGNs (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 Sisters and other RGNs appraising a group of Carers each. Matron, Deputy Matron and the Night Sisters regularly work alongside and supervise staff on the floor. A staff supervision sheet is completed whenever a RGN 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.

Matron has also introduced a VQ unit for staff training – Unit 3121 Promoting Effectiveness in Teams. Six Carers have completed this unit. 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 RGNs (minutes observed). Meetings between Matron and her Deputy are also undertaken weekly. 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 RGNs, depending on topic of discussion). The minutes of the Carers 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. Meetings with individual departments are held as necessary; however, 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 Registered Manager (Matron) has a BA (Hons) Degree in Professional Practice and a Diploma of Professional Studies in Nursing within which are modules for leadership and management. She has also undertaken an additional leadership/management course, which for example examined the different styles of leadership. Matron also undertakes periodic training relevant for the care needs of

her client group. She also works within the team undertaking several clinical shifts per week to provide hands on care to residents and provides supervision and informal training for the staff as required. Matron is a good role model; she has strong leadership skills and is professional and approachable in her manner. Staff appear to have a clear sense of purpose, knowing what is expected of them - a positive reflection on them and their manager.

The Deputy Matron has been managing the home since July 2018 in Matron's absence. The Deputy Matron is a Registered Nurse. She is a qualified District Nurse and has experience 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 mentor 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 said that if they had a complaint they would feel comfortable to speak to Matron/Deputy Matron and they are always about the home whenever they are on duty (frequently undertaking clinical shifts) or to any of the RGNs or the management team. 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 for older people, this also facilitates the RGNs 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 (due next month). Feedback to Matron/Deputy 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:**

Matron completed a project for the benefit of activities for people in a care home as part of her degree programme, to gain feedback and suggestions to further develop the activity programme within the home. She also undertook a training session with the Carers to enable them to gain an understanding of the relevance of activities and the type of activities to stimulate interaction etc (ongoing).

Matron/Deputy regularly conducts a walk around the home and asks residents and relatives how they are and if there is anything they would like to discuss etc. There is a suggestion box for people to give anonymous feedback if they prefer; however, this is very 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 are now provided in large print to cater for the needs of everyone.

Matron has tried to encourage relative input with the operation of the home by holding regular relatives meetings. These meetings were cancelled due to a lack of attendance by relatives some time ago (Matron continues to regularly review this). However, Matron has implemented a leaflet for visitors to give them information for how they can become involved within 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. Matron/Deputy speaks with all residents daily and with visitors or relatives when she is working about the home and relatives and residents appear quite satisfied with this arrangement. A person can always organise a private meeting with Matron/Deputy if they prefer, as previously discussed in this report.

There are regular management, RGN and team meetings and minutes are documented. The Deputy Matron has overall responsibility for overseeing the kitchen (ensuring documentation is completed to reflect best practice in the catering department). 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 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 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 residents have an electronic care record, which is 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 RGN and their NOK as they go along (NOK involved with reviews where appropriate). The

RGN 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 RGN). Each resident's record has an entry made at least once in every 24hrs or more frequently if seen by a GP, an incident occurs, or if a resident is unwell.

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 the 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 restrictor valve 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.

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 day of inspection the passenger lift was out of action. However, work had begun in order to address with the replacement of a new lift. While the lift was out of action, some residents had been transferred temporarily to a downstairs room. Where this was not possible, the staff had set up an area for a temporary dining room so residents would still be able to socialise and the Activity Assistants are also undertaking activities in the dining room or with individual residents in their room.

The Deputy Matron reported to the Inspection Officer that the lift had been able to be fixed temporarily over the Christmas period and a new one is due to be installed early in the New Year.

Registration and Inspection Officer's comments

Summerland House Nursing Home provides a comfortable and friendly environment for the people who live there. Residents' and a relative who were spoken to were very complimentary in relation to the care they/their relative receives. There are strong values for person-centred care and residents felt that they were well supported and staff are caring, respectful and considerate. Residents are supported to maintain their independence with aspects of their life where possible and healthcare professionals from outside of the care home are contacted to provide additional support and advice where needed.

There are good staffing levels, residents were observed to be waiting for only a very short period of time when they called for assistance. One of the tools used for quality assurance for waiting times to further assess staffing levels, workload and resident satisfaction, is monitored through a regular call bell audit.

There is a strong focus on learning and development. The management demonstrate commitment with training to ensure the workforce remains knowledgeable and competent in order to meet the requirements of their role and with meeting the needs of the residents. This is also reflected in the support offered to students who undertake placements in the home and their feedback to their Tutor.

There is a good programme of activities in the home, with activities being provided by the home's Activity Assistants and volunteers from outside of the home. The programme of activities of both group and 1-1 activities aim to be meaningful, enjoyable and therefore enhance a person's quality of life. As well as activities provided in-house, activities are also provided within the wider community to enable residents to obtain a wider social experience.

Vanessa Penney
Registration and Inspection Officer

HOME MANAGER/PROVIDERS RESPONSE

Please provide the Inspection unit of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

No.	Recommended works	Action being taken to address requirements	Estimated completion date

Standard No.	Recommended practice developments	Action being taken to address recommendations	Estimated completion date

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 **22/11/18** 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.

November 2018