

## Summerford House Care Home Service

Summerford Road  
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Falkirk  
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**Type of inspection:**

Unannounced

**Completed on:**

11 December 2018

**Service provided by:**

Falkirk Council

**Service provider number:**

SP2004006884

**Service no:**

CS2003011511

## About the service

Summerford House provides long term care, re-ablement and respite services for older people. A service can be provided for up to 27 older people. The accommodation offers 20 re-ablement rooms, two respite rooms and five long term rooms.

Accommodation is organised into four separate group living areas, which include a communal lounge with integral dining and small kitchen facilities. A large, central lounge known as "centre court" provides space to relax and socialise with family and friends or other residents. This space can also be used for activities and to host visiting entertainment. The home is surrounded by a large garden.

The service is provided by Falkirk Council with partnership working with health colleagues including occupational therapy and physiotherapy to support people using the re-ablement service to regain and maintain skills and abilities.

Summerford House is situated in a residential area in Falkirk with access to local amenities and public transport.

The aim of the service is to provide a service which is planned around the individual needs of the resident.

The service registered with the Care Inspectorate on 1 April 2011.

## What people told us

We distributed 12 Care Standards Questionnaires to people using the service and their relatives. We received two completed questionnaires.

One person told us their relative was comfortable and happy. Staff were said to be patient, caring and professional. The person was confident her relative was being well cared for.

Another person told us there were never any staff around when they visited their relative and they had to go looking for staff if they had any questions.

We spoke with six people who were receiving re-ablement support. People told us they were not happy with the service they received. Although staff were kind, considerate and caring, there were too few staff. Staff were too busy to spend time with residents.

People told us there was a lack of activities or entertainment available and they found it hard to pass the time.

A person who was in the home for respite told us they enjoyed their regular stays in Summerford House. They had built up good relationships with staff and enjoyed the food very much.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	1 - Unsatisfactory
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How good is our leadership?	1 - Unsatisfactory
How good is our staffing?	1 - Unsatisfactory
How good is our setting?	not assessed
How well is our care and support planned?	1 - Unsatisfactory

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**1 - Unsatisfactory**

People using the service told us staff were kind, caring and patient. People said they were treated with respect and they felt staff afforded them privacy. We observed staff providing people with compassionate care and support. Staff appeared to enjoy supporting people and we witnessed warm and humorous interactions between residents and staff.

We were disappointed to find there was a lack of opportunity for residents to participate in meaningful activity. We concluded there were too few staff on shift to meet the needs of the people using the service. When we walked around the home, we found that often there were no staff visible in the units. We witnessed people who required support with mobilising moving around the home on their own, and in one case without their mobility aid. We were worried about people's health and safety.

People should expect that staff have time to support and care for them and to speak with them.

People using the service said staff did not have time to spend with them and told us "staff are rushed off their feet". Coupled with this we heard there were very few activities available and little entertainment. One person told us they went to bed during the day "to pass the time". We were concerned when on walking around the home after lunch, we found the lounges were empty. People using the service were in their rooms and most people were in bed. Furthermore, we found little information about people's interests, hobbies and preferences in their care plans. We felt people's quality of life was reduced whilst using the service.

People we spoke with told us they were keen to go home, especially as Christmas was approaching. People had been in hospital for some time before coming to the home for support with re-ablement. They told us they were frustrated and despondent because they were not kept informed about their progress. One person told us they had been at the re-ablement unit for over a week and was still waiting to find out about exercises to improve their mobility. We were unhappy to hear that people were anxiously waiting for information. One person waited an entire morning for staff to support them to visit their home, only to hear the staff member did not start work until after lunch time. People did not feel valued or in control of their lives. People told us they felt "stuck".

We considered that the provider's systems regarding the storage of people's money and their ability to manage their own medication disempowered people and worked against the ethos of re-ablement. We asked the provider to ensure people were enabled to manage their own money and medication, supported by robust, positive risk taking procedures.

We expected to find people were being supported to regain and maintain their self care and domestic skills however instead we found staff were carrying out these tasks for people.

We were concerned the service was risk averse and concerned with keeping people safe as opposed to building their skills and abilities. These issues led to very poor outcomes for people using the service and could affect their self esteem and self confidence.

We found that the appropriate health professionals were involved in people's care and support, however a lack of communication and joint working affected outcomes for people using the service.

We witnessed staff's practice and concluded staff did not have a clear understanding of the re-ablement model. An absence of written guidance and partnership working led to people receiving inconsistent support that left them feeling confused and exasperated. We were concerned this could reduce people's recovery and delay their discharge.

We heard the manager met with physiotherapists and occupational therapists on a weekly basis to discuss people's progress however staff were not involved or informed of the outcomes of the meetings. We felt this compounded staff's lack of understanding of re-ablement. We felt opportunities for integrated working between health and social care staff were not taken which could have improved outcomes for people using the service.

We observed staff encouraging people to make choices but were alarmed to find staff were supporting people to make choices that put them at risk. We felt this was due to a lack of understanding of informed choice making and Adults with Incapacity legislation.

We were concerned to find support plans that could lead to restraint and restrictive practice were in place. The provider must ensure any care and support plans meet the assessed needs of the person using the service, are based on best practice guidance and are developed in conjunction with appropriate family members and professionals. We discussed these training issues with the provider.

We identified the home's medication system as an area for improvement. We found the systems in use did not comply with best practice guidance and staff could not be sure they were administering the correct medication to people. We discussed the need for protocols to be developed to ensure consistent practice regarding the administration of "as required" medication. The provider must ensure medication systems enable safe and accurate administration of medication **(see Requirement 1)**.

We found health assessment tools, for example, weight charts and tissue viability assessments were not being consistently monitored. We were concerned issues with people's health could go unnoticed. We were also concerned that pain assessment tools being used were not appropriate, particularly for people living with dementia. We asked the provider to identify suitable pain assessment tools.

We noted a lack of assessment of the risks associated with people's specific health concerns. This was concerning given people were living with a range of progressive health conditions. We also noted a lack of positive risk taking assessments in people's care plans. We highlighted the need to identify potential risks and put in place measures to support people to live a life of their choosing. This was particularly evident where people were identified as being at risk of experiencing falls. We found these assessments were of a poor quality and were often incomplete. Falls risk assessments must be reviewed as a matter of priority **(see Requirement 2)**.

In conclusion, we were concerned people were experiencing poor outcomes as a result of using the service. We identified a number of areas for significant improvement that could improve people's experience of the service.

## Requirements

1. Medication must be managed in a manner that protects the health and wellbeing of people using the service. In order to achieve this, the service must, by 31 March 2019:

- a) Ensure medication is appropriately labelled so each individual medication can be identified.
- b) Ensure full audits of the home's medication system are carried out regularly and overseen by the manager.

This is to ensure care and support is consistent with the Health and Social Care Standards which state, "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

2. In order to support people to improve their quality of life the service must, by 31 March 2019, develop and implement positive risk taking plans that address the full range of people's needs including physical, psychological, social and emotional needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I make informed choices and decisions about the risks I take in daily life and am encouraged to take positive risks which enhance my quality of life" (HSCS 2.24) and to comply with regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

## How good is our leadership?

### 1 - Unsatisfactory

We concluded that the leadership of quality assurance and improvement was unsatisfactory.

We identified a number of major health and safety concerns during the inspection which put the residents, staff and visitors in the home at risk of serious harm.

We informed the provider that action to address these risks had to take place with immediate effect.

Most worryingly, we found the information in people's personal fire evacuation plans did not include sufficient information about people's needs or, in some cases, was out of date as people's needs had changed significantly. We were concerned this could put people at increased risk in the event of a fire.

We were alarmed to find fire drills were not being carried out in the home. Although the fire alarm had been triggered on three occasions this year, the opportunity to carry out a fire drill was not taken. We found concern had been raised about staff's practice in relation to safe evacuation. Areas for improvement and learning had been identified but these were not addressed.

We found many of the health and safety monitoring checks were not being carried out on equipment required by people using the service including wheelchairs, profiling beds, commodes and pressure mats. We found pieces of equipment could not be used because they were not in working order or parts were missing. A number of pieces of equipment were removed from use during the inspection when they were found to be unsafe.

We identified a high number of falls were experienced by people using the service. We examined the incident and accident reports and we were unhappy to find opportunities to prevent similar accidents were not taken as areas for improvement that were identified were not addressed. This included checking equipment was fit for purpose and in full working order before using it. We asked the provider to introduce appropriate and regular checks for all equipment used by people in the service without delay.

We could not locate a current gas safety certificate for the home and this gave us cause for concern. We were told Falkirk Council is working towards paperless systems and an online copy of the gas certificate was provided however, this took two days to arrange. Records of safety checks must be available at all times so the safety of people living and working in the home can be assured. We noted a check of the water systems, including thermostatic valves had been carried out five weeks prior to the inspection. The requirement for a number of "high risk" repairs and the replacement of parts, including thermostatic valves, was identified but no action had taken place to arrange for the work to be carried out. We noted bath water temperatures were being taken by staff before use but worryingly we found people were bathing in water of a low temperature. This issue had been noted in the maintenance report. We were very concerned about the lack of response by the manager. We were also concerned that people were experiencing very poor outcomes and poor quality of life.

We found a number of audits of processes and systems were being carried out, however sporadically, including medication, tissue viability, nutrition, care plans and falls. Unfortunately we found that areas for improvement, in some cases relating to people's health, were not addressed. We discussed with the provider that a quality assurance system must be developed and implemented to identify and address areas for improvement in a timeous manner as these failures to act could put people at risk.

In order to assess how the service is using the views of people using the service and their relatives to improve the service, we would usually examine residents' meeting minutes and quality assurance questionnaires, however these documents could not be located by staff on shift during the inspection. We would expect these documents to be available for people using the service and their relatives. We felt this showed a lack of concern for the views of people (**see Requirement 1**).

Whilst Falkirk Council has health and safety and maintenance and repair systems in place, these were not being used effectively in the home. We identified a lack of awareness and understanding of the responsibility of quality assurance and health and safety in the management team. These issues must be addressed by senior managers.

We were pleased by the quick response of senior managers in Falkirk Council to address the health and safety issues identified during the inspection. We were reassured that the most serious areas of risk were rectified immediately and a plan to address the remaining issues was put in place.

## Requirements

1. The provider must, by 31 March 2019, develop effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- a) Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff.
- b) Ensure all health and safety monitoring checks are carried out on a regular basis.
- c) Develop systems to monitor compliance with required health and safety checks.
- c) Ensure areas for improvement are identified, appropriately recorded and followed-up with outcomes and improvements clearly identified.
- d) Ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.
- e) Ensure the views of people using the services or their representatives are sought on a regular basis and used to plan and make improvements to the service.

This is ensure care and support is consistent with the Health and Social Care Standards which state "My environment is secure and safe" (HSCS 5.17) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210.

## How good is our staff team?

## 1 - Unsatisfactory

We were concerned that the staffing levels and mix could not meet people's needs.

We spent time with people using the service and observed mealtimes during lunch and tea times. We noted that staff appeared very busy at all times. Outwith meal times we found staff were rarely visible in communal areas. Staff told us they had very little time to spend with people on a one to one basis. A staff member estimated they had 30 minutes per shift to spend talking with people. This equated to six minutes per person. One person using the service told us they had sat in their room all morning and had "never seen a soul". We were told people could get up when they wanted to, however people who required support with personal care had little choice as to when they got up as they had to wait until the staff member was available.

Many of people using the service had complex health needs and mobility issues and to provide care and support to meet their individual needs required time. Staffing levels were set at one staff member per unit with a "floating" staff member who provided support for all four units. Staff told us they felt "under pressure" on morning shifts. A senior social care worker was always on shift, except on night shift, and could provide additional support as required. We saw that the senior social care worker on duty was mindful of staff's workload and offered support at the busiest times. However, this impacted upon their ability to manage their workload.

We noted that whilst the service used a tool to assess the care and support needs of people using the service, this did not inform staffing levels or skill mix. We considered that staff levels were too low to provide care and support in a person centred way or to support people to regain or maintain skills and abilities (**see Requirement 1**).

We expected to see staff supporting people to make snacks and drinks in the unit kitchen or completing exercises set by physiotherapists and occupational therapists. Unfortunately we witnessed staff serving meals and setting tables without any input from people using the service. People told us staff did not have time to help them with their exercises. This led us to conclude that staff did not have an understanding of their role in re-ablement and this contributed to people using the service experiencing poor outcomes.

We were concerned that staff lacked awareness and understanding in a number of key areas including communication, dementia and positive risk taking. Some people required additional support with communication as they had learning disabilities, were living with dementia or had experienced strokes. No alternative methods of communication were being used by staff and communication support plans developed for people by staff indicated staff's lack of knowledge. The lack of appropriate support to communicate could lead to people feeling isolated and have a detrimental effect on people's health.

We heard the service did not have up to date training records for staff so we were unable to ascertain what training staff had undertaken. This gave us great cause for concern because we could not be assured staff had completed even the mandatory training required. We asked the provider to provide details of the training staff have undertaken without delay.

We concluded there was an absence of leadership, guidance and support for staff in understanding and implementing the re-ablement model of support. This was apparent in observation of staff's practice, discussion

with staff and people using the service and in care plans. A comprehensive programme of training and support must be developed and implemented to equip staff with the skills and knowledge to meet the needs of people using the service **(see Requirement 2)**.

## Requirements

1. The provider must, by 31 March 2019, demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15) and to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. The provider must, by 31 March 2019, demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this, the provider must ensure that persons employed in the care service receive training appropriate to duties they are to perform.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

### 1 - Unsatisfactory

After sampling a number of care plans and talking with staff and people using the service, we concluded that assessment and care planning did not reflect people's needs and wishes. We found significant gaps in care plans and a lack of consistency. We felt care plans were formulaic and lacked person centred detail and individuality.

People should expect to be involved in the assessment of their emotional, psychological, social and physical needs at an early stage, regularly and when their needs change.

We found that people were not involved in needs assessments and were not involved in developing or reviewing their care plans. Permanent residents were not supported to identify the outcomes they wanted to achieve.

We were disappointed to find information that was important to people, such as their life stories, achievements, interests and preferences often lacked detail and did not give a "flavour" of the person. This information should be rich and comprehensive to be used to engage with people, build relationships and support people to maintain their identity and self esteem.

We noted that support plans had been developed to detail the support needs of people using the service. Unfortunately the support plans were basic and inconsistent and lacked detail. However, with development, support plans could give people the opportunity to choose how they wish to have their care and



support delivered and provide person centred, consistent support. We identified staff learning and development needs particularly in relation to dementia and communication.

We were concerned there was a lack of understanding of Adults with Incapacity legislation throughout the service. We discussed with the manager that where Adults with Incapacity orders, such as Power of Attorney and Guardianship, have been granted, copies of the certificates and powers granted should be held by the service. This is to ensure the service are aware of and can comply with the powers granted by the Court. We asked the manager to ensure that where people have been assessed as lacking the capacity to consent to medical treatment, a Consent to Medical Treatment form and treatment plan is put in place by the general practitioner or relevant health professional.

Whilst monthly reviews of support plans were taking place, we noted that most reviews did not result in an update to support plans. We found this surprising given the complex needs of the people using the service. We noted that care plan audits were not being carried out, so opportunities to identify and address areas for improvement and provide support and guidance for staff were missed. We asked the provider to carry out a review of all care plans to ensure they reflected people's needs and up to date best practice.

We found some permanent residents had not had a six monthly review. This meant an up to date and agreed assessment and plan of care and support was not in place. The service must ensure reviews take place on at least a six monthly period.

We sampled a number of re-ablement care plans and were very concerned to find a complete absence of information or guidance as to how people were to be supported to build skills and confidence to enable their discharge home. Care plans lacked aims, goals or outcomes for people as well as any systems to measure progress. People using the service had not been given an explanation of how the service would support their re-ablement and some people were unaware that they had a care plan. We struggled to identify any joint working between health care and social care staff.

We concluded there was an absence of leadership, guidance and support for staff in understanding and implementing the re-ablement model of support and this was evident in the care plans **(see Requirement 1)**

We were disappointed that this valuable resource in the community was not being used to its potential. Joint working between health and social care staff must be improved to improve quality of life, communication, care planning and outcomes for people using the service.

## Requirements

1. The provider must, by 31 March 2019, ensure that residents' care plans provide robust, detailed information based on an of assessment of needs, that identifies people's agreed outcomes and provides staff with effective guidance on how to support those needs. The provider must ensure that the written plan is being effectively monitored, reviewed and audited.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must ensure that all lifting and moving equipment meets the Lifting Operations and Lifting Equipment Regulations (LOLER) and there is written or electronic evidence that all equipment has been serviced and maintained on a regular basis in line with legal requirements.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users

Timescale : with immediate effect and to be fully compliant by 31 May 2018

**This requirement was made on 15 May 2018.**

#### Action taken on previous requirement

We found pieces of equipment had not been adequately maintained.

**Not met**

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

### Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	1 - Unsatisfactory
1.3 People's health benefits from their care and support	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
3.3 Staffing levels and mix meet people's needs, with staff working well together	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects people's planning needs and wishes	1 - Unsatisfactory

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