

SummerCare Limited

SummerHill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The service provides accommodation and support for up to six people with learning disabilities. There were six people living at the service at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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Detailed findings

Background to this inspection

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

This inspection took place on the 12 December 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with three people, the registered manager and two care workers. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

We saw that people looked happy and relaxed living at the service. One person indicated to us they were happy by giving us a thumbs up. Another person told us, "I like all the staff."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report anything to the manager and if no action was taken I would go further. However I have had no concerns like that here." The registered manager displayed information for staff and people to follow if they had a safeguarding concern and knew how to raise any concerns themselves and would work with the local authority to keep people safe.

Staff recruited were suitable for the role they were employed. The provider had a robust process in place for recruitment, however the registered manager told us that they had a stable workforce and did not have any vacancies. Files contained records of interviews, appropriate references, proof of identity and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people. Staff told us that they had the right level of staff working to support people and ensure that they could access the community everyday should they wish. The registered manager told us that where necessary they increased staff numbers to meet people's needs.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. The registered manager told us that during resident meetings they also discussed risks with people and how they can keep themselves safe. Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. People had personal evacuation plans in place and knew to evacuate the premises and where the fire assembly point was, should they need to evacuate.

People were cared for in a safe environment. The registered manager ensured there were regular risk assessments and audits completed of the premises and had an emergency contingency plan in place should there be an event that affected the running of the service. For day to day repairs and refurbishment the registered manager followed the provider's system to request this is done by a maintenance person. There were infection control policies and procedures in place to keep people safe and free from cross infection. Staff were responsible for keeping the service clean, as well as people where they were able and wanted to help with cleaning.

The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings. The

registered manager told us that following one person exiting the building unseen in response to a fire alarm, they had placed an alarm on the exit door that was audible should the door be opened. This showed the registered manager took action to learn from the event and make improvements to prevent this happening again.

Medicines were managed and administered safely. People got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. Regular audits of medication were completed and policies and procedures were up to date.

Is the service effective?

Our findings

The registered manager told us that the provider monitored staff training to ensure they had the skills to perform their role. We saw the staff training register and noted that all staff were up to date with their training. Staff told us that they had been supported to achieve nationally recognised qualifications. One member of staff said, "I am considering doing further training." This training would lead them to holding a nationally recognised certificate in care. Staff told us that they felt supported by the registered manager and that they had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings and supervision sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. Where people had DoLS in place, if they did not have appropriate relatives or next of kin to act on their behalf, the service made sure they had an advocate to ensure there was an independent person to look after their interests. In addition where some people had solicitors to act on their behalf to safeguard their finances the service kept records of their spending. There were assessments of people's capacity in care records and these were regularly reviewed. This told us people's rights were being protected.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Each week staff discussed with people what foods they would like to have and planned menus. Where appropriate pictures were used to help people express what they wanted. Throughout the day we saw people had access to food and drinks as they wished. Staff told us that people made their own choices about what they wanted to eat so that not everyone had to eat the same meal if they wished to have something different. One person told us, "I like roast potatoes and apple crumble."

Staff carried out nutritional assessments and promoted healthy eating with people. We saw that where appropriate risk assessments were in place to support people to have enough to eat and drink and prevent choking. In addition where required people had been assessed by a speech and language therapist to ensure they were getting the correct support with eating. A member of staff told us, "I need to prompt [person name] to eat and drink regularly otherwise they forget to and its important they keep well hydrated."

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any health appointments as scheduled. People had

health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals and their GP. People were encouraged to attend regular dental appointments and received a service from a visiting chiropodist. The registered manager told us that people had a yearly health review and had access to yearly flu jabs should they wish to receive these.

The environment was appropriately designed and adapted to support people. The service was spacious and people had their own room with en-suite facilities. Where people had mobility issues they had rooms on the ground floor. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration program. People told us that they could choose how they had their rooms decorated and what colours were used. We saw that rooms were all personalised to people's own taste and style.

Is the service caring?

Our findings

We saw that people were happy in the company of staff. The environment was very relaxed and calm and people were encouraged to spend their time how they wished too. Staff told us that they liked the service to have a homely feel. In preparation for Christmas the service had been decorated and one person showed us the large Christmas tree they had helped to decorate in the lounge.

Staff knew people well, including their life histories and their preferences for care. Each person was allocated a key worker to help support them on a day to day basis and to ensure all their needs were being met. One person said, "My keyworker takes me shopping and we go to the pub." The registered manager told us that the care plans were regularly reviewed and where appropriate these were discussed with people's relatives, advocates and social workers.

People felt supported at the service. When one person had a family bereavement staff supported them with their grief. Staff encouraged the person to express their feelings and took time to look through photographs of their loved one with them. The registered manager told us that they made sure all staff were aware of how to support the person through their grief. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. The registered manager has also ensured where one person's relative needed to be admitted to a nursing home that they continued to facilitate visits so that they did not lose contact.

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. Staff encouraged a sense of community at the service and people discussed menu options together each week. Also if people wished and were able they assisted with the household chores. The registered manager told us that people had been living together for a number of years and that they got on well. People we spoke with told us that the other people living at the service were their friends.

People's diverse needs were respected. The registered manager supported people to follow the life style they chose this included following their religious preferences. The service promoted the use of advocates for people to help them with independent support when making decisions about their care or finances.

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. The registered manager ensured people had a thorough assessment before they came to live at the service to ensure their needs could be met. Each person had an allocated key worker and an individual personalised support plan was developed and regularly reviewed with the person to ensure their needs continued to be met. People living at the service had been there for a number of years however any changes to their support needs were identified to keep all their support records up to date and relevant.

The service continued to be responsive to people's changing needs. The registered manager told us that as people's support needs changed as they have aged, they have made the required adjustments to the service. For example some people have needed assessments completed by Occupational Therapist to assess their walking needs and aids supplied such as zimmer frames and wheelchairs. The registered manager also had bathrooms and showers adapted as required with grab rails. In addition where one person had required an adjustable bed this has been arranged for them.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate with whatever forms they found comfortable. Where required the service had also taken advice from a speech and language therapist. Most people were able to express their needs verbally however some people were supported to use sign language. Other people were supported to communicate through the use of signs, pictures or visual prompts. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and the staff engaged with people to ensure their lives were enjoyable and meaningful. We saw that people had very active social lives and people went out every day. Trips out were either for social activities or to attend day centres, where they could follow their interests or develop life skills. One person living at the service chose not to attend any day centres as they found these anxiety provoking. However they still accessed the community every day to do activities they enjoyed with staff.

The service had a robust complaints process in place that was accessible and any complaints were dealt with effectively. The complaints procedure was clearly displayed and available in pictorial format.

The registered manager told us that they did not currently support anyone on end of life care, however if needed they would work with other health professionals to support people at the end of their life. We saw from care plans that the service did talk to people about their wishes at the end of their life and recorded what these were.

Is the service well-led?

Our findings

The registered manager was very visible within the service, spending a large proportion of their time delivering care and support to people. Staff shared the registered manager's vision for the service. One member of staff told us, "We want people to enjoy life and get what they can out of it."

Staff felt supported at the service. One member of staff said, "The manager and all the staff are very supportive." Staff had regular meetings with the registered manager to discuss the running of the service and any ideas they may have. We noted that the meetings were also used as an opportunity for the registered manager to share training and learning with staff. Staff told us that they felt they worked well together as a team and that they communicated well together to ensure everyone was kept up to date with people's care needs.

People's opinions were sought within the service. We saw the registered manager held regular meetings with people and sought their opinions on activities and the running of the service. The provider also sent out questionnaires to gain feedback on the service. In addition key workers had 1:1 meetings with people to gain their feedback and provide any support they needed.

The service had been developed as a small family home in the middle of the community. There were good links from the service into the local community facilities which staff encouraged people to access fully.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records and this information was used as appropriate to continually improve the care people received.