

SummerCare Limited

SunFlowers

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

We inspected Sunflowers on the 22 May 2018.

Sunflowers is a care home for people living with learning disabilities which provides support for up to six adults. At the time of our inspection six people were using the service. The service is provided in a converted house in a residential location. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service has a registered manager in post. 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. 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. There were systems in place to minimise the risk of infection.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The acting 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.

SunFlowers

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 22 May 2018 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 six people, the deputy manager and a care worker. We reviewed two care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "We all get on and are friends." We saw people were happy and relaxed in the company of each other and 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. We saw in care plans it was detailed how to support people, for example; protecting them from financial abuse. Care plans also detailed how to support people to keep themselves safe when in the community to stop others taking advantage of them. The acting manager clearly displayed guidance for staff to follow if they had a safeguarding concern. Staff we spoke with knew how to raise safeguarding concerns and how to follow the providers 'whistle blowing' procedures. One member of staff said, "If I had any concerns I would raise it with my manager first, then I would go to head office and if necessary I would go outside to the CQC or police."

The acting manager had safeguards in place to protect people's finances. Where people were unable to manage their own finances the appropriate appointees were in place to monitor these. All monies were audited and receipts kept for the appointees to review and safeguard people's spending.

Staff recruited were suitable for the role they were employed. The provider had a robust process in place for recruitment. 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 appropriate number of staff working at the service to support people with all their activities including accessing the community. The provider involved people in the interview process and their opinion was sought on new staff.

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 such things as 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. The risk assessments also supported people's independent living skills for example enabling them to use an iron to press their clothes or to use kitchen appliances safely. 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 acting manager kept records of regular health and safety checks of the environment and held certificates to demonstrate regular checking and maintenance of equipment. For day to day repairs and refurbishment the acting manager followed the provider's system to request this. 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, and supported people to keep their rooms clean.

The acting 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 provider also shared learning across the organisation by cascading information to staff teams.

Medicines were managed and administered safely. People got their medicine on time and when they needed it. One person told us, "The staff give me my medication, I take three or four tablets and I have regular blood tests." 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

Staff told us that they received regular training to support them with their role. One member of staff said, "I last updated all my training in November. We do face to face training as well as on-line training. I have also completed an NVQ to management level." Staff felt that they received enough support from the acting manager and provider. Staff had regular supervision and opportunities to reflect on their practice. We saw from minutes of meetings these were held regularly and gave staff an opportunity to discuss all aspects of the running of the service. Staff also had yearly appraisals.

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 clear 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. People had access to the kitchen and were supported in making their own drinks and snacks. One person told us, "I made myself an omelette the other day it was very nice." Staff planned menus with people and put together shopping lists, which they went out together weekly to buy. People also when going out for the day to day centres took pack lunches and snacks with them. Sometimes as part of their independent living skills development they took part in 'plan, buy, cook sessions' whilst at the day centres. This is where they plan what they would like to eat with staff, go and buy the produce and then cook it for their lunch.

Staff monitored people's diet and eating habits we saw where staff had concerns for example if people were not eating or had weight loss, they were referred to the GP for review.

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. One person told us, "The staff come with me when I need to go to hospital." Another person said, "We can see a doctor whenever we want to." People were encouraged to attend regular dental appointments and received a service from a visiting chiropodist. We saw in care records people had health passports and information relevant to them if they needed to go to hospital.

The environment was appropriately designed and adapted to support people. The service was spacious and people had their own room with en-suite facilities. The service also had a well maintained garden for people to enjoy. The acting manager had kept the service updated and maintained with an on-going maintenance and redecoration programme. 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

Throughout the inspection we saw people were happy and relaxed living at the service. One person told us, "I like living here the staff are good." Another person told us, "The staff are brilliant as good as gold, can't fault them."

Staff had good relationships with people. We saw when people returned from their activities during the day they sought staff's company to tell them about their day. We saw staff and people got on well speaking freely with each other, sharing about their day and what they were going to do next. People told us that they had key workers who supported them individually, one person said, "My [keyworker name] helps me sometimes with tidying my room." People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. Staff supported people in their choices of activities and respected their wishes if they wanted to attend church.

People were supported at the service. Staff worked with people to maintain and develop their level of independence. One person said, "I have done really well since I have been here. My family are really pleased with me." Staff supported people's choices and decisions; one person told us. "I am having my room redecorated again, it's my choice, and I want to change the colour."

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 knew people needed privacy and respected this when they wished to spend time on their own. People had their own rooms which they had decorated in the style they wished. We saw people chose if they wished to socialise with others or spend time on their own following their own interests. One person told us, "I like to go to my room and listen to music."

The acting manager and staff encouraged a sense of community. We saw people enjoyed spending time in each other's company such as having evening meals together or socialising in the lounge. People were kind to each other and we saw they offered each other drinks and helped with household chores such as laying the dining table for dinner.

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions. One person said, "I have my own phone so I can stay in touch." People told us that they frequently visited their relatives or went out with them.

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. From care plans we reviewed we saw these were very individual and person centred. Care plans were reviewed three monthly or earlier if needed. We saw where one person had developed health issues their care plan had been rewritten and updated with the details needed to support the person's health issues. The deputy manager told us that they always involved people and their families with care plan reviews. In addition, where appropriate, external healthcare professionals or advocates for people were involved in care plan reviews.

The service continued to be responsive to people's changing needs. For example, as the population at the service had started to become older, they have added a wet room to aid people to attend to their personal care needs more easily. The acting manager continued to be responsive in accessing healthcare support for people where needed as people's healthcare requirements have changed.

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. 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. The deputy manager told us that they were always researching new clubs and activities for people to do. They said, "There is a new club that has recently opened that we are going to try this week. We tried another club recently but people did not like it." One person told us, "We went to an Elvis night, I loved it we are going again soon." We saw staff arranged trips to the theatre and concerts for people to see artists they liked. One person said, "I am going to see Tom Jones in August near London with staff." People told us how they went on regular holidays, we saw photos of these displayed and people told us how much they enjoyed these. To help fund holidays for people the acting manager and staff held a number of fund raising events at the service. One person told us, "We are going away on holiday again this year we have just picked it from the brochure."

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 service also received a number of compliments thanking them for their on-going work. They had also received a written compliment from a member of the public who had observed the group whilst on holiday and wanted to commend the staff's support and kindness for people.

The deputy 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. They went on to say that staff had received end of life training. 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 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. However, it was the acting manager who held the day to day responsibility and running of the service, supported by two deputy managers.

The acting manager was very visible within the service, spending a large proportion of their time delivering care and support to people. Staff shared the acting manager's vision for the service. One member of staff told us, "We want to support people's independence so that they live the life they want too."

Staff felt supported at the service. One member of staff said, "My manager is very supportive if they are not here I can ring them. I can also talk to staff at head office or to the director." Staff had regular meetings with the acting manager to discuss the running of the service and any ideas they may have.

People were actively involved in improving the service they received. The acting manager was very inclusive of people's views. Staff spent time talking and listening to people's views and also held regular structured meetings. We saw from minutes of meetings that people discussed all aspects of living together and getting along as a community, including menus, holidays and cleaning rotas. The deputy manager told us that they regularly engaged with people's families to gain their feedback and opinions as well. The provider also conducted questionnaires yearly to gain feedback on all their services. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

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 which staff encouraged people to access fully. All people living at the service held a bus pass to make public transport accessible. In addition the service had a minibus to take people to activities that were further away.

The acting 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.