

SBSC Ltd

# Summon Bonum Support & Care

## Inspection report

Maidencombe Manor, Claddon Lane  
Maidencombe  
Torquay  
Devon  
TQ1 4TB

Tel: 01803293512

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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

Summon Bonum Support and Care is a small domiciliary care service providing support to people with a learning disability living in their own homes. At the time of the inspection the service was supporting over thirty people, but only ten of these were receiving support under the regulated activity of 'personal care'. The Care Quality Commission (CQC) does not have a legal remit to look at the arrangements to support people who were not receiving 'personal care' as a part of their support package.

This inspection took place on 14 April 2016 and was announced. We gave the service 36 hours' notice, to ensure that the registered manager and appropriate staff were available to support the inspection.

Summon Bonum Support and Care office is situated at Maidencombe Manor, where there are also 8 flats available for rent by people with support needs. These people can choose to have any support they need provided by Summon Bonum Support and Care, or by another provider if they wished. People hold their own tenancies on their flats, which are rented privately to them. Other people were being supported in the wider community or at day services. Some services were commissioned through the local authority and other people made their contract arrangements privately or through direct payments.

The last inspection of the service had taken place on the 13 and 14 August 2014, when the service was not meeting standards in relation to reporting incidents of concern and problems with the recording of the administration of medicines. The provider sent us an action plan telling us what they had done to put this right. On this inspection we looked and saw that changes had been made and sustained.

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 registered manager had not changed since the last inspection of the service.

Risks to people had been assessed and actions recorded on how the service was reducing the risks. This included assessments of people's vulnerabilities, health conditions or day to day activities. Risk assessments were also carried out for people's homes to help ensure staff safety. There were safe working practices risk assessments for staff, including lone working policies and staff were clear about actions to take if they could not gain access to a person's home at the expected time.

Staff understood their responsibilities with regard to safeguarding people, and knew what to do if they had concerns about people's well-being. Policies and procedures were in place to help staff identify and report abuse. Staff carried identity badges and were always introduced to new people before they started caring for them. Where the service had an involvement in supporting people with their finances and budgeting there were systems that ensured staff did not have access to people's monies without the person being present.

Staff were employed following a full recruitment process, and there were enough staff to fulfil the contracts in place. The registered manager told us the service did not take on people whose needs they could not meet. We saw evidence of good relationships having been built up between people being supported and the staff supporting them. People told us they liked the staff and were happy with the service they received. A visiting professional told us the staff were "attentive" and that they had no concerns.

Staff received the training they needed for their job role and were knowledgeable about people's care needs. Staff were supported by the service management and received regular supervision and appraisal, including spot checks on their performance. Staff were encouraged to reflect on the work they did with people and their working practice, and comments from people being supported were included in the appraisal process.

The service was supporting people in line with the Mental Capacity Act 2005 (MCA), and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a specific decision for themselves. Decisions were made in line with the MCA, involving other supporters or advocates where needed.

Medicine practices were safe. People were supported to manage their own medicines if they wished. Medicines were kept safely in people's homes and staff completed medicine administration charts to show when medicines had been given. People were supported to attend healthcare services if that was a part of their care plan. Staff were aware of people's healthcare needs and of signs that a person's physical or mental health was deteriorating. They understood how to escalate these concerns to support the person. Staff understood protocols, for example for supporting a person with epilepsy. These detailed when to administer medicines and when to call for emergency medical support.

People were supported to live their lives as independently as they wished. People were able to discuss with the service's manager any changes they wanted to make to their care plans which were regularly reviewed. This helped ensure people's goals were clear and attainable. People were supported to make choices about meals and help prepare food with support if they wished and this was a part of their care plan. Staff supported people with budgeting and healthy living choices. People were supported follow activities of their choice if that was a part of their care plan.

Staff took time to understand people's communication where this was not verbal, and clear information was available in people's care plans to support this. Some information was available for people in easy read formats, and the registered manager was looking at developing this further with greater use of tablet computers and the internet. Staff demonstrated respect for people's dignity and individuality. Staff spoke fondly of people, recognising their skills and qualities when describing the work they were doing with them.

People were confident that any complaints or concerns would be managed well. Complaints and feedback was seen by the service as a positive tool, and were used by the service as a way of learning and improving the quality of the service. People were encouraged to be open about anything they wanted done differently.

The registered manager of the service was well liked and respected by staff and people using the service. They were able to manage the service well, and communicated a clear ethos and philosophy through the staff team. The staff team learned and reflected on what was going well for people and where improvements could be made as a group. This included the discussion of ethical dilemmas in the support they were delivering. This helped to achieve a consistent approach and clear understanding of how to work with people.

People were involved in having a say about the service they received through questionnaires, spot checks and regular meetings with the registered manager. Quality assurance and quality management systems were in place to ensure people received a consistent high quality experience of their care. There was a calendar of regular audits carried out, which led to action plans where improvements were identified as being needed.

Records were well maintained. Policies and procedures were reviewed regularly, and stored securely. There were systems for the safe disposal of records when no longer needed.

## 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 was safe.

Risks to people had been assessed and actions recorded on how the service was reducing the risks. This included people's vulnerabilities, health conditions or day to day activity. Risk assessments were also carried out for people's homes to help ensure staff safety.

Staff understood their responsibilities with regard to safeguarding people. Policies and procedures were in place to help staff identify and report abuse. Staff carried ID badges and were always introduced to new people before they started caring for them.

Staff were employed following a full recruitment process, and there were enough staff to fulfil the contracts in place. The service did not take on people whose needs they could not meet.

Medicine practices were safe. People were supported to manage their own medicines if they wished. Medicines were kept safely in people's homes and staff completed medicine administration charts to show when medicines had been given.

### Is the service effective?

Good ●

The service was effective.

Staff received the training they needed for their job role and were knowledgeable about people's care needs. Staff were supported by the service's management and received regular supervision and appraisal, including spot checks on their performance.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a decision.

People were supported to attend healthcare services if that was a part of their care plan. Staff were aware of people's healthcare needs and of signs that a person's physical or mental health was

deteriorating. They understood how to escalate these concerns to support the person.

People were supported to make choices about meals and help prepare food with support if they wished and this was a part of their care plan. Staff supported people with budgeting and healthy living choices.

### **Is the service caring?**

The service was caring.

We saw evidence of good relationships having been built up between people being supported and the staff supporting them. People told us they liked the staff and were happy with the service they received.

Staff took time to understand people's communication. Some information was available for people in easy read formats, and the service was looking at developing this further with greater use of computer technology.

Staff demonstrated respect for people's dignity and individuality. Staff spoke fondly of people, recognising their skills and qualities when describing the work they were doing with them.

**Good** ●

### **Is the service responsive?**

The service was responsive.

People were supported to live their lives as independently as they wished. People were able to discuss with the service's manager any changes they wanted to make to their care plans which were regularly reviewed. This helped ensure people's goals were clear and attainable.

Care files and plans reflected people's needs and aspirations. Plans for emergency support such as for people with epilepsy were clear and were understood by staff, including the use of emergency medicines.

People were supported follow activities of their choice if that was a part of their care plan. People were supported to live as full and active a life as they wished.

People were confident that any complaints or concerns would be managed well.

**Good** ●

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager of the service was well liked and respected by staff and people using the service. They were able to manage the service well, and communicated an ethos and philosophy through the staff team. The staff team learned and reflected on what was going well for people and where improvements could be made as a group. This included the discussion of ethical dilemmas in the support they were delivering. This helped to achieve a consistent approach and clear understanding of how to work with people.

People were involved in having a say about the service they received. Quality assurance and quality management systems were in place to ensure people received a consistent high quality experience of their care.

Records were well maintained.

# Summon Bonum Support & Care

## **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 14 April 2016 and was announced. We gave the agency 36 hours notice as we needed to ensure that the registered manager and other senior staff could be available to support the inspection. One adult social care inspector undertook the inspection.

Before the inspection we reviewed information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. Following the inspection we contacted three professionals who had supported people to use the service to gather their views about the support people received. We also contacted the local authority quality team to gain their views of the quality of the service.

To complete the inspection we spoke with five people who were supported by the service, the registered manager, deputy manager and three members of staff. We looked around the office, visited four people in their homes with their agreement, and spoke with two people on the telephone about the service they received. We also looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We also looked at the way in which medicines were recorded, stored and administered to people in their homes, as this had been a concern at the previous inspection.



## Is the service safe?

### Our findings

At the last inspection in August 2014 we had identified concerns about the safety of the service's practice with regard to medicines. Staff at that time had not been completing the medicine administration records (MAR) with their initials, so it was not clear which medicine had been given by which staff member. The agency took immediate action to make this safer and this had been sustained. We looked at the records of administration for four people in their own homes. On this inspection we found the MAR were being completed correctly. One person who was receiving a service told us that the staff helped them with their medicines as a part of their support plan, and this was detailed on a chart on their wall. Medicines were stored in small safes in the houses that we saw, with keypad codes which people could have access to if they wished. This meant that medicines were being kept securely. The registered manager regularly audited medicines practice in people's homes to ensure this was carried out in accordance with the agencies policies on safe management of medicines.

Information was available for the agency staff about how the person liked to take their medicines and any side effects to look out for. One person had twenty four hour care from staff, and had been prescribed medicines that they took with them when they left their house for use in case of a seizure. Staff were clear about the protocols for the use of this medicine and could tell us when and under what circumstances they would use it. This reflected the person's care plan and guidance from specialist professional medical staff on its use.

Some people being supported only needed prompting and supervision with medicines. One person told us "They remind me. I know what I am taking but it is easy to forget and it is important to keep me well". Another person told us they looked after their own spray for angina, and told us took this with them when they went out.

Where people needed monitoring as a result of medicines they were taking, such as insulin, information was available for staff to explain what symptoms the person may experience if their blood sugar went too high or too low. This would allow staff working with the person to alert the office about their concerns for the person's well-being. Staff supported people to attend regular healthcare reviews, including the review of medicines, where this was a part of their care plan.

Before the service provided support to people in their homes any risks were assessed. This helped to ensure the safety of the person and staff supporting them, and these were kept under regular review. For example there was a risk assessment in place for one person's pet following an injury sustained by a staff member. The agency had lone working policies and procedures, and clear guidance on what to do if they could not access a person's home at the expected time.

People were protected because there were systems in place to recognise and report any concerns about abuse or abusive practices. People told us they felt safe and secure with the agency staff and trusted them. A professional from the local Care Trust told us they had "No concerns at all" about the safety of people or quality of the care they received.

Staff had received training in safeguarding adults and there was clear information available on the action they should take if they had a concern over someone's safety and welfare. Policies included a whistleblowing policy and staff were clear about what to do in case of concerns. One told us they could understand through people's behaviours if they were unhappy about something.

Clear systems were in place regarding supporting people with their finances, and supporting them to develop budgeting skills. We observed one person going out with staff to the bank to get their money for the week and then placing this into separate amounts for paying off electricity, budgeting for food and taxis for the week. People held their own cash in a safe in their home, but the agency office held some people's bank cards held centrally which people could access as a part of their care plan whenever they wished. People held keys to the cash boxes in their safe and staff had no access to this without the person being present.

We found risks to people had been assessed, and there was information in their files about how to mitigate risks. Risk assessments had been regularly updated. This included risks from physical conditions as well as behaviours that might make people vulnerable. The service learned from accidents, incidents and 'near misses' to improve their standards, and forms contained space for reflections and debriefing. This included discussions over scenarios at team meetings to discuss how things could have been done better and reflect on incidents as a team. These were also audited quarterly to identify any trends.

There were enough staff on duty to meet people's support needs. Staff knew the people living at the service well. They told us they felt there were enough staff available to support meet people's needs. The registered manager told us that they had recently turned down referrals that they could not meet for staffing reasons. Rotas were organised to meet people's care planned needs and the registered manager told us that as far as possible the service reflected people's matched choices and preferences for individual staff. Preferred gender was always respected. The registered manager told us the staff at the service were very flexible with their hours, to help meet the wishes of people, for example with attending clubs in the evening. People felt able to direct the care staff where they were able and that they followed the care plans in place. One person told us "If support workers don't do as I say I will talk with (names of staff members) and they will sort it out, no problem."

Robust recruitment systems were in place to ensure suitable staff were employed. People who used the service were involved in the staff recruitment process and the registered manager was developing ways to increase and formalise this. We looked at three staff files which showed that a full recruitment process had taken place. Staff had job descriptions and contracts of employment. Any risks in relation to past convictions were explored and assessed, although this had not always been recorded fully in the past. The registered manager was aware of this and would ensure this happened with any future staff employment. The staff had access to an employee handbook with guidance on general employment issues and policies such as an anti-bribery policy.

Staff had access to gloves, aprons and anti-bacterial hand washes where this was needed. Staff had access to phones which the registered manager could use to update staff on changes to people's needs or plans for the day.

## Is the service effective?

### Our findings

Staff told us they had received the training and support they needed to do their job. We looked at three staff files and saw their induction and training records had been completed. Some staff were working through the Care Certificate, which is an identified set of standards that care workers use as a part of a comprehensive Induction to enable them to provide compassionate, safe and high quality care and support. Other certificates of training achieved were kept in staff files. The agency had an overall training matrix for the service which included areas such as report writing, health and safety and epilepsy. The matrix did not indicate dates when training had been delivered, but this could be seen from staff individual records. One person told us "The staff are all very good at their job"

Staff received regular one to one supervision and support, and records for this showed this included discussion and review of training needs, including refresher training where needed. Appraisals cover the ethos and philosophy of the organisation, knowledge, for example of whistleblowing and complaints procedures, professional boundaries and reflections on their work supporting people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The service had undertaken assessments of people's capacity to consent to their care, and where one person had no-one to support them to make a significant decision an Independent Mental Capacity Advocate (IMCA) had been appointed to ensure decisions were made in their best interests. The service worked with the IMCA to support the person and ensure their rights were protected. The registered manager could demonstrate an understanding of the principles of the MCA in practice and where people had needed to be supported to make decisions that had been done in accordance with the MCA framework.

People had care plans in place that covered the support they needed for maintaining good nutrition and hydration. Some people were helped and supported to buy and cook food of their choice and budget for this accordingly where this was a part of their care plan. One person was supported to manage a long term health condition with healthy living advice and staff supported other people to make choices that maintained their well-being where they wished. As a part of some people's care plan they were supported to go out for meals and to local pubs of their choice. Another person had worked with staff to develop step by step photographs on how to cook a meal that was a particular favourite of theirs.

People were supported to access community medical support services where this was in a part of their care plan. For example one person told us they had been supported to see their GP that morning for review of their medicines.

The central office of the agency was accessible to people and staff. We saw people coming to the office throughout the inspection to discuss their care or to make arrangements with staff. The office had computer facilities and staff had access to copies of policies and procedures to review.

## Is the service caring?

### Our findings

People told us they were happy with the care and services provided by the agency, and they liked the staff that supported them. One person said "Staff very nice. Very nice staff and manager". A professional from the local care Trust told us that in their experience staff were "very attentive" and aware of people's needs.

People engaged well with staff, who understood their communication where this was not verbal. One person being supported by the agency had limited verbal communication. We spoke with a member of staff who supported them. They could discuss with us clearly how the person communicated their wishes and emotions, and demonstrated considerable respect and affection for them as an individual facing challenges.

Staff valued people as individuals, and displayed positive values in practice with supporting people to increase their independence and life skills. They celebrated people's achievements, and we saw staff preparing a person's birthday card for the days following the inspection. One person showed us a card they had recently received for their birthday. We observed people being supported by staff as a part of their care programme and also in their own homes. Staff were respectful and people engaged in joking and banter with them about their day to day lives and the support they received. A member of staff told us "The thing about here is that the clients come first – unlike other places I have worked."

People had information about how to contact the agency if they needed to, although people who lived near the agency office called in throughout the day. Copies of people's contracts were available for reference.

Information about people was held in their own homes if they wished, and each person had a clear programme of activity to be carried out each day as they wished. People showed us this in their houses and were clear about their expectations from staff. Daily records were completed with the person and kept in their home so that they could refer to this if they wished. Staff treated people with respect, and were careful to respect their privacy. This included knocking on people's front doors and announcing themselves before entering, and speaking respectfully to people about their daily activities. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

People were encouraged to retain their independence and care plans provided a positive focus on what skills and strengths people had as well as areas of support they needed. Some records were available in picture or other easy read formats to help people understand them better, such as information about the MCA. Records were written respectfully. Staff from the agency sought people's permission before contacting families or other agencies to raise any concerns. For example we saw one person had difficulties with their budgeting which was leading to concerns about their wellbeing. The service staff sought their permission to discuss their concerns with the person's family before doing so. This showed the service respected people's confidentiality.

## Is the service responsive?

### Our findings

Each person being supported by the service had a care file and plan detailing the support they needed. We looked at the care plans for three people with a range of needs.

Care packages had been set up following an assessment carried out in the person's home. This covered areas such as what people wanted from their care, as well as support needs, risks and healthcare issues.

People's care plans had been updated regularly. They included information on how people were supported to make choices and had been compiled and reviewed with the person or their relatives or advocates where possible. People had signed to confirm their agreement where they were able to do so. We looked at a care/activities plan with one person in their flat. They told us that they followed the programme each day. The care plan included staff support to take their medicines. The person told us how this happened each day and showed us where staff signed the records. They also showed us the daily records completed by staff. They told us they were happy with their care plan and programme.

Care plans reflected people's needs, wishes and aspirations. Plans were detailed, and included clear protocols for managing and supporting the person with any specific conditions. For example one person had epilepsy. Their file contained clear guidance and protocols for staff in supporting the person during a seizure and when to call for emergency support. We discussed this with a staff member who was supporting the person in their own home. The staff member had received training in supporting people with epilepsy and was aware of the protocols to support the person at this time, including the administration of medicines. Another person had mental health needs. Their care plan included indicators for staff that the person's mental health may be deteriorating. The plan included ensuring the person did not have an infection, as this was a known trigger for their health deteriorating. Staff told us they read people's plans, and we saw that people's needs and plans were discussed at regular staff meetings as well as reviews. This helped to ensure that staff working for the agency were aware of everyone's needs not just the small group of people they may support.

People were supported to take part in activities where this was a part of their care plan. Some people being supported by the agency were taking part in animal care activities at Maidencombe Manor as a part of their care plan when we inspected. We spoke with one person about this, who told us they very much enjoyed this. We saw the person took a great pride in what they did and was knowledgeable about the animals they were caring for. Other people were supported to go to discos and evening events, courses, sports and exercise events, walks, pub trips, shopping and to follow hobbies and interests. People were also encouraged to develop life-skills and become more independent. One person told us they wanted to go on holiday, and showed us pictures of the last holiday they had been on with staff support.

Summon Bonum Support and Care had a complaints procedure available. This detailed how and to who concerns should be raised. People told us if they were not happy about something they would go to the service's management or another member of staff. We looked at a complaint that had been received. This was managed well, with a response going back to the person who had raised the concern, including

information on changes being made. The incident was used as a learning tool for staff, and included reflection from the staff member concerned on how things could have been managed differently and lessons learned. Information about how to raise concerns was provided to people in ways they would be able to understand.

## Is the service well-led?

### Our findings

At the last inspection of the service in August 2014 we had identified concerns over the reporting of incidents and recording on MAR charts. Following the inspection the provider and registered manager sent us an action plan telling us what they had done to put this right. We saw that improvements had been made and sustained. We did not identify any breaches of legislation as a result of this inspection.

Summon Bonum Support and Care is a small local service, and the registered manager told us the service was family run. They told us they had "high expectations" of the staff and the service, for example they prided themselves on not missing visits or sending in new staff to support people without a proper introduction. Information on the service standards was made clear to staff from their appointment onwards, with minutes of meetings demonstrating the values and expectations in practice. Staff told us it was a good place to work – that there was a good team spirit and that the management was approachable and clear. One staff member told us the registered manager had told them "you can always ring up and it will be sorted" if they had any problems with their work.

The service was part of a local forum supporting good practice with the care certificate and we saw evidence of up to date and best practice guidance being accessed with regard to people's care available for staff to read in their files. The registered manager described an organisation that was always learning, both from their own experiences and also information gathered from other sources to consider. For example minutes of a recent staff meeting showed staff had been encouraged to reflect upon an ethical dilemma being faced with the care of one person. This was then discussed with the person's social worker. This helped ensure all staff were working consistently and understood why certain decisions were made.

Quality assurance systems were in place. The registered manager regularly carried out recorded spot checks on staff, and spoke with people receiving a service about the care they received. This was recorded and also used for reflection in staff appraisal and performance assessments. Regular audits were carried out on the service, including staff handwashing and first aid checklists. The registered manager had plans for the future development of the service, to increase the staff team and the amount of outreach and support that could be provided. They also had plans to develop communication tools using tablet computers and streamlining communication systems.

Questionnaires were sent out to people being supported and other stakeholders to gather their views about what was working well at the service and what could be improved. The results of this were analysed and used to help develop the business or identify concerns. Contingency plans were in place for business continuity in case of flooding or power failure at the main office.

Records were being well maintained. The office was securely locked when not occupied. Confidential information was locked away and there were facilities for secure on site disposal of information if needed. Files were well organised and indexed. Policies and procedures had been updated regularly, but individual records did not have a date, so it was not possible to check the version control without looking at the policies on the computer or on the index sheet. Policies and procedures ensured the home complied with



legislation, for example with regard to equality and diversity.