

SummerCare Limited

# SummerCare-Head Office

## 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 inspection took place on the 27 November 2017 and was announced. The inspection was conducted by two inspectors. At our previous inspection in October 2016 we found the service to be in breach of Regulation 12 Safe Care and Treatment and Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

Summercare Head Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and supported living houses. At the time of our inspection there were 70 people using the service.

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.

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. People were supported to take their medication by trained staff.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005. 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 support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew

people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. When needed people were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views, staff held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

## 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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication when required.

Staff followed infection control procedures to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

The service was able to support people at the end of their lives.

### Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with support and guidance to perform their role.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# SummerCare-Head Office

## **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 27 November 2017 at the office and was announced. The service was given 48 hours' notice to ensure there would be someone present in the office. We also visited people in their homes and spoke to people on the telephone on the 29 November and 1 December 2017. The inspection was carried out by two inspectors.

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. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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



## Our findings

At our last inspection in October 2016 we had concerns that people's risk were not assessed thoroughly and mitigated against to keep people safe. At this inspection we found the registered manager had taken steps to implement new paperwork and assessment procedures which were regularly reviewed to keep people safe.

Staff had the information they needed to support people. A full risk assessment was now completed and any risks were identified with ways for staff to mitigate against the risks now care planned. Risk assessments were person centred and identified each individual step needed to support people. We saw there were risk assessments to help support people with their emotional needs as well as with their physical needs such as mobility support. In addition to the risk assessments the service now undertook a full assessment of people's environment and identified any hazards that needed addressing. For example due to one person's inability to maintain their safety with a gas appliance this had been disconnected and staff were instructed to use a microwave when preparing hot food. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

The registered manager had policies and procedures in place to keep people and staff safe. Policies covered lone working for staff and how they can protect themselves and get support when required. There were also policies to keep people safe in their environment and to keep information safe such as key codes and people's personal information.

People told us that they felt safe using the service, one person said, "I feel 100% safe with the staff coming into my home." Another person said, "The staff make me feel safe and look after me when we go out."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "If I had any concerns I would call the office and speak to a manager." Another member of staff said, "When I was concerned someone was being taken advantage of financially I reported it and the police were involved to investigate it." Staff were aware the service operated a 'whistle blowing' policy and had a phone line they could ring to raise concerns. Staff were also aware they could contact outside authorities such as social service, the police or CQC. Where concerns had been raised to the registered manager they had notified the local authority safeguarding team and had worked with them to investigate these and safeguard people.

People were protected from the risk of infection. Staff told us that they always wore personal protection

equipment such as aprons and gloves and disposed of these appropriately. If it was identified that a person had an infectious disease there was a specific care plan in place for staff to follow to help mitigate against the risk of cross infection. One member of staff said, "We go through infection control training it covers hand washing, personal protection equipment, checking food and disposing of waste."

People received care from a consistent staff team. Staff told us that they supported the same people on their rounds for consistency so they got to know them well. The registered manager told us that staff had a regular rota and any changes were emailed to staff weekly. People told us that they knew who would be coming into support them and that they had the same regular staff. One person said, "They are on time and I do not have any missed calls." Another person said, "If there is a new member of staff they are always introduced to me first before they come in." The registered manager told us that they only took on new clients if they were 100% sure they had the capacity to meet their support needs.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People were supported to take their medication. Staff told us that most people managed their own medication with some prompting from staff, where staff needed to administer medication this was done from blister packs supplied by a pharmacist. Staff underwent competency assessments to ensure they had the correct skills to support people with medication, these assessments were repeated each month. One member of staff said, "The supervisors come and check every month we are doing medication properly." The registered manager carried out audits of people medication cards and where there were errors these were thoroughly investigated.





## Our findings

At our last inspection in October 2016 we had concerns that staff were not receiving the support and supervision they needed to fulfil their role effectively. At this inspection we saw that systems had been put in place to ensure staff had the support they needed to do their job.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff were supported to complete training that would help them within their role. One member of staff said, "I feel well supported, I am currently completing an NVQ level 3." The registered manager provided a mixture of on-line training as well as face to face training to staff, covering subjects that supported staff to have the skills they needed to deliver care. New staff underwent a thorough induction which involved shadowing more experienced staff and also working with senior staff to assess their skills. Staff felt supported and had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings, supervision sessions and spot checks. Staff also had a yearly appraisal of their performance.

People who used the service had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The registered manager was aware of the Mental Capacity Act 2005 and was aware of how to apply for capacity assessments and how to protect people's rights.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food with them. One person said, "We do shop and cook, that is where we go out and buy all the ingredients then we come back and cook it." Staff told us that they supported people on varying levels to support their nutrition needs. This included helping people develop their own skills with cooking and making healthy food choices. Staff told us that some people were more independent than others and they provided whatever support was required to match their needs. We saw from care plans where people needed support to make healthy food choices staff supported them with these. One person said, "The staff go shopping with me and help me pick healthy food, they help me with cooking so I stay safe in the kitchen."

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, community nurses, occupational therapists and GPs. The registered manager told us that if people needed equipment or adjustments to their homes they made referrals to occupational therapy for assessment, so that people can continue to be supported in their own home. We saw that people's care records contained information that could be helpful if hospital admissions were needed such

as health passports. People told us that staff supported them to attend medical appointments. One person said, "The staff come with me to appointments in case they don't understand what I am saying as the staff understand me."



## Our findings

At our last inspection in October 2016 we had concerns that people's individual preferences for care were not being followed. At this inspection we found people were happy with the care they were receiving and care was planned in a person centred way.

People were very complimentary of the support they received. One person said, "The staff are good, they look after me fine." Another person said, "They are a great service they go the extra mile."

Staff had positive relationships with people. People were supported by regular carers who knew them well and their preferences for care. A relative told us, "We have one main carer, they really understand what we need." Another person told us, "Staff are great, I get the same carers they have become friends to me."

People were actively involved in decisions about their care and treatment and their views were taken into account. People told us that they had care plans in place and these were discussed with them. We received such comments as, "I have a care plan everything is written down and the staff write in the book every day." Another person told us, "I have a folder in my house that tells them everything they need to know." Care coordinators met with people regularly to discuss their care plans and review their support needs, to ensure people were satisfied with the service and had all the support they needed.

People were always treated with dignity and respect. People told us that staff treated them with dignity and respect, one person said, "Staff are always respectful to me and respectful of my home." Staff told us that they always made sure they maintained people's dignity when providing personal care and supported people to be as independent as possible. One member of staff told us, "I have helped one person who was completely dependent on me to be able to shower, wash and shave themselves. Independence is really important."



## Our findings

At our last inspection in October 2016 we had concerns that people were not receiving person centred care. At this inspection we found care had been planned in a person centred way and that care plans were detailed with all the information staff needed to support people.

People received care that was individual to them and personalised to their needs. The registered manager met with people to discuss their care needs and to see how they would like to be supported. Before the registered manager agreed to support people they ensured that they could meet their needs and that they had the capacity to deliver a service. All care plans were very individual and person centred, they were easy for staff to follow and explained people's likes and dislikes and how people liked to be supported. One person told us, "I have a care plan and staff discuss it with me. I have it in a big folder and it explains everything I need." From care plans we reviewed we saw that they were very person centred and detailed for staff to follow. Care plans were regularly reviewed and kept up to date to ensure they coincided with people's changing needs and preferences for care. Staff we spoke with knew people well and were able to describe to us how people liked to be supported.

The service was responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. The registered manager told us when necessary they have applied to commissioners to increase care hours and also they have reduced hours as people have become more independent. When appropriate they have also involved other health professionals to ensure people had all the equipment they needed to support their continued living at home, such as walking equipment and furniture adaptations to aid standing.

Staff supported people to follow their hobbies and social interests. Staff told us that some people like to attend day hospitals and clubs on certain days so they made sure that they attended their appointments early to assist them to be ready. One member of staff said, "I always keep a lookout for activities that I think people might be interested in going to." People told us that staff supported them to attend activities they enjoyed in the community one person said, "They take me out everywhere we went to Winter Wonderland." They also said, "Before I didn't have a life but now I have a life and friends and go out."

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. One person said, "I had a couple of issues at the start but everything has been sorted out now." We reviewed complaints at the service and saw that the manager dealt with these

proactively to resolve any issues.

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. Where people felt that they did not want to talk about this aspect the service also recorded this and respected people's wishes.



## Our findings

At our last inspection in October 2016 we had concerns that the registered manager did not have robust quality assurance systems. At this inspection we found that quality assurance systems were now in place and kept up to date enabling the registered manager to have a good oversight of the service.

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, for example, on people's care plans and medication management. There were also audits completed on people's care notes and records kept of calls and any disengagement from calls was monitored. The registered manager used this information to review people's care and to ensure that people were receiving the support they needed.

People's views on the service were sought regularly. People were visited by care coordinators each month and their care was reviewed along with feedback gathered on the service they were receiving. In addition to this the registered manager sent out questionnaire's for people to complete, one person told us, "We get questionnaires but I don't fill them in as I am happy with the service and if I was not I would ring the manager anyway."

Staff shared the registered manager's vision for the service, one member of staff said, "We try to provide a good service to keep people happy and safe every day." Another member of staff said, "We want to provide the best service, promoting people's independence and making sure they enjoy life."

Staff felt supported and valued. Staff told us that there was always a member of management available to talk to or if they needed support. The registered manager told us that out of office hours there was an on-call system in place so that staff or people could always contact a senior member of staff. There was also a handover completed each morning so that no important information received out of hours could be missed. Staff also felt supported when they met with senior staff each month for spot checks as this was also an opportunity to discuss any issues. Staff told us that they were in regular contact through phone calls and emails and that they had regular supervision with senior staff. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The registered manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and to keep people's information safe.