

Apple House Limited

Summerwood

Inspection report

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19 June 2017

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Summerwood offers accommodation and personal care for up to eight people living with a learning disability, autism or mental health needs.

The inspection was unannounced and was carried out on 13 and 19 June 2017 by one inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

There was a positive, can do culture within the home, led by the registered manager's excellent example. This was consistently commented on by relatives and health and care professionals who told us that the staff were extremely responsive and provided personalised support that met people's complex needs. Staff were exceptionally positive about working at Summerwood and felt very well supported by the registered manager who they said provided clear and strong leadership and direction. Staff told us they learnt a lot from the registered manager's example and felt listened to and involved in the development of the service.

Staff were skilled in promoting people's independence and found creative ways to communicate which ensured people felt valued and listened to. Relatives and health and care professionals consistently told us the staff found appropriate ways to explain things in a way people understood. For example, the use of PECS (picture cards) and 'Now and next' books which put events or activities into sequence to help prepare people for what to expect during the day.

Staff understood the importance of empowering people to make choices and take control of their lives which had a positive impact on people's behaviours that challenged themselves and others. There was an excellent focus of person centred support. Staff were exceptionally committed and determined in finding ways to help people learn about and understand aspects of daily life, such as money and activities, which would enable them to have more independence, increase self-esteem and achieve excellent outcomes.

Detailed initial assessments and complex, multi-disciplinary transition periods were undertaken with people by staff, health and care professionals and families before people moved into the home to ensure their needs could be met. Solution focussed planning enabled the registered manager to support people whose previous placements had been unsuccessful.

People received person centred, individualised support that enabled them to achieve excellent outcomes and increase their self-esteem. People were encouraged to take part in a wide choice of activities, both at home and in the community, which increased their skills and independence. People were also supported to be involved in their local community where relationships and opportunities were pro-actively sought, such as an election workshop.

Staff were extremely kind and caring, treated people with dignity and respect and ensured their privacy was maintained. The registered manager had restructured the home to meet the changing needs of a person who could no longer use their upstairs bedroom. Their commitment to enabling the person to remain at the home was greatly valued by the person's relatives.

The provider had joined 'John's Campaign' a national initiative to promote positive relationships between care homes and families. People were encouraged and supported by staff who were committed to helping them maintain relationships with family and friends and visitors were welcome at any time. Families felt valued and welcomed the kindness and care shown to them as well as their loved ones.

Robust record keeping enabled staff and health professionals to monitor the quality and effectiveness of people's care and support. Health professionals commented extremely positively on the quality of reports provided to them for people's reviews.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided, to help drive improvement. All comments seen were extremely positive and complimentary. Robust systems were in place to monitor and assess the quality and safety of the home and these were kept under review by the registered manager and senior management team.

Easy read complaints procedures were available and complaints were appropriately addressed. People and relatives, and others, were encouraged to give their views about the service and help to drive improvements.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns. Easy read information was available to people who knew what to do if they were worried about their safety.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment to keep people safe. Plans were in place to manage emergencies and personal evacuation plans were in place for people.

Effective systems were in place for the safe storage and administration of medicines, including controlled drugs. People received their medicines from staff who were appropriately trained and regularly assessed to ensure on-going competency.

There were safe recruitment procedures in place and sufficient staff were deployed, including one to one and two to one staff support. People were supported by staff who had received appropriate induction, training and supervision and had the necessary skills and knowledge to meet people's individual needs.

People were supported to maintain their health and well-being and were referred to healthcare services when they needed them. People were offered enough to eat and drink to meet their specific dietary needs.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and ensured decisions were made in their best interests. The registered manager understood the Deprivation of Liberty Safeguards and had submitted requests for authorisation when required.

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 safe.

Individual risks to people had been identified and assessed and robust measures put in place to minimise the risks.

Staff understood their responsibilities for protecting people from abuse or improper treatment. People received their medicines safely. Medicines were managed, administered and stored effectively.

Recruitment practices ensured that only staff who were suitable to work in social care were employed. There were sufficient staff to keep people safe and meet their one to one support needs.

Is the service effective?

Good ●

The service remains effective.

People's rights were protected because staff sought consent before providing support. People's mental capacity was assessed and decisions were made in their best interests when necessary.

People had enough to eat and drink in a way that met their specific dietary needs. People were supported to maintain their health and wellbeing and had access to health professionals when required.

Staff received training and supervision and felt well supported in their roles.

Is the service caring?

Outstanding ☆

The service remains very caring.

There was a positive, strong person centred culture within the home which was demonstrated by all staff who had an excellent knowledge of the people they supported, including their life histories, families and other people who were important to them.

People were encouraged to maintain important relationships

with their family members and friends by staff who were committed to doing so. Families and friends were made to feel welcome, were encouraged to visit at any time and valued the kindness and care staff showed to them as well as their loved ones.

Staff were committed to promoting people's independence and choice, using creative methods of communication which ensured their views were listened to and valued.

Is the service responsive?

Outstanding ☆

The service remains extremely responsive.

People, their families and health and care professionals were involved in thorough and detailed initial assessments of people's needs which enabled the registered manager to support people whose previous placements had been unsuccessful. Ongoing, person centred, solution focussed support planning enabled people to achieve excellent outcomes.

The registered manager was creative in meeting people's individual needs and this included re-structuring the home to provide downstairs accommodation when one person's physical needs changed. Relatives valued this commitment which enabled their loved one to stay at the home.

People were supported by staff to access a range of activities and hobbies that met their interests, if they wished to do so, which helped reduce people's self-injurious and unsettled behaviours. An easy read complaints procedure was on display. Relatives told us they had no complaints and were very happy with the service.

Is the service well-led?

Good ●

The service remains extremely well-led.

There was a positive, can do culture within the home, led by the operations director's and registered manager's excellent example. People were supported to be involved their local community where relationships and opportunities were pro-actively sought. Staff felt very well supported by the registered manager who provided clear and strong leadership and direction.

Robust record keeping enabled staff and health professionals to monitor the quality and effectiveness of people's care and support. Health professionals commented extremely positively

on the quality of reports provided to them for people's reviews.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided, to help drive improvement. All comments seen were extremely positive and complimentary. Robust systems were in place to monitor and assess the quality and safety of the home and these were kept under review by the registered manager and senior management team.

Summerwood

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 checked 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 was unannounced. The inspection was carried out on 13 & 19 June 2017 by one inspector.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection. We also reviewed notifications. Notifications are events the provider is required to tell us about law.

During the inspection we spoke with two people living at the home and a visiting health professional. We observed people being supported during the day to help us understand their experiences. We spoke with two members of the care staff, the deputy manager, the registered manager and the operations director who was visiting. Following the inspection we received feedback about the service from two health professionals and an advocate who were involved with the service. We also spoke with four family members by telephone to gather their views.

We looked at two people's care records and pathway tracked their care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We reviewed the recruitment, supervision and appraisal records for five staff. We also looked at other records related to the running of the home, including incident and accident records, medicines records and systems for monitoring the quality of the service provided.

The service was last inspected in June 2015 where no concerns were identified.

Is the service safe?

Our findings

Relatives told us they thought their loved ones were safe at Summerwood. One relative said "We are so fortunate to have [family member] living there where we have no worries. It's not something we have to think about." They went on to say "[Registered manager] is paranoid about safety. He risk assesses and makes sure protocols are followed, as much as you can do. The attitude of [registered manager] and therefore the staff is 'Let's do it properly. How can we do this safely?'" Other relatives confirmed they had no concerns over the safety of their family members.

Environmental risks were identified and managed. One person had shown an interest in assisting with fire checks and had been given responsibility for testing the fire alarm every week. We observed they informed everyone in the home beforehand so they would not be startled by the alarm. With assistance from staff they set off the alarm and then checked all fire doors had closed. They completed the fire log with the details of the test and told us they enjoyed the responsibility. Other safety checks were completed including emergency lighting and firefighting equipment, and fire evacuation drills were carried out regularly. There was an effective on call system in place and managers could be contacted if required, both day and night. The home had an emergency plan which contained useful phone numbers of utilities companies and key people who would need to be contacted. Each person had a personal evacuation plan, detailing the specific support they required to evacuate the building.

People were protected from harm and improper treatment. The home had a safeguarding adult's policy and staff had received training in safeguarding adults. We also saw that staff regularly discussed safeguarding issues and procedures during their staff meetings. People had access to information about how they could raise any worries or concerns about their safety which was in line with published guidance. For example, 'No secrets' easy to read leaflets were laminated and displayed for people to look at. Hampshire County Council Safeguarding Adults Board information and Speak Out leaflets were available and safeguarding was discussed with people during 'residents' meetings.

Individual risks relating to people's daily activities had been assessed and measures were in place to mitigate the risks. For example, when accessing the community. Where people had specific health conditions such as epilepsy, which posed a risk of falls or drowning, measures were in place to reduce the risks and included detailed guidance for staff to follow. Staff were knowledgeable about the risks to people and how they should support them to keep them safe.

Where people displayed behaviours which might present a risk to themselves or others, the behaviours and triggers to these had been identified and guidance was provided to staff in how to manage the risks. For example, the registered manager had instructed staff to wear arm guards when supporting one person, who had recently become more anxious and was prone to biting. Their risk assessment and care plan had been updated and all staff had signed to say they had read the new guidance. Staff we spoke with were all aware of the up to date guidance. People's behaviour support plans included information about triggers to their behaviour and included a list of signs staff should look for that might indicate they were becoming distressed.

The registered manager had in place robust recruitment processes which ensured only staff suitable to work in a social care setting were employed. Recruitment records for each staff member included a Disclosure and Barring Service (DBS) check. DBS checks help employers to make safer recruitment decisions. There was also a proof of identity, an application form, a full employment history and satisfactory references had been obtained.

There were sufficient numbers of staff to meet people's needs. People had the time and support they needed from staff, for example, to receive all of their personal care and take part in all of their scheduled and ad hoc activities. A staff member told us "I have time to sit down with them. If someone needs a wet shave I have the time I need to do it properly. There's always someone to help if need be." One person received full time one to one support from a member of staff due to their complex support needs which enabled them to remain safe at home and also to continue to access the community safely. The daily shift plan identified the person that each staff member was allocated to and the duties they were responsible for each day, for example, administering medicines. Vacancies arising from sickness or holidays were covered by permanent staff who did additional shifts, or by regular agency who were familiar with the home.

People received their medicines safely from staff who were appropriately trained to do so. Staff received an annual assessment of their competency to ensure they remained competent to administer medicines. Each person had a medicines folder which included a medicine administration chart (MAR) with a photograph and details of the medicines they required. Information from GPs was clearly recorded, such as instruction for one person's medicine to be crushed and mixed with water for administering. Where people were prescribed medicines as required, such as pain relief, clear protocols were in place to guide staff about how and when this should be administered. Robust records were maintained of when people had received their medicines. Effective systems were in place to monitor when medicines were taken out of the home, such as when people went out for the day or to visit family.

Safe systems were in place for the ordering, storage and disposal of medicines. The deputy manager was responsible for the management of medicines on a daily basis. They explained how they ordered and stored people's medicines, which was in line with national guidance. People's medicines were ordered in a timely way which ensured they were always available when needed and were not at risk of running out. This included emergency medicines for two people who had regular seizures. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Medicines were safely stored and organised in locked cabinets. Daily temperature checks took place to ensure medicines were stored in line with manufacturer's instructions. Audits were in place to monitor the effectiveness and safety of medicines management.

The home environment was clean and tidy and we observed that people were encouraged to help clean their own rooms. Protective clothing was available and in use by staff. Training records showed that staff had completed training in infection prevention and control and we saw that staff put their learning in to practice.

Is the service effective?

Our findings

Relatives were extremely happy with the level of health care support their loved ones received. One relative, whose family member was unable to tell staff when she was in pain, told us "They are very interested in her needs. Is she in pain or has something annoyed her? It's a fine art." Another relative told us of very positive feedback they had received from hospital staff about their family member's skin condition when they had been admitted for treatment and said "It's evidence of how well Summerwood look after him."

People were supported to maintain their health and wellbeing. Staff were proactive in requesting visits or reviews from health professionals, such as GPs, dentists and opticians. Health and care professionals were consistently impressed with the level of care and staff knowledge of people they supported. Comments included "I always visit Summerwood with confidence. The staff know the individual residents and their various characteristics well and will happily advise how to make the dental examination as stress free as possible. Prior to my arrival the residents are given a social story to assist their understanding and help co-operation. Staff are always in attendance to support the residents."

Other health and care professionals commented; "Have been impressed with the way they work with the service user, their carers and all other professionals in a thorough and professional way" and "We have always found the care they offer to be globally good. We get excellent communication from the staff, leadership and carers within the organisation. When residents are brought to appointments, it is always with appropriate requests, seeking support for a range of physical and mental health issues." They went on to comment "The residents always attend with a carer who is aware of the resident's case, and often a family member is invited along too, if possible. The resident is allowed to communicate with us, and then the carer fills in any gaps. The carer will help us in any necessary examination, and then note feedback, along with a plan to manage the care from there. Occasionally we receive requests to visit residents in Summerwood, and these requests are invariably made for appropriate reasons."

Staff asked people for consent before providing people with care or support. For example, a staff member knocked on one person's bedroom door to enable the person conducting the fire test to inform them it was about to take place. One person we spoke with confirmed staff always asked them for permission before they entered their room or gave them their medicine.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Although the registered manager had followed the Hampshire County Council procedure for assessing people's mental capacity, they had not recorded the information. This was being addressed with the person's social worker who was supporting the registered manager through the process. There were detailed records of best interest meetings where decisions were made with the involvement of relevant others, such as their GP, family member, and independent mental capacity advocate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had applied for appropriate authorisations where required. Records of best interest decisions demonstrated the registered manager had given consideration to least restrictive measures when applying for deprivation of liberty authorisation. For example, one person required assistive technology to monitor their seizures when they were in their room. A best interest decision was held involving all relevant people. They explored different options and concluded a listening device would be the least restrictive. An advocate who supported another person at the service and told us "Not only does Summerwood meet my client's fundamental needs well..... they also seek to make the service as least restrictive it can be despite there being a Deprivation of Liberty Safeguard in place."

People were supported to eat and drink sufficiently for their needs and were encouraged to maintain a healthy diet. Relatives consistently told us the staff were committed to improving their family member's food experiences. For example, one relative told us "We always ask him what he's had to eat. He's on a very healthy diet. We were surprised. He always had a very rigid diet at home. Since he's been at Summerwood he's a lot more adventurous. He had lasagne this week and enjoyed it. That's very pleasing to us." Another relative said "Food and drink is quite difficult for him [family member]. He will often just say the last thing you say so getting him to make a genuine choice is quite hard. They do get used to what someone likes. Summerwood has managed brilliantly. He was on a supplement and has now put on weight."

People were encouraged to make choices and be involved about what should go on the menus. The registered manager told us "Food is massively important in people's lives. We work hard with the menus, we ask at mealtimes, we observe and listen to what they say." They had produced a feedback form with smiley and sad faces and we saw that all feedback received included smiley faces. Staff had produced a picture board displaying what was on each daily menu. Support plans reflected people's food preferences, likes and dislikes and also any specific dietary and cultural needs. Staff we spoke with were knowledgeable about people's needs and preferences. For example, one person liked their meals to be served with each food item placed separately on the plate. Staff explained "We deconstruct each meal for [the person]. We made a lasagne for dinner but for [the person] we put the pasta and meat separately on the plate." They told us this enabled the person to enjoy the same meal but in the way they preferred to eat it. Another person was unable to tell staff when they wanted a second helping of food or if they had enough. Staff had developed picture communication with 'more' or 'finished' symbols which the person could point to inform staff of their wishes.

People were encouraged to drink plenty of fluids throughout the day. The registered manager had purchased water jugs to keep in the fridge for a ready supply. They told us they were trying to act as a role model and encourage people to drink more water.

People had been referred to speech and language therapy (SALT) where they had difficulty swallowing and were at risk of choking when eating. Records showed the SALT team had made recommendations which staff followed. Staff were knowledgeable about how the person's food should be prepared and the support the person required. Guidelines were kept in the kitchen for staff to refer to, if needed, when they were cooking meals.

Staff had received an induction to help them prepare for their role which included a first day in house induction and work shadowing. One member of staff said "It was fantastic, really good. I shadowed for some time before being allowed to start personal care by myself." Staff received regular training to enable them to provide effective support to people, such as moving and handling, food safety, fire safety and first aid.

Additional training was provided to meet people's specific support needs such as epilepsy, autism and mental health. All staff had received Scip (Strategies for Crisis Intervention and Prevention) training which provided them with the skills required to safely manage behaviour that challenged. The deputy manager was about to undertake training to become the service's internal Scip trainer.

Staff received on-going support and regular supervision from their line manager which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns. Staff also received an annual appraisal of their performance. Staff told us they felt well supported and could ask for advice or guidance when they needed to.

Is the service caring?

Our findings

Relatives and health and care professionals told us staff were kind, supportive and went the extra mile to make sure people felt valued and listened to. One relative said "The way they treat [people], they're very kind to them. Very caring." A relative told us "They do listen to her [family member] and respect her wishes." Another relative told us "They're very caring. They have affection for [family member]. They love him to bits. It's lovely for us." One health professional commented "The atmosphere in Summerwood has always been happy, pleasant and welcoming." A care professional told us staff went above and beyond what could be expected to support one person when they admitted to hospital. They told us "Staff worked intensively with him, his carers and nursing staff to be with him at hospital throughout his stay to ensure continuity and to promote his emotional wellbeing. Having worked several years in hospital social work in the past, this support was more intensive than usual and helped make this service user's stay positive..."

Staff had excellent knowledge of the people they supported. Relatives and health and care professionals consistently told us the staff found appropriate ways to explain things in a way people understood. For example, the use of PECS (picture cards) and 'Now and next' books which put events or activities into sequence to help prepare people for what to expect during the day. Staff also supported people to communicate through the use of social stories. These are pictures and symbols used alongside words to describe an event or series of events, such as visits to health care appointments. Relatives told us these aids helped their loved ones to communicate and better understand the support available. For example, one relative told us that their family member had a hospital stay and staff provided a social story to help them understand what was happening. The relative said, "They were so incredible at Summerwood. They had little men and women, doctors, mummy and [staff member] in pictures. I was so impressed. I think it did help her. It helped me to know she was looking at it. It re-assured me." A professional involved with one person told us "The communication systems are good and used, and through them staff are able to convey quite complex situations to support the client, e.g. going to the dentist such that the appointment went really well." This attention to detail in people's individual communication needs ensured that points of stress and changed limited people's anxiety and supported their wellbeing.

The home had a positive, strong, person centred culture which ensured people received exceptional support. Staff were committed and determined in finding ways to help people learn about and understand aspects of daily life which would enable them to have more independence. For example, one person had no concept of money but wanted to have control over how they spent their money. One staff member devised a laminated card with the person's financial commitments for each week explained in pictures of coins to the value of the cost, such as the gym or swimming. They also produced some laminated pictures of coins. The person could then match the coins to the costs on the weekly laminated list and could then see how much they had left over to spend on other things. The staff member told us "[The person] doesn't understand money but knows the coins. We can do the sums as it's very visual for her to see. I'm not sure if this will work but I'll keep on trying."

Staff were kind, caring and thoughtful in their interactions with people, celebrated their achievements and spoke about them with genuine affection. One staff member told us about a person who lived at the home,

describing her as "Just amazing." A relative commented that staff were caring. They told us "They are so caring. I've never seen anyone so caring. They're conscientious and thorough." Another relative said "They're brilliant when he has a seizure. Just to be there, to reassure him, to support him."

Staff encouraged people and supported them with things that were important to them. For example, celebrating Father's Day and their birthdays. One person had just had a birthday and had wanted to invite friends, family and neighbours to go to the pub and have fish and chips in the park afterwards. Staff had helped them with the arrangements so that they could have the birthday celebration they wanted. The registered manager told us people from the local church and community had all come to help the person celebrate. They said "They really cherish and enjoy it. You have to work hard at it, keep it constant." A relative told us how a staff member was so committed they would come in on their day off to take their family member out to attend church meetings.

People were encouraged to maintain relationships with their families and friends. We saw one person in the kitchen who was very excited. Staff responded enthusiastically and were excited for him, saying "You are getting excited [name]? Yes, your mum's coming!" Relatives consistently told us the staff were extremely welcoming and confirmed they could visit when they wanted to. Staff arranged for people to visit their families at home for overnight stays or took them for day trips to visit them locally. A relative told us "When we go we're offered a cup of tea or coffee. We're made to feel part of the family. It's not a second thought, it's automatic. We go to take [our family member] out to lunch but sometimes we get there and he's had a seizure. Staff will give me lunch so I can still have it with [my family member]. They don't need to do it but they do. It makes all the difference."

Staff knew people really well including their life histories, families and other people who were important to them. People were supported by staff to use technology to remain in regular contact with family and friends, such as Skype and Facetime calls. The provider had installed an improved broadband system to support this to take place. A relative told us "[The registered manager] made her [our family member] an email address and set it all up. Her brother is in America so we can all keep in touch through Facetime. She's cottoned on to it." One person had photos of their family on their iPad which had been encased in a robust cover to protect it. Their relative told us it was like they were there with them.

As a further commitment, the provider had joined 'John's campaign' which is a national initiative, the belief of which is that carers should not just be 'allowed' to visit but should be welcomed, and that a collaboration between the service users and all connected with them is crucial to their health and their well-being. This philosophy was already evident in the home. One relative told us their family member had been in hospital and staff had stayed with her all day until they were discharged back home to Summerwood. They said "They [staff] offered for me to stay with her, the bedroom was all ready for me but when I saw how contented she was I decided to go home. I was satisfied, absolutely, that she was okay."

Staff respected people's privacy and dignity. For example, one person required a listening device in their bedroom to monitor their seizures. A laminated card was given to the person to give to visitors to inform them there was a listening device in their room and they could switch it off for privacy during any visits or meetings. This enabled the person to maintain control over their privacy. We observed staff knocked on doors and waited for a response before entering people's rooms and asked for permission before providing support. People chose to spend time relaxing in the communal areas or in their rooms where they had their own space. There were also several distinct areas around the garden where people could be away from others if they wanted some personal space. Staff respected people's choice to spend time on their own if they wished to do so.

We observed staff treated people with kindness and respect and the atmosphere in the home was calm and relaxed. There was laughter and banter between people and staff who had time to sit with them and chat or engage in games or watch TV. A relative told us "Sometimes I get there and they're reading to him [my family member]. It's not put on because I'm going." People's bedrooms were decorated to their own tastes and were furnished with their own belongings, such as TVs, music systems, toys, pictures, ornaments and photographs.

People were supported by staff to maintain and increase their self-esteem. Staff told us it was important that people felt valued and involved in their home. The registered manager explained they gave certificates to people for things they did well. For example, one person received a certificate for helping another person when they returned home from hospital after breaking their leg.

Is the service responsive?

Our findings

Relatives consistently told us that the staff were extremely responsive and provided personalised support that met their family member's complex needs. Comments from relatives included "Very happy" and "Very pleased" and "Extremely fortunate" with the progress made by their loved ones whilst living at Summerwood. One relative told us their family member's quality of life had improved saying "Since he's been there [Summerwood] he has a life. At home it was going down and down. He's always busy doing things now, going out and about." A care professional told us "I have been impressed with the way they work with the service users, their carers and all other professionals in a thorough and professional way. They are always mindful to place the service user at the centre of their work and promote independence and choice wherever this is possible."

The provider and staff consistently went above and beyond to meet people's changing needs which was valued by relatives and people. For example, one person had a fall during a seizure and broke their leg and had a full length plaster cast on their leg. This meant they were no longer able to manage the stairs to their first floor bedroom. The registered manager spoke with the other people living at Summerwood and their families to inform them that the person would need to use the dining room as a temporary bedroom, and gathered their views about this. Following further consultation, this was made into a permanent arrangement and the lounge was restructured to provide a dining area. The person's relative told us "They've gone to a lot of upheaval in terms of the home. [Our family member's] bedroom was the dining room. It's had implications for everyone. We really appreciate they did that so he can stay. It's his home. He uses the word 'Home'." They went on to tell us "They have been brilliant to be honest. They've always given him the support he's needed. Summerwood comes as close to perfect as you could get."

The provider had adapted the upstairs of the house into a flat for one person who, due to their complex autism, required a quiet space with full time one to one staffing. However, they were not isolated and were still supported to access the community and take part in trips out. A care professional told us "The service is very person centred and it's great [my client] has his own unit within which he is relaxed and has lots of autonomy, though not restricted to it or by it, e.g. joining in with working in the garden." The registered manager told us the person had been restrained daily at their previous placement. By ensuring the correct environment, right support, appropriate communication and empowering the person to make choices for himself, staff had not had to use any physical restraint with the person since they had moved to Summerwood. This had assured the person's safety and dignity was maintained and had significantly improved their overall quality of life.

People were consistently empowered with choice and control over how they lived their lives and were supported by staff to take informed risks. One person had previously displayed self-injurious behaviour which led to regular injuries but they now felt more in control of their life and this had led to a reduction in this behaviour. The registered manager told us "This used to be his default setting [self-injurious behaviour]. We haven't seen that now for a year." The person was encouraged to be as independent as they could be and had been given responsibilities within the home which met with their interests. For example, carrying out the weekly vehicle safety checks with staff. We also observed the person being encouraged to check the

swimming pool was open so they could attend their swimming session and managing their own money. The registered manager told us "Having access to walks is really important for him. It really calms him down. We gave him the door code. He would watch staff and it became a game as we weren't sure when he had it or not. We talked to him about how we would manage it and involved his social worker and staff were informed. They were concerned about his safety but it's been really positive for him. He hasn't tried to run away. He will now tell staff when he wants to go out." Their relative confirmed the person's progress to us saying "He's happier and more settled. He's doing very well. We are so pleased."

People were supported to follow their interests and hobbies and were encouraged to try new things. The registered manager and staff used their knowledge of people's likes and interests to discuss and establish a schedule of activities and outings with them. Examples of activities included swimming, dancing, going on forest walks or walks along the beach, going to the pub and puzzles. One relative told us "They're very good. [Our family member] has never had so many activities. He does the things he can do and also tries new things." Another relative said "They gear things towards what he likes doing and his interests and what he's capable of. They recently took him to Thruxton. It was the right decision for him to go to Summerwood. They give him so much more opportunity than we could in a day." Summer activities at home included gardening, making hanging baskets and growing vegetables. People were involved with preparing the ground and choosing which plants and vegetables to grow. A recent addition to the home were six pet chickens. Staff told us how people had been involved in making and painting the chicken house. Each person had then gone with staff to choose their own chicken which they then named themselves. People helped to look after the chickens and collect any eggs that had been laid. We saw that people enjoyed the interaction with their chickens and even helped to round them up when they had escaped into the garden!

The registered manager was always looking for innovative ways to improve the experience for people within their community. They actively sought to work in partnership with the local community and other organisations, developing strong relationships and securing opportunities for people living at Summerwood. For example, a neighbour regularly visited the home to go out dog walking with people who live at Summerwood and staff, as well as the registered manager's dog. They had arranged for people to help out at the local Rugby club to help keep the grounds clean and tidy and had recently taken part in a 'Family Fun Day' at the rugby club, making and running a 'Hook the duck' stall. They had supported people to vote where they had capacity to do so. Three people voted. The registered manager showed us accessible and easy read information and social stories that had been given to people to help them understand the process. One person helped run a workshop at the church and talked to people from other care homes about the election, how to register and what to expect.

People's support needs had been thoroughly assessed before they came to live at Summerwood and creative solutions were found which enabled the provider to support people whose previous placements had not been successful. People, their relatives and relevant health and care professionals were involved in this process. People's assessment periods varied depending on the complexities of their needs and included day visits and overnight stays. One relative told us "[My family member] has been in a number of various homes. None of them were able to cope. They [Summerwood] manage everything so well. They are incredible." Another relative told us "When first moving him [our family member] it was a nine month transition. Summerwood were committed to him. I did feel they kept it [his room] for him. [The registered manager] is really good."

A care professional told us they had been working with the staff at Summerwood after it had been identified as a possible placement for a person who had been "stuck" in a health unit, waiting 18 months for a suitable placement. Although the person had not yet moved in they said "The manager and his team have been prepared and worked hard with the family and other professionals to deliver a solution." The registered

manager told us the person's previous placement had been unsuccessful due to their high levels of anxiety. They were, therefore, determined to get everything in place first, including additional, specific training for staff, any necessary equipment and environmental considerations to ensure the best chance of success for the person this time. The provider had allocated and decorated two rooms for the person, one as a bedroom and one as a TV room, as this additional space would help the person to manage their anxiety. The operations director told us "This is a very long assessment process. [The person's] current behaviour management plan will continue when they move in here but we will then merge our two systems. We will be working away from restraint." They had also involved the person in a Skype conversation during a visit so they could be involved in the process.

People's likes, dislikes, preferences, their personal history and any specific health or support needs were identified. These were developed into detailed support plans and behaviour support plans which gave clear information for staff on how to meet people's needs in a person centred and individualised way. Plans included social stories and 'Now and next' as well as national guidance for individual conditions. Guidance included action staff should take to de-escalate known behaviours and how to safely manage behaviour when it had escalated. The staff we spoke with had a very good awareness of people's needs and preferences and worked closely to deliver a consistent approach to support. The language used in people's plans was person centred and reflected people's dignity, rights and choices. Support plans were reviewed regularly which ensured that where people's needs had changed, these were known to staff.

The home had a complaints procedure which was displayed around the home. This was also made available in an easy read picture format for people who were unable to read complex information. Relatives, staff, neighbours and professionals were consistently encouraged to feedback their views and any concerns, which were welcomed as a means of improving the service. Relatives told us they were very happy with the service and had no complaints.

Is the service well-led?

Our findings

People and relatives had a positive relationship with the registered manager and staff. Comments from relatives included "They are excellent" and "We can't fault them" and "As far as I'm concerned they are outstanding!" One relative told us "They [staff] seem to be all very professional. The attitude of [the registered manager] and therefore the staff is 'let's do it properly. How can we do this safely?'" Another relative told us "All the staff are as good as they can be. [The registered manager] is a true professional, excellent." Health and care professionals all agreed that the home was well managed. One health professional told us "As a GP practice we look after residents in Summerwood. We have always found the care they offer to be globally good. We get excellent communication from the staff, leadership and carers within the organisation. Leadership is excellent with strong staff support seen when we visit, from senior team members to carers and to service users." Another care professional said "The home is well managed and well led and I was delighted that a member of staff had produced an oral health care presentation. This had been supported by the manager and shows the holistic approach to care of what is a very vulnerable group."

The home had a clear vision and values which staff understood. The provider's website states; "As a provider, our core aim is to guide each person in our care, to achieve their personal best – as defined by them, and with them. We achieve this by implementing our ethos on a daily basis, which is to actively empower each individual to set and accomplish their personal goals and to live as independently as they are able. We achieve this through promoting skills training, education and work-based activities while providing a home, which is non-institutionalized, accessible and safe." During our inspection we saw this approach was demonstrated throughout the staff team. We consistently heard from staff that this was the ethos embedded within Summerwood by the registered manager. Staff told us "We try and get as much for the residents, to achieve as much as they possibly can" and "He [the registered manager] just wants to get the best for people, to achieve what they're capable of" and "We're trying to achieve a home from home, as homely and accessible as possible."

Relatives and staff consistently told us the registered manager was a positive manager who looked for solutions. One staff member told us "If there is a problem he will try to pre-empt, and resolve it." Another staff member said "Sometimes I think I can't do something and he will say 'You can, you're fine.' I just need reassurance sometimes and if I ever need any help, he will help me." The registered manager told us their ethos was to look for how something could be done. He told us "I try to instil in staff 'How can it be done?' and not to think it can't be done. Just because you're unsure doesn't mean you shouldn't do it. We always try things even if it doesn't work the first time. We use self-reflection and celebrate success." The positive outcomes experienced by people confirmed this was the case. A health professional confirmed to us they were positive about their client moving into Summerwood. "He [the registered manager] manages really well. He's very positive and quite imaginative - 'We'll give it a go'."

Staff consistently told us there was an open and transparent culture within the home. Staff felt very well supported by the registered manager who provided clear leadership and direction. One staff member said "He's the best boss I've ever had. He's very hands on. I can rely on him. If it wasn't for him I wouldn't be in

this position." They went on to tell us the whole management team was extremely supportive and caring. "There is whole company support. They're there when you need them. I couldn't ask for better support" and explained the operations director had visited one day to make sure they were okay as they were concerned about them during a telephone call. Another staff member said "I'm well supported. It's wonderful working here. It's very flexible I couldn't ask for better. [The registered manager] is brilliant. Fantastic with [people] and people with higher dependency. He has the ability to look past the issue and calm the situation. As a manager I can talk to him on any matter. He's so supportive."

The provider put a strong emphasis on the quality of care. Quality assurance systems were in place to drive improvements, which were sustained. Surveys were sent out annually to families and professionals to gain their views. This year, the provider had tried a new, on-line approach to see if they could improve the return rate of completed questionnaires. Whilst this had not been very successful it demonstrated the provider was looking at different ways to reach out to people to seek their views. They told us they would review this again. The three responses received from relatives confirmed they were either extremely satisfied or satisfied with their loved one's support. Visitors were encouraged to give ad hoc feedback when visiting or having contact with the service. Comments in the compliments book included "[Person] is so much happier with life now" and "Thank you so much to you and your hard working staff at Summerwood" and "Appreciation for all your fetching and carrying over the festive season." Feedback from health and care professionals included "Thank you for your time and detailed report and support plans provided" and "Doing a fantastic job in difficult circumstances." In recognition of their good practice, the provider had been nominated and shortlisted as a finalist for The National Learning Disability and Autism Awards 2017.

The provider had robust systems in place to check the quality and safety of the home. They held quarterly health and safety meetings, the most recent minutes showed policies and risk assessment procedures had been reviewed. Regular senior management meeting minutes confirmed discussions took place to review new systems and ensure current legislation was followed. For example, the use of CCTV and updating the fire risk assessment. We also saw senior managers had discussed how they could work towards improving services for people and strive to improve their overall ratings.

The operations director attended on the first day of the inspection to help support the process. They told us they were in the process of putting in place a system to better capture the good practice taking place. They also told us about some of the key developments they had put in place. For example, they said "We are introducing Skype for increased contact for the registered manager and people." They went on to say "They can see my face. [One person] engaged with me. It was a flat screen but [The person] could see it was me." This ensured the relationship between people and the operations director was improved.

The registered manager used audits to evaluate systems which they told us they were "tweaking all the time." We saw examples of audits which confirmed this was the case, such as medication, first aid supplies, finances and vehicle checks. Monthly reports were prepared and sent to senior managers which included information about people living at Summerwood, maintenance, staffing, recruitment and health and safety.

Robust record keeping systems enabled information to be accessed quickly. Electronic systems had been put in place for the recording of people's care and support information. Staff updated people's activities and care on a hand held tablet during the course of each day. This information was collected electronically within each person's records which enabled the registered manager to monitor people's care and support people received. A health professional told us "He always has detailed comprehensive reports ready for me. They are very good at recording. If I ask for information he always has it." Another care professional told us "Sometimes ... my client is out when I visit but there's never an issue with me looking at his care plan or activity log. What I read, see and hear is that my client is offered and takes part in a variety of stimulating

activities..."

Communication within the home was effective. Staff meetings took place regularly which enabled staff to get together and discuss how the home was running. Staff confirmed they could take agenda items to meetings, could raise issues and felt listened to and involved in developing the service. Staff told us "Communication is effective. Any issues are discussed. The team works really well." The most recent minutes showed staff discussed a range of topics including safeguarding, compliance, activities, health and safety and training. Although staff were often unable to attend, each staff member received a personal copy of the minutes. The registered manager sometimes held a quiz to check that staff had read the minutes and knew what had been discussed.

People were encouraged to give their views about the home and the support they received. Meetings took place regularly and people were encouraged to discuss things that were important to their independence. The most recent meeting was attended by one person. They received a pictorial agenda and talked about food, activities and their friends. There was guidance for staff on how to run the meeting, how to ask questions and how to manage feedback. This helped staff to support people to gain as much benefit as possible from each meeting.

The registered manager understood their responsibilities under the Health and Social Care Act 2008. There had not been any notifiable incidents or events; however, the registered manager was aware of when these should be submitted. Incidents and accidents were recorded and actions taken and any learning shared with other homes within the company.