

SummerCare Limited

SummerView

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Summerview on the 19 April 2016.

The service provides accommodation and support for up to six people with learning disabilities. There were six people living at the service at the time of our inspection. Due to their complex needs some people found it difficult to communicate with us verbally. To help us gather views we also spoke with people's relatives.

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

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them, these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and other health professionals.

Relatives knew how to raise a concern or make a complaint, any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was

running effectively. These included audits on medication management and the environment.

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.

Staff took measures to keep people safe.

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

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

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

People's food choices were responded to and there was adequate diet and nutrition available

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

Is the service caring?

Good ●

The service was caring.

Staff knew people well and how to support their independence. 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. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local

community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

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.

SummerView

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 19 April 2016 and was unannounced.

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

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with three people, we also spoke with the deputy manager, compliance manager and two care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service. Following the inspection we rang and spoke with three relatives.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. A relative told us, "[name] is very well looked after" Another relative told us, "[name] is very settled there."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "We make sure everyone is safe and have a safe environment, if I had any worries I would report them to the manager." Another member of staff said, "Some people cannot express their feelings we make sure no-one is taken advantage of and protect them if they can't protect themselves." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC). One member of staff said, "If I raised any issues and they were not dealt with I would go to head office or outside agencies like the CQC." The deputy manager knew how to report safeguarding concerns to the local authority and CQC and what his responsibilities were to keep people safe. The manager clearly displayed an independent service called 'Ask Sal' which is a helpline for staff, people or relatives to call if they had any safeguarding concerns.

Where appropriate the manager had taken part in safeguarding investigations and reported any safeguarding concerns to the local authority and CQC appropriately to keep people safe. The manager liaised closely with the local authority, people, relatives and staff to ensure people were fully supported when concerns were raised.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living. The assessments covered such things as assisting people with personal care, supporting people at meal times, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. They also knew how some community activities could be more risky for people due to their certain vulnerabilities and how at these times they required one to one staff support. This meant they were not prevented from accessing the community but could be supported safely.

Staff were trained in first aid should there be a medical emergency staff knew to call a doctor or paramedic if required. The service carried out regular fire alarm tests and people and staff knew what to do should the building need evacuating. People had evacuation plans in place and we noted there had been a fire test the day before our inspection. During the test staff recorded people's reactions to the test and if they were successful or what actions they needed to take.

People were cared for in a safe environment. The provider arranged for maintenance and general repairs at the service. Staff completed a health and safety check every month and addressed any issues arising from

this. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. The deputy manager planned and covered shifts each week, where there were shortfalls these were covered by permanent staff or bank or agency staff. There had recently been changes in staff and the service was recruiting for one vacancy. The deputy manager told us that they used regular agency staff so that people were familiar with them and that there was consistency with their care. We spoke with one agency nurse who knew people well they told us, "I have been working here for the last two months regularly."

The 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). One member of staff told us, "I heard about the job from a friend and completed an application form, I had two interviews one at head office and another one at the home." The compliance manager told us that any new staff went through a two stage interview process, firstly at head office and then at the home they were being recruited for. This was so that the people living at the service could meet new staff and give their feedback.

People received their medication safely and as prescribed. Staff who had received training in medication administration and management dispensed the medication to people. We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by the GP. One person told us, "I have my medication three times a day the staff give it to me at 8 o'clock in the morning then 4 o'clock, then again at 8 o'clock." The service had systems in place for the correct storage, ordering and disposal of medication and the manager carried out regular audits of medicine practices. This told us the service was checking that people received medication safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff said, "I am negotiating with my manager to enrol for my NVQ level 3." Another member of staff said, "I am currently completing a level 5 certificate in management." Staff felt training provided by the provider was very good and supported them within their role.

The quality and compliance manager told us they provided a mixture of on line training as well as face to face training. Staff were also supported to do additional courses that were appropriate to their role. In addition any new staff that were to join the organisation would be enrolled into completing the Care certificate. This is an industry recognised award to equip new staff with the skills they require to care for people. One member of staff said, "When I first started I read all the policies and I worked with a senior member of staff for four weeks, I had meetings with the manager while I did my induction for the first twelve weeks." Another member of staff said, "All the staff were very supportive when I started working here showing me what to do."

Staff felt supported at the service. We saw from records that staff received regular supervision with the manager. This is an opportunity for staff to discuss their performance, any concerns they have and identify further training needs. Staff also received a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year. One member of staff said, "I have supervision every three months and we have regular staff meetings to talk about everything."

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they supported people in making day to day decisions and always offered people choice. Staff communicated with some people using pictures or gestures. For example we saw staff bring a selection of cereal boxes and placed them in front of one person for them to indicate which one they preferred for breakfast. If people needed additional support with making decisions the manager could request an advocate for people, the deputy manager told us that two people living at the service currently used an advocate. This is an independent person who has training to support people with decisions they may need to make about their life. Where appropriate, mental capacity assessments had been made in people's best interest and were clearly documented with the reason why and what these decisions covered. This told us people's rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager understood their responsibilities and how to make applications if appropriate.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Each week staff discussed with people what foods they would like to have and planned menus. Throughout the day we saw people had access to food and drinks as they wished. One person told us, "I like the roast dinners." Staff told us that people enjoyed going shopping with them to buy the food and would help with pushing the trolleys.

Staff monitored people's weight and where appropriate made referrals to other professionals such as a dietician or a speech and language therapist. Staff knew people well including their likes and dislikes and knew how to best support people with eating to avoid choking and other issues at mealtimes.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health and learning disability professionals as well as from their GP. A relative told us that the staff were good at arranging for health checks.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. A relative said, "The staff are excellent, can't do enough." Another relative said, "Some wonderful people work there."

During our observations we saw staff had positive interactions with people. We saw staff talking to people, laughing and joking with them and people were animated with their responses. Staff knew people and well and how best to communicate with them. Some people communicated using sign language that had been adapted for their understanding. Staff told us, "Sometimes we use signs for example one hand may mean yes and the other hand means no, when we ask questions they touch the hand which is their answer." In addition staff told us, "Sometimes people will take us and show us what they want for example to turn on the television." We saw in minutes from resident meetings that people were being encouraged to use sign language and to support each other in making different signs. While we were talking with people one person started to teach us sign language. We noted throughout our inspection there was a very calm and relaxed atmosphere at the service.

People and their relatives were involved in the planning of their care and support needs. A relative told us, "[person name] key worker is a lovely man, the care staff are very good." Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities. One member of staff told us, "We support people so that they have fulfilled lives." Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes. One relative told us, "I visit every week and [person name] comes home once a week to." Another relative told us, "We have a coffee morning every month with other relatives and staff to discuss everything at the home, it feels like a real family."

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Once the manager had completed the assessment people would be invited to spend time at the service. The deputy manager said, "Once we had completed our assessment as part of the transition for people to come and live here, they would be invited to come for dinner, or out on an outing. This time would be increased if appropriate so that they came for overnight stays." This would allow them to see if they would like to live there and gave them an opportunity to start to get to know staff and meet other people already living there. A support plan was then agreed and put into place ready for when a person moved to the service.

Support plans included information that was specific to the individual. This was reflected in detailed written support plans and individual risk assessments. Support plans included information which was specific to the individual about their health, medication, likes, dislikes, preferences and included information on how best to support people if they were showing signs that might suggest they were becoming anxious and distressed. The support plans were very person centred and each contained documentation such as 'This is me' and health passports. These documents explained everything about a person and how they wished to be supported. From talking with staff they were able to explain how people preferred to be supported and demonstrated a good knowledge of all people's needs at the service.

The service was responsive to people's needs; for example when one person became concerned that their room may be entered by other people, the manager arranged for an audible doorbell alarm to sound if anybody entered their room. This meant the person and staff would be aware if the room was entered and could check that the person was alright.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social and educational activities. Some people attended college and day centres to further enhance their independence and life skills. People were supported with social activities of their choice, these included attending local café's, dance clubs and places of interest. A relative told us, "[person name] goes to a day centre every day; they do cooking, play musical instruments and go out." One person told us, "I like football; I am in the football team and will be playing at Southend in May." Staff told us that people had very full activity plans and went out every day. One member of staff said, "We support people to get ready in the mornings as most will be going out to an activity."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. The complaints procedure was clearly displayed and available in pictorial format. Relatives told us if they had a complaint they would tell staff at the service or would inform a social worker. Another relative said, "When I have had some minor issues before I contacted head office and they were sorted out

straight away."

Is the service well-led?

Our findings

The service had a registered manager in place. The manager was visible within the service, and spent time working with people and staff. One member of staff said, "The manager spends time working on the floor with us."

Staff shared the manager's and provider's vision for the service. One member of staff said, "We want people to have a decent life and to be as independent as possible." Another member of staff said, "We make sure people are happy, and can do what they want to have a lovely life."

Staff felt very supported by the manager, one member of staff said, "The manager is very supportive and listens to our ideas." Staff had regular supervision and team meetings to discuss the running of the service and issues there were. Staff also had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

The manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Where appropriate the manager had followed the provider's disciplinary procedures to ensure any poor performance was addressed. Staff understood the need to maintain confidentiality and information was stored within locked offices.

People were actively involved in improving the service they received. The manager gathered people's views on the service not only through regular meetings each month, but through their interactions with people. We saw from minutes of meetings that people discussed all aspects of living together and getting along as a community, including menus, holidays and outings. Relatives told us that they attend meetings at the service with staff to discuss everything. One relative told us, "We have meetings every month where we can voice any concerns, it makes us feel included." Another relative told us how they had recently discussed the refurbishment of the service and they had been made aware the bathrooms were being renewed. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager and provider had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. The provider did their own audits where managers from other services attended to complete monthly spot checks. From these spot checks actions plans were formulated with dates for the manager to address any outstanding issues within the service. For example, they carried out regular audits on people's care plans, medication management as well as environmental audits. This information was used as appropriate to improve the care people received.