

SummerCare Limited

SunFlowers

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Sunflowers on the 16 and 18 March 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.

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. Staff were available to support people.

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

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 specialist nurses.

People 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 care files, 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 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 what their support needs 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. 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.

SunFlowers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 15 and 18 March 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.

During our inspection we spoke with two people, we also spoke with the acting manager, deputy manager, the provider's quality and compliance manager and one member of care staff. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People felt safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "I feel safe living here, the staff are always around for me to talk to." Another person said, "We all get on well here like a family."

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. 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) and social services. Staff said, "If I had any concerns I would tell the manager or higher. If not dealt with here I would go to the CQC or the local council." The manager's displayed a flow chart in the office detailing to staff how to raise a safeguarding concern.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, 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. One person told us, "When I am in the kitchen the staff are with me to make sure I can manage okay."

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff said that they had not hesitated previously to call an ambulance when somebody had become unwell. Staff also received training on how to respond to fire alerts at the service. Should there be an environmental emergency staff had contact numbers to call for example for plumbers or electricians. The provider also had an on-call manager that staff could contact for advice and support.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual programs and access to the community. The deputy manager told us that they were fully recruited for carers. If there was a shortfall due to sickness, regular staff would usually cover these shifts or they had bank staff. One member of staff told us, "We have enough staff it works well here with the shifts we work. If we need more staff we use regular bank we rarely need to use agency."

Staff recruited were suitable for the role they were employed for and the provider had a robust process in place. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people. The service had good staff retention and staff had worked there for a number of years.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Senior staff who had received training in medication administration dispensed the medication to people. One person told us, "The staff give me my medication

three times a day, before I came here I never use to take it, as I would forget, but now I have it when I need it."

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 told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "I have completed NVQs in health and social care and also in management. I am just being enrolled to do a NVQ level 5 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. Any new staff 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. The deputy manager told us that they had not recruited any new staff for a couple of years but when they did they would have a full induction. This included working with more experienced members of staff sometimes known as 'shadowing'.

Staff felt supported at the service. We saw from records that all staff had recently had an appraisal by their manager. This is an opportunity for staff to discuss their performance over the past year and set goals for the next year. The acting manager told us they had devised a supervision matrix and staff were now having regular supervision to discuss their performance and any support they may need with their role.

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 people living at the service were capable of making their own decisions and could communicate these. If people needed additional support with making decisions the manager could request an advocate for people. 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). We saw the manager had made applications as appropriate to protect people's rights and had kept this under review.

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, "The food is lovely here." Another person said, "I sometimes help with the cooking, I help with cutting up

vegetables or stirring things on the cooker." We saw at lunchtime people were supported to make their own lunch with food of their choice.

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. One member of staff told us, "We try and encourage healthy eating if we can and variety with meals so that people can try new things."

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 hospital 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 reviews from health professionals and their GP. During our inspection we saw two people were supported to attend health appointments. One person told us, "I went to get my blood taken and went straight in, then I had an appointment with the nurse and they saw me straight away to." Another person told us, "I go regularly to have my blood taken to check my heart."

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "I love all the staff, they look after me." Another person said, "All the staff treat us immaculately, I would like to put them up for an award."

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversations about people's wellbeing and how they planned to spend their day. We observed staff were not rushed in their interactions with people and that they took their time to listen closely to what people were saying to them. One person told us, "We really do all get on well, like brothers and sisters." Another person said, "The staff treat you with good manners."

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. One person told us, "My keyworker is [staff name] they help with lots of things. I have a care plan we go through it sometimes." They also said, "I like to go to church on special occasions."

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. Staff knew people needed privacy and respected this when they wished to spend time on their own. One person told us, "If I want to speak to staff privately we go into the office or into my room."

People were supported and encouraged to maintain relationships with their friends and family. People told us that their family could visit at any time and that there were no restrictions. One person said, "We are often out so my family just ring to make sure I am here before they visit." Another person told us how they enjoyed staying with their family at weekends and were looking forward to spending Easter with them.

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. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. One person told us, "Before I moved here I came for a look around with my sister, I liked it straight away."

Care plans included information that was specific to the individual. Each care plan included information about the person's health, medication, likes, dislikes and preferences. There was information about their capacity to make day-to-day decisions and their individual ways of communication. The care plans were regularly reviewed and updated with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

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. One person told us, "I want to be a singer, I go to music school." Another person told us, "We went for a lovely meal down the seafront at the weekend." In addition to supporting people with educational and social activities, the service also supported people with work experience. One person was supported to work at a local shop they told us, "I work on a Thursday morning; we have a cup of tea before we start and then one at eleven. I help to clean and tidy up until midday."

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. People told us if they had any complaints that they would talk to the acting manager about them.

Is the service well-led?

Our findings

The service had a registered manager in place and an acting manager who would eventually be taking over as the registered manager. The acting manager was very visible within the service and knew people well.

Staff shared the manager's and provider's vision for the service. Staff told us, "We want people to be independent and happy here." Another member of staff said, "We aim to support people's choice, to enable their independence so they have active and fulfilling lives."

Staff felt very supported by the manager, one member of staff said, "They are always available and they support me when I talk through any issues or decisions I have made." Staff received regular supervision from the manager and a yearly appraisal. We saw from minutes that staff had regular meetings to discuss the running of the service and how best to support people. Staff said they felt that their ideas were listened to and gave examples of trying different foods, or supporting people with alternative holidays other than what they usually chose. This demonstrated that people were being cared for by staff who were well supported in performing their role.

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 cleaning rotas. People's opinions were sought when their rooms needed decorating with regards to colour schemes. One person told us, "I picked this colour for my room but I am thinking of having a change soon and having it redecorated." This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

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.