

Summerlands Support Ltd

Summerland Support

Inspection report

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Date of inspection visit:
05 October 2016
06 October 2016

Date of publication:
08 November 2016

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

Summerland Support provides support to people with learning disabilities. The support is provided to people who live as tenants in five properties owned by Summerland Support Limited, under a Supported Living scheme. A supported living scheme is one where people live in their own home and receive care and support in order to promote their independence. At the time of our inspection the service provided support to 27 people living in their own homes. However, only six people required support to meet their personal care needs. Therefore we only looked at the care and support received by those people. Summerland Support provides other services which help people to live independently, such as assistance with shopping and enabling people undertake activities in the community.

This inspection took place on 5 and 6 October 2016. The provider was given 48 hours' notice that the inspection would be taking place. This was because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in.

The service was last inspected on 22 July 2013, when it was compliant with the regulations relevant at that time.

A registered manager was employed at the service. 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.

Kind and caring staff ensured people received support that was responsive to their needs and as set out on their support plans. Staff ensured people's privacy and dignity was respected. Staff knew the people they supported well and ensured their preferences were met. People attended day services; local community groups and regularly went on holidays. People had recently returned from a holiday in Majorca. We saw photographs of everyone enjoying themselves.

Relatives were complimentary about the support provided by staff. One relative told us they could not "praise staff highly enough. They are wonderful".

People's support plans described how staff were to support people. They gave staff directions on how to manage any behaviours that may place the person or others at risk. Any risks to people were identified and plans put in place to minimise the risks.

People were supported to make choices in all aspects of their lives. One person told us how they had been supported to obtain paid employment. People and their relatives were involved in making decisions about the support provided by staff. One relative told us they were always invited to discuss their relations support plan and said "It's (support planning) a team event for [person's] benefit". People were supported to maintain a healthy balanced diet. They were supported to plan, shop for and prepare their meals. Staff ensured people's health care needs were addressed. People were supported to attend healthcare

appointments when necessary.

People were supported to attend a variety of events outside of their homes. People attended regular day service placements, colleges and paid employment as well as social activities such as the cinema, karaoke and discos.

Following the inspection we received emails from three social and healthcare professionals who told us how well people were supported by staff. One GP wrote 'They (people) all attend their planned GP appointments with support workers who are professional and caring. I often have correspondence with the Manager as/when they have any health concerns about [people]. I do not have any concerns about the quality of support provided'. People were supported to take their medicines at the times they were prescribed.

People were protected from the risks of abuse. Staff knew how to recognise and report abuse both within the service and to outside agencies. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005. Staff told us they would always respect people's decisions even if they disagreed with them. One staff member told us "Everyone has the right to make an unwise decision".

Staff received training that helped them meet people's needs. This included first aid and supporting people living with dementia. New staff received a thorough induction. Staff received regular supervision to support them in their role. Staff told us the registered manager was very supportive and approachable.

There were effective quality assurance systems in place to monitor care. Regular audits were undertaken to ensure the quality of care was maintained. The registered manager ensured their knowledge was kept up to date by attending forums and receiving monthly updates from care organisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's safety and well-being were identified.
Management plans provided guidance for staff on how to reduce risks.

People were supported to manage their medicines safely.

Recruitment practices were thorough.

Is the service effective?

Good ●

The service was effective.

People made decisions about how they wished to be supported.

People's legal rights under the Mental Capacity Act 2005 were protected and any decisions made on behalf of people were in their best interests.

People received support from staff that were trained and knowledgeable about people's needs.

People were supported to maintain good health and had access to healthcare or other specialist services, such as an occupational therapist, where required.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were supported by kind and caring staff.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's support needs were identified in their support plans that were reviewed regularly.

Staff were aware of people's support needs and ensured people received the support they needed.

There were many opportunities for people to get out and about.

People and their relatives were confident that if they raised concerns these would be dealt with by the registered manager.

Is the service well-led?

The service was well led.

The management was open and approachable. People and staff felt well supported.

There were effective systems in place to monitor the support being provided.

Records were well maintained and stored securely.

Good ●

Summerland Support

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 was 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 5 and 6 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in.

One Adult Social Care inspector carried out the inspection.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

On the first day of the inspection we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training and how the service ensured the safety and quality of the support provided to people. We also met with the registered manager and head of care. During the second day of our inspection we visited three houses and spoke with seven people living in their own home. We also spoke with five members of support staff, the registered manager and head of care.

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Following the inspection we spoke with four relatives over the telephone and received emails from three health and social care professionals.

Is the service safe?

Our findings

People told us they liked their homes and where they lived and felt safe there. We saw people approaching staff with confidence and accepting appropriate prompts from the staff indicating they felt safe in their presence. One person told us their home was "A safe place to live".

Risks associated with people's needs, such as epilepsy or behaviours that may be challenging to others, were identified and management plans developed to ensure their support staff knew how to support them safely and minimise any risks.

Guidance was clear about how to deal with situations which may place people at risk. The circumstances and triggers which may lead people being placed at risk were described. This enabled staff, where possible, to prevent these triggers from occurring. For example, one person's support plan identified they needed a low sugar diet, but could become distressed if they could not have sweets and cakes. Staff were guided on how to come to a compromise with the person so they did not put themselves at risk by eating too many sweet things.

Staff were given very clear information about their responsibilities to protect people from avoidable harm, such as when bathing. For example, one person's risk management plan said 'Staff to make sure there is always a slip mat in the bath before I get in as I am at risk of falling or slipping'.

These risk assessments and management plans were used to support people to develop their independent living skills and become involved in leisure and educational activities to enable them to enjoy a more fulfilling life. For example, people were supported to prepare meals for themselves, use public transport and attend community events. We saw one person helping staff prepare a meal.

Should someone have an accident or display potentially harmful behaviours, these were clearly recorded. Records showed these events were reviewed to identify how the accident or behavioural incident came about and whether it could have been avoided. Risk assessments were reviewed at the time of the accident/incident and changes made, if necessary, to reduce the risk of a repeat.

People's homes were well maintained and people had the adaptations and equipment they needed to promote their independence. People's risks assessments looked at minimising any risks associated with the environment. For example, hand rails had been fitted outside the front door to help people with poor mobility manage the steps.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work in care. Staff were checked to ensure they were suitable to work at the service. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. However, the registered manager did not always obtain a full employment history from applicants. This meant they could not discuss any gaps in the applicants work history. The

registered manager agreed that they would obtain full employment details from any new applicants.

Staff had received training in safeguarding people and told us what they would do if they suspected anyone was at risk of abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Safeguarding policies and procedures were in place and staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. People were regularly reminded about what might place them at risk, such as 'stranger danger' and how to avoid this, such as not letting strangers into their home. During the inspection the registered manager was working to help one person who was at risk of financial exploitation from people they knew.

Some of the people supported by the service required help from staff 24 hours a day. We discussed with the registered manager how they ensured people were appropriately supported should a member of their team be absent. They told us they, and the head of care often worked to support people at these times. The service did not use agency staff who would not know people.

People told us how their medicines were managed. They were protected against the risks associated with medicines because appropriate arrangements were in place to manage medicine ordering, storage and administration. Support plans described each person's medicine and the reason it was prescribed. Instructions to staff identified important information about the medicine's administration, such as whether the medicine had to be given at a certain time. Where able, and risk assessed as safe, people were involved in administering their own medicines. For example, one person's plan stated 'I am able to take my medication myself with occasional prompting from staff but if I am unfocused my support staff need to administer my medication to me'.

Is the service effective?

Our findings

People being supported by Summerland Support had a variety of needs. Including those relating to learning disabilities, Autism and Down's Syndrome. Some people were older and had some physical care needs. People received support from staff that knew them well. Some staff had supported the same people for several years.

There was a comprehensive staff training programme in place and a system to indicate when updates were needed. Staff had received training in a range of subjects including record keeping, health and safety and equality and diversity. Some staff had also received more specific training to help them meet people's needs such as supporting people living with dementia and supporting people with epilepsy. Training was provided either in face to face sessions or by e-learning.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager or head of care to talk about their job role and discuss any issues. The registered manager told us they, and the head of care often worked alongside care staff in order to ensure staff remained competent to do their job.

One newly appointed staff member told us they had undertaken a detailed induction programme. They said they had not worked on their own with people until they had completed several 'shadow shifts'. Newly appointed staff were completing the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

Staff had received training in, and had an awareness, of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. We saw a best interests meeting had been arranged for one person due to a need to lock kitchen cupboards. We saw that relevant people had been consulted and it was found to be in the person's best interests for the kitchen cupboards to be locked.

We saw people's involvement in decisions about how and by whom they wished to be supported documented in their support files. Each person's support plan stated 'This is my support plan and this is how I would like to be supported. I can change anything within this support plan whenever I like and that it will be reviewed regularly'. People told us they were involved in making decisions about their care. Staff told us they would always respect people's decisions even if they disagreed with them. One staff member told us "Everyone has the right to make an unwise decision".

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GP for an annual health check. The GP that attended the majority of people being supported by Summerland Support wrote in an email 'They (people) all attend their planned GP appointments with support workers who are professional and caring. I often have correspondence with the Manager as/when they have any health concerns about [people]. I do not have any concerns about the quality of support provided'. People also received healthcare support from dentists and opticians.

People were supported to maintain a balanced diet. Support plans were in place to identify assistance required in this area. One person's plan gave instructions to staff on how to support one person maintain a low sugar diet. Another person's plan stated 'I also have created a scrap book of healthy food choices so I can choose what I like but still eat healthy'. Staff knew people's food preferences and encouraged people to make their own choices for drinks and meals. People were involved in menu planning and they chose what they wanted to eat and drink. People were supported to shop for and prepare their own meals. We saw one person being supported to make a snack following their return from their day services visit.

People's homes were well maintained and people had the adaptations and equipment they needed to meet their needs. People were clearly proud of their homes and were keen to show us their bedrooms. One relative told us that furniture was replaced and their relation's bedroom decorated frequently.

Is the service caring?

Our findings

Staff at Summerland Support treated people with respect and kindness. Staff were seen supporting people in an easy, unrushed and pleasant manner. We heard staff communicating well with people, listening giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. There was much fun, laughter, appropriate banter and hugs between staff and the people they supported. Staff spoke positively about the people they supported. One staff member told us it was important to "Look beyond their disabilities". Another staff member told us they liked helping everyone which made them feel they had "achieved something" and "made a difference".

We saw that people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, and all the interactions we saw between people and staff were positive. People and their relatives told us about the relationships that had been formed. One relative told us that when they took their relation out, they sometimes worried that they might not be going back to the service, as they loved living there so much. They went on to say they could not "praise staff highly enough. They are wonderful".

Support plans were personalised and contained a range of formats including symbols, pictures and words to help the person understand their plan. People confirmed they had been involved in developing support plans, and showed us the copies they kept in their home. One person told us their support plan had been completed in a format they could understand. They said the 'easy read' information that was provided, "really helped a lot". One relative told us they were always invited to discuss their relations support plan and said "It's (support planning) a team event for [person's] benefit".

Staff maintained people's privacy and dignity. Care and support plans contained information about how to respect people's privacy. For example, one person's support plan identified that staff must respect their privacy and dignity at all times and especially when helping them with personal care. When staff discussed people's support needs with us they did so in a respectful and compassionate way and were careful to maintain confidentiality.

Staff told us they supported people to be as independent as possible. They recognised that being able to do something, such as making a drink or a meal, gave the person a sense of achievement and self-worth. One person told us how they had been supported to find paid employment.

People were supported to access an advocate if they needed someone to speak to outside of their support team or family. An advocate is a person who represents and works with a person who may need support and encouragement to exercise their rights and to ensure that their rights are upheld. One advocate wrote in an email 'I have always found it (support) to be of a high quality. I cannot remember any one of my clients ever complaining about the level of support offered. In many cases they have expressed gratitude for the efforts made on their behalf'.

We saw that the registered manager and head of care had been anonymously nominated for a local radio station's 'care awards'. The registered manager said that although they had not won an award they were proud to have been nominated. Positive comments about the support provided by staff were received in a recent 'family and friends questionnaire'. One comment was 'Individual staff members should be praised for commitment to their jobs'.

Is the service responsive?

Our findings

People received individualised support from staff who knew them well. People told us they received the support and guidance they needed to live successfully in their own home. This was supported by the relatives we spoke with who praised the support provided by the staff. One relative told us their relation "has come on leaps and bounds" since receiving support from the service.

Following the inspection we received an email from a health care professional who had worked with one person. They wrote 'At the time of my involvement the team worked very hard to support an extremely complex situation. Particular individual staff members were very good and I expect often would go above and beyond their roles to support [person]'. Staff we spoke with told us about the different areas of support people needed. For example, some people needed help with their personal care, while others needed support with managing their finances.

Before a person started to use the service, staff obtained as much information as possible. This information was then used to identify the support the person needed. The amount of support available was determined by the budget set by those who were commissioning the service, usually the local authority. The support the person needed and the budget available were then used to develop the person's support plan. The support plans we saw contained details of any support needed with personal care as well as support that may be needed to attend day services or activities. For example, one person's plan indicated they needed support with bathing and getting to their day care placement. Their support plan also indicated they liked an occasional 'pyjama day'. We saw staff supporting them with this on the day we visited the house. Staff had rearranged a planned shopping trip to fit in with the person's choice.

Some people supported by Summerland Support could at times display behaviours that may place either themselves or others at risk of harm. Support plans were detailed about these behaviours and staff were guided on how to reduce the risk of a situation escalating. Staff were guided to recognise early signs of people's distress and how to support people during these times. For example, one person's plan gave information about how to identify and reduce a person's distress by offering distractions and compromises.

People were supported to set achievable goals. One person told us how the service had supported them to set their goals to obtain paid work. They told us their support plan had been prepared using a format that helped them understand what it contained. The person told us "They [service] have improved me since I moved here...when I came here I was very shy".

Seven people had been supported to complete a first aid course where they had learnt how to place a person in the recovery position and to stop bleeding. All seven people had passed the course and had obtained a certificate.

Records of daily events were recorded either by the person, or with their involvement. We saw these records were detailed to allow staff and relatives, where appropriate, to know what each person had done during the day. To aid communication between support staff and staff at day service placements, some people had

a diary that was taken between home and day services.

People were supported to attend a variety of events outside of their homes. During the inspection plans were being made for a member of staff to meet a person at 9pm on Saturday night to support them on a karaoke evening. People attended regular day service placements, colleges and paid employment as well as social activities such as the cinema and discos. People were supported to go on holiday each year and a group of people and support staff had just returned from a holiday in Majorca. People told us they had a wonderful time and we saw the photographs that confirmed this. One person had wanted to go on holiday but was afraid of flying. The service arranged a short flight to London for the person, to see how they liked it. The person did like flying and went on holiday to Majorca.

Regular house meetings were held to identify any areas of dissatisfaction. People were encouraged to find their own solutions to issues raised. For example, people were leaving washing in the machine so others could not use it. As a solution a rota was developed so people had allotted days to do their washing, and this was working well. People in another house had decided that people could not 'vape' (a smoking substitute) inside the house.

A seasonal newsletter was produced for people to let them know what had been happening and any forthcoming events. We saw a copy of the Autumn newsletter that contained information on the holiday to Majorca, recent additions to staff and people being supported by the service. There was also information about the achievements of one person who had won several awards for helping others and learning new skills. Forthcoming events included a visit to the pantomime, a Christmas party and a weekend away to enjoy a variety of activities.

Each person had a tenancy agreement between themselves and the registered provider. This set out the terms and conditions under which people were able to live in their houses. For example, it set out the amount of rent payable, and that a contribution to the gas and electricity bills needed to be made. The tenancy agreement was in an 'easy read' format. It contained symbols and pictures as well as simple phrases. People were also given a 'Service User Handbook' in an 'easy read' format. This document contained information on the support people can expect to receive from staff as well as contact numbers for the registered provider, registered manager and an emergency number for the staff member on call.

A complaints policy was available to people. The registered manager took note of, and investigated any concerns raised. Relatives told us they had never had to complain about anything, but were confident it would be well managed if they did. One person told us if they had ever raised concerns about anything they had been dealt with straight away. There was an 'easy read' version of the complaint policy contained in the 'Service User Handbook'. We saw that all the concerns that had been raised were when there had been disagreements between people living in the same house. We saw that people had usually been supported to work through the disagreements. However, we also saw that when one person had become very disruptive to other people they had been supported to find alternative accommodation.

Is the service well-led?

Our findings

The registered manager and the head of care demonstrated their commitment to providing high quality, well-led and inclusive support to each person receiving a service from Summerland Support. The service had signed up to the Department of Health's initiative, 'The Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services. It asks services to make 'promises' on topics such as having thorough induction training for new staff. It also asks that services ensure there is a strong culture that values dignity and respect and has effective communication throughout the service. We saw the registered manager had brought these to the forefront of the service's objectives through staff meetings and in their day to day interaction with people, their relatives and staff.

The registered manager told us they thought the main strength of the service was the community participation and getting people out and about. They said staff were always happy to change their rota to support people with their activities.

There were effective systems in place to assess people's needs, recruit and train dedicated staff and to monitor the quality of the support services they provided. People were included in decision making and support was personalised to their needs and wishes.

Written surveys were used periodically to allow people, their relatives and staff time to consider their views and to respond formally. Surveys had been sent out in June 2016 and the results collated into reports. One relative had commented they would like to see people involved in gardening. The service had started a gardening project but people had shown very little interest in it.

Regular audits of each house were completed. These audits looked at all aspects of support provided, including how records were kept and whether equipment and each building was being maintained. We saw that where issues had been raised for example, damp in one room, they were being addressed by the registered manager.

The registered manager had introduced a system to ensure all staff read any updated support plans. Hidden in the text of the support plan was a message and a code word that had to be texted to the registered manager before a specified date. If staff had not texted the code word by the date they were required to attend the office to read the updated support plan.

People and staff told us how much they valued the support of the registered manager and head of care. Staff told us they could ask for supervision at any time or just call for a chat. We were told the registered manager often went "over and above" their role and one staff member said "It's commendable". One person receiving support had written to the registered manager to say 'I appreciate every minute of your help every day. You do a swell job and should be proud'.

Staff told us there was an open culture at the home, where people could voice their opinions and be listened

to. One member of staff said they felt everyone was "valued" by the service.

Prior to the inspection the registered manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us there were plans to appoint a Head of Care to support the registered manager with their duties. We saw that this had happened.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager told us they kept their knowledge of care management and legislation up to date receiving monthly updates from the Registered Managers National Skills Academy and CQC. They also attend registered manager and provider forums.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.