

SummerCare Limited

# SummerCare - Head Office

## Inspection Report

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# Summary of findings

## Overall summary

SummerCare-Head Office is a domiciliary care service that provides care and support to people in their own homes who receive support for fixed periods of time during the day. In addition the service supports some people who live in supported living services, either on their own or with a small group of people, who receive 24-hour-a-day care and support. At the time of our inspection the service supported approximately 189 people, of whom 24 lived in supported living settings.

The service is provided to older people, people with dementia, people with a learning disability, people with a physical disability and people with mental health needs. At the time of our inspection approximately 189 people used the service, including 24 people who lived in supported living services. There is a registered manager in the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to

supplement the main MCA 2005 code of practice. We looked at whether the service was applying DoLS appropriately and found they were meeting the requirements of the code.

There were systems in place to provide safe care for people who used the service. Feedback from relatives was positive and they were confident that their family members were safe.

The service ensured staff were supported to develop the skills and knowledge to provide effective care and support for people who used the service. Relatives were complimentary about the care and support provided for their family members.

People were supported by staff who displayed empathy and a caring attitude towards them. Relatives made positive comments about how caring staff were.

The service was led by a strong, effective management team who worked together to provide a service that received praise from relatives about the standard of care and support.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service had correct systems in place to manage risks, including the safe management of people's medication.

The service was safe because there were correct processes in place to safeguard vulnerable people. Staff understood the process of safeguarding and were aware of what they should do to keep people safe.

People using the service felt that they could safely raise concerns and appropriate action would be taken.

People received care and support in a safe, well maintained environment.

The service was safe because there was a correct process in place for recruiting staff.

### **Are services effective?**

The service was effective because people's care and support needs as well as health needs were assessed and staff understood how to meet people's needs well.

There was an effective process in place for developing and reviewing care plans that took account of people's needs and preferences.

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There was effective communication between the service and family carers, who were consulted and kept informed about their relatives' care.

There was an effective process in place to provide staff with the training they needed for their role.

### **Are services caring?**

The service was caring because staff treated people well, listened to them and were attentive to their needs.

Relatives were complimentary about the care and support given and said that staff treated people with dignity and respect.

The service was caring because staff understood that people were individuals and supported them in ways that they preferred.

The service was caring because it placed a high value on good communication between staff and people using the service and on an open culture.

# Summary of findings

## Are services responsive to people's needs?

The service was responsive to the diverse needs of individuals by encouraging people to express their views and make decisions and choices.

The service responded to people's changing needs by monitoring and reviewing their care and support.

The service responded to people's social needs by supporting them to take part in activities of their choice and providing opportunities for new experiences.

Relatives were confident that the service would respond appropriately to any concerns they may have.

## Are services well-led?

The service was well led by a strong management team who promoted an open and positive culture.

Staff had a positive attitude and were enthusiastic about providing a good standard of care and support to people. They received the necessary training to support people and were well supported themselves by the management of the service.

There were systems in place to monitor the quality of the service people received and deal with concerns. Issues that arose were dealt with promptly and used to drive improvement.

# Summary of findings

## What people who use the service and those that matter to them say

During our inspection visit we spoke with four members of staff and two people who used the service. We also carried out telephone interviews with 14 relatives of people who used both the Home Care service and the Supported Living services.

The two people we spoke with on the day of our inspection told us they were "happy with staff" and that they liked where they lived.

Relatives spoke highly about their relationship with the service and many spoke about a regular ongoing dialogue between the staff and relatives so they knew what was happening with their family member. Relatives also told us of other ways they communicated with the service such as receiving a form that they could complete if they wished to raise any concerns.

A relative of a person who lived in Supported Living services told us, "If you ring up about something they'll deal with it."

Other relatives of people who lived in Supported Living services were asked if they would recommend the service and the responses were all positive. They told us:

"Definitely, because we don't have to worry about [our family member]."

"They have made such a difference to [our family member's] life. They have lost weight and taken control of their life."

"It gives [our family member] the independence they need and encourages them to do the things they like. We don't have to worry."

"They're very happy and settled and I feel much better."

Relatives of people who used the Home Care service made positive comments about how good communication with the service was. One relative told us they had an advocate for their family member and they also contacted the service regularly. Another relative spoke about the quality of the communication with the service regardless of how minor an issue might be considered.

Additional comments about communication included:

"They will always ring me up if there were problems or concerns."

"They keep in touch regularly."

"We have regular phone calls from a manager to check how things are going for our [family member]."

"It's another pair of eyes and hands looking out for [my family member] and if there was a problem they'd let me know."

Other relatives made comments about how the service cared for their family member. They said:

"They care and my [family member] likes them."

"I would recommend them because the staff are pleasant, the availability of the management and the flexibility of the service."

"I like the way they keep an eye on [our family member]."

"[My family member] has come on in leaps and bounds."

"They are absolutely brilliant. I didn't think companies like this existed."

# SummerCare - Head Office

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was inspected as part of the first test phase of the new inspection process we are introducing for adult social care services.

Before our inspection we looked at all the information we had available which included the findings from our last inspection. At our last inspection of the service on 30 May 2013 we inspected a range of standards which included consent to care and treatment, people's care and welfare, staffing levels, monitoring the quality of the service and complaints. There were no areas of concern identified at the last inspection. We used this information to plan what areas we were going to focus on during the inspection.

The provider sent us a provider information return (PIR) with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

We carried out a visit to the service on 12 May 2014. The inspection was carried out by an inspector who visited the office of the service. An expert by experience, who is someone who has experience of using or caring for someone who uses this type of care service, was also part of the team and carried out telephone interviews with relatives of people who used the service. The inspection visit was unannounced which meant the provider and staff did not know we were coming.

When we visited the service's head office we spoke with four people who were attending the day services facility that is carried on in the same building as the service offices. We also spoke with four care staff, administration staff and members of the management team.

We examined records which included three people's care plans as well as information that related to the management of the service, such as staff training records and quality audits.

# Are services safe?

## Our findings

The manager told us they carried out robust recruitment procedures to ensure that applicants were suitable to work with vulnerable people.

We examined three recruitment files. We saw that records were kept of the interview, checks were undertaken to confirm the candidate's identity and Disclosure and Barring Service checks had been carried out. We saw that references were on file to confirm the candidate's previous employment. All new staff worked for a period shadowing an experienced member of staff before they were judged to be competent to work alone.

All relatives spoken with indicated they had no concerns about the safety of their family members. Everyone told us they knew how to raise concerns if there were problems

Three relatives told us that staff supported their family member with medication and the medication was recorded appropriately on the medicines administration record sheets. They said "the system works well" and "there haven't been any problems." One relative said that on an odd occasion they had needed to clarify what had been written on the daily log but they had telephoned and the issues had been explained or resolved and there hadn't been a problem.

Two people who used the Home Care service were supported to go shopping. Relatives told us "the receipts are always correct" and "there aren't any problems in this respect."

The manager explained that the service had a designated senior manager to manage and oversee all safeguarding concerns and complaints. Staff spoken with on the day of our inspection understood their responsibilities around keeping people safe. They were able to demonstrate a good awareness of what constituted abuse or poor practice. They knew what they should do and who to report to if they had any concerns or if they suspected abuse.

We saw from training records that staff had to complete mandatory training and update it yearly. Training in a range of areas to keep people safe included safeguarding adults, medication awareness, control of substances hazardous to health (COSHH), infection prevention and control, first aid, fire awareness, health and safety and manual handling.

The manager told us that staff retention in the supported living schemes was high, which meant that staff were able to build relationships with people who used the service and to understand their needs, preferences and methods of communication. Staff had the skills to recognise signs in individuals that could indicate that there was something concerning them.

We discussed safeguarding with a member of staff who was able to give a detailed awareness of safeguarding processes including the local authority's role. The member of staff understood the needs of the person they supported. They said if there were any incidents, they completed incident reports which helped them understand the person's moods and behaviours.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA code of practice. We looked at whether the service was applying DoLS appropriately. The manager explained that they had not made any applications to the local authority for DoLS assessments as no-one needed them at the time of our inspection.

We looked at how the service managed risks to people and found there were robust processes in place. The manager explained that care and support was planned and delivered in a way that ensured people's safety. Risk assessments were completed with the person who used the service or, where applicable, their families. The three sets of care records we examined confirmed that an initial assessment of the person's needs was carried out and when an area of potential risk was identified a risk assessment to reduce or minimise the risk was put in place.

We noted that environmental checks were completed weekly and health and safety inspections were carried out monthly in the supported living schemes. Records confirmed that equipment was maintained and serviced to ensure it was safe to use.

Accidents and incidents were recorded and reviewed so that risk assessments could be reviewed and action could be taken to prevent similar occurrences in the future.

## Are services safe?

There was an on-call manager on duty outside of office opening hours to respond to emergency situations. People using the service were provided with the out-of-hours on-call contact number so that they could access support any time they did not feel safe.



# Are services effective?

(for example, treatment is effective)

## Our findings

We examined a sample of three care records. A pre-admission assessment of people's needs was carried out by staff. Any risks arising from the assessed needs were explored. For example we saw a general risk assessment for one person and a medication risk assessment. There were guidelines for the staff who supported the individual which set out details of what support staff had to provide at each visit. For example, one person had four visits a day - in the morning, at lunchtime, tea time and in the evening for support to get ready for bed – and there was a checklist for staff to follow setting out what was required at each of those visits.

The care plan for one person who lived in a supported living service contained a detailed health action plan and the plan of care identified the person's care needs and how they preferred to be supported. Staff completed daily records of the care that had been provided and care plans were re-evaluated every six months or when people's needs changed.

All relatives spoke highly about and expressed confidence in the abilities of staff. They were complimentary about the manner with which staff supported their family members. Comments about staff included, "The staff are wonderful."; "Staff talk things over when [our family member] is having problems."; "Staff work with [our family member] to give them choices and encouragement."; "The carers will ring me up if there are any problems. They are absolutely brilliant."; "They go the extra mile for [our family member] and discuss things with them."; "Our [family member] is

happy and settled with their staff team."; "Staff are good and they have really got to know our [family member]."; "Our [family member] gets on well with all the staff." and "Staff took the time to really get to know our [family member] and understand their circumstances."

A relative told us about a carers' award event that some staff were attending. The members of staff who had been nominated for awards person who used the service to go as well. This meant an overnight stay and it was the first time the person had ever stayed away from home. The relatives were pleased that staff had made such efforts to involve the person and give them such a positive experience.

We examined the service's training records and saw that it operated an effective system to ensure staff received the training they needed to carry out their role. We saw that training was well managed and that arrangements were in place to arrange further training when it was due to be updated. Three members of staff spoken with told us that they thought training was good.

The manager told us that in addition to mandatory training staff received additional training according to the needs of the people they supported so that they were able to carry out their role effectively. Staff training was audited monthly during managers' meetings and managers encouraged staff development. Managers and scheme leaders were supported to complete an award in leadership and management.

It was evident from the feedback we received from relatives that staff training was good and staff had the skills and knowledge to provide people with effective support.

# Are services caring?

## Our findings

All relatives spoken with recalled that they had a meeting before the service started so that the service could be discussed in terms of how things would work. People knew what care and support should be provided and when.

A relative of a person who lived in a supported living service told us "Staff are always calm." Relatives of people using the Home Care service said, Staff are kind, caring and nice", "I couldn't wish for better staff" and "They're good girls, they're kind and polite."

A relative of a person with impaired vision was impressed with staff's communication skills. They told us, "It's like they've read a book on how to talk to a blind person."

The manager told us that people were treated with dignity and respect and there were consistent staff teams within the supported living schemes so that staff could get to know and understand the needs of each individual and to develop relationships with people using the service and their families.

We spoke with one person who lived in a supported living scheme. They said they 'like' the staff who come to support them and said they were 'kind'.

Relatives spoke highly about staff in terms of how they listened to their family member. They told us, "They really listen to [my family member]" and "Staff treat [my family member] with the utmost respect and include them in everything."

Nobody expressed any concerns about how people's privacy and dignity were maintained and everyone spoke highly about the staff in terms of how they treated people. They talked about how staff worked in "a polite and respectful way" and many relatives talked about how people were "encouraged" and "reasoned with" and how staff "work on people's confidence."

The manager told us that a person centred approach was taken to the delivery of care. Staff recognised the individuality of the people they supported and took this into consideration when supporting people and planning their care. Care records examined contained sufficient information about people's likes, dislikes and preferences to guide staff about how to provide care and support that was individual to each person. We saw that people's emotional needs were also identified in the assessment process and reflected in their care plan. Staff spoken with were able to demonstrate a good knowledge and understanding of what made the people they supported happy and we noted that staff spoke with enthusiasm and affection about the people they supported.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

It was evident from the records we examined and from what relatives told us, that people who used the service and their representatives were encouraged to be actively involved in planning and reviewing their care and support. When needs changed staff supported people to understand the choices available to them. Two relatives told us that their family member's care package had changed or was changing in response to evolving needs.

All relatives spoke highly about the level of involvement people had in decision making processes. For example, one relative talked about how staff had developed a good rapport with [their family member], who was encouraged to make decisions. Another relative told us, "[My family member] feels in control and is doing lots of activities."

The manager told us that concerns and complaints were thoroughly investigated and responded to in a timely manner in accordance with their complaints procedure. When concerns and issues were raised they used what they had learned to improve the service.

None of the relatives spoken with had any recollection of making what they considered to be a complaint in the last twelve months. One relative told us they had raised an issue about the use of service staff about 18 months

previously and this had been successfully addressed. All relatives indicated that they were confident that they could contact the service if there was a problem and it would be sorted out.

One relative said, "If you phone up the company they will deal with things straight away' and another relative told us how impressed they were with, "the availability of management to discuss issues and keep me up to date with how my [relative's] care is going. I can ring or text if there are any issues." Another relative also said, "I know I can ring them up if there are any problems or issues."

People who lived in the supported living services were encouraged to lead active lives and to access community activities. Records confirmed that people did voluntary work, attended college courses and social clubs and went on holidays. SummerCare also ran a voluntary weekly evening club for people with learning disabilities living within the Southend area. This gave people an opportunity to meet with friends and maintain relationships and prevent social isolation.

The manager told us that staff encouraged people in the supported living services to meet monthly so that they could plan activities and raise issues. We saw that any issues brought up at these meetings were discussed and taken forward at monthly staff meetings. When staff did not have the expertise to deal with an issue that arose, records confirmed they sought the advice of appropriate professionals.

# Are services well-led?

## Our findings

When we visited the service there was a registered manager in post but, as a result of a management re-structure of the service, the registered manager had moved on to another role and the person who managed the service on a day-to-day basis was in the process of completing an application to register as manager with the Care Quality Commission.

A new role of Customer Relationships Manager had been created to improve access between the senior management team and people who used the service. Each of the supported living schemes was managed by a scheme leader. These roles were designed to ensure that there was a layer of management to directly oversee services on a day-to-day basis.

In addition, the structure of the Home Care service had been reviewed and a Home Care Manager had been appointed. Supervisors, known as Community Advocates, were in place to provide management support at the point of care delivery. The role of Community Advocates was to focus on direct observations of staff, carrying out supervisions and appraisals, attending reviews and mentoring staff.

A member of staff told us about their role providing one-to-one support for a person who lived on their own. We discussed any particular issues that could arise from lone working. The member of staff told us they did not feel

unsafe as there was always back up and support from the on call system and colleagues in a nearby domiciliary service. Other staff spoken with also told us they felt well supported by the management team.

We examined staff supervision records and training records. All files examined contained evidence that staff received face-to-face supervision approximately every two months. Records showed that care staff discussed any issues arising for people who used the service. As well as formal supervisions spot checks were carried out to observe staff carrying out their care role. The manager told us that spot checks were completed by managers to ensure that staff followed procedures and that care was delivered in accordance with people's care plans.

We examined records of spot checks and saw that the supervisor recorded any observed strengths and weaknesses and issues such as staff's appearance and how they respected people and promoted their dignity and independence. Staff were graded on a four point scale ranging from excellent to poor on their communication skills and whether they adhered to the service's principles of care around individuality, choice and privacy. Practical issues assessed included whether call times were recorded accurately, whether appropriate personal protective equipment such as gloves and aprons was used, if the person's home left tidy and secure and whether all tasks were completed.

The provider had a designated Customer Relationships Manager who met regularly with people using the service to seek their views and escalate any concerns raised.