Counticare Limited

Summerlands

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection of the service on 16 and 18 November 2016. Summerlands is registered to accommodate up to nine people and specialises in providing care and support for people who live with a learning and/or physical disability. At the time of the inspection there were eight people using the service.

On the day of our inspection there was a registered manager in place. 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 supported by staff who had received safeguarding adults training and understood how to reduce the risk of people experiencing avoidable harm or abuse. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. People's medicines were stored, handled and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The principles of the Mental Capacity Act (2005) were applied in some cases but not all, when decisions were made for people. Deprivation of Liberty Safeguards had been applied for and where applications had been granted, appropriate safeguards were in place. People's day to day health needs were met, but more detailed care planning for supporting people who were living with epilepsy was needed. Staff ensured people were given choices about their support needs and day to day life. People were supported to follow a healthy and balanced diet. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed. People were able to contribute to decisions about their care and support needs. People were provided with information about how to contact an independent advocate if needed. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were person centred and focused on what was important to them. People were able to take part in the activities that were important to them, but records used to record what people had done

each day, were not always fully completed. Care records were regularly reviewed. People were provided with the information they needed if they wished to make a complaint.

People spoke highly of the registered manager, although there was mixed feedback from health and social care professionals. The registered manager understood most of their responsibilities, however the CQC were not notified that a decision had been granted to deprive a person of their liberty. Auditing processes were in place, but they had not identified the lack of recording when people had received commissioned one to one support. Staff struggled to describe the values and aims of the provider. The registered manager had an 'open door' policy and welcomed people to talk with them. People who used the service were encouraged to provide their feedback on how the service could be improved.

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.

People were supported by staff who had received safeguarding adults training and understood how to reduce the risk of people experiencing avoidable harm or abuse.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

People's medicines were stored, handled and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the Mental Capacity Act (2005) were applied in some cases but not all, when decisions were made or people. Deprivation of Liberty Safeguards had been applied for and where applications had been granted, appropriate safeguards were in place.

People's day to day health needs were met, but more detailed care planning for supporting people who were living with epilepsy was needed.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

People were supported to follow a healthy and balanced diet.

Referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views.

Staff responded quickly to people who had become distressed.

People were able to contribute to decisions about their care and support needs.

People were provided with information about how to contact an independent advocate if needed.

Staff understood how to maintain people's dignity.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People's care records were person centred and focused on what was important to them.

People were able to take part in the activities that were important to them, but records used to record what people had done each day, were not always fully completed.

Care records were regularly reviewed.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People spoke highly of the registered manager, although there was mixed feedback from health and social care professionals.

The registered manager understood most of their responsibilities, however the CQC were not notified that a decision had been granted to deprive a person of their liberty.

Auditing processes were in place, but they had not identified the

lack of recording when people had received commissioned one to one support.

Staff struggled to describe the values and aims of the provider.

The registered manager had an 'open door' policy and welcomed people to talk with them. People who used the service were encouraged to provide their feedback on how the service could be improved.

Summerlands

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 16 and 18 November 2016 and was announced. We gave the provider 24 hours' notice to ensure people; staff and the registered manager were available for us to speak with during the inspection.

The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked commissioners of the service to provide us with feedback.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service, two members of the care staff, the deputy manager, the registered manager and a registered manager from another service from within the provider's group.

We looked at the care records for four of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I'm safe, nothing worries me." Another person said, "I feel safe, they [staff] look after me." Another person nodded and raised their thumb in the air which indicated a positive response when asked them if they felt safe at the home.

People were supported by staff who understood how to reduce the risk of people experiencing avoidable harm or abuse. A safeguarding policy was in place and staff complied with this by reporting any concerns they had, either internally to the registered manager, or to external agencies such as the CQC. The registered manager responded quickly to any allegations of abuse and where appropriate, systems were in place to report those allegations to the local authority and to the CQC.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, using a wheelchair within the home, accessing the community and safe transportation in vehicles. Each risk assessment had been regularly reviewed to ensure the care plans in place to manage the risk, were appropriate to each person's individual needs.

Each person's care records contained a care plan and assessment of the person's ability to carry out tasks independently and safely, ensuring their freedom was not unnecessarily restricted. We saw people were encouraged to make cups of tea and assist with other tasks such as making breakfast and lunch whilst supported by staff.

We looked at records which contained documentation that was completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. The registered manager told us they completed the incident records on an online system and then they were assessed by an independent company. The company would then make recommendations on the action take and set deadlines by which they should be completed. The registered manager told us this system was effective as they were held to account by the provider on ensuring any actions were completed. The system also supported the registered manager to identify and act on any trends that could be having an impact on each person's safety.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. Records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

People's support records contained a personal emergency evacuation plan (PEEP) that identified each person's individual needs in case of an emergency. These were individualised to each person and helped the staff to evacuate people quickly.

People living at the home told us there were enough staff to support them safely. One person said, "There is

always someone here." Another person said, "Staff are here when I need them, but I am able to do my own thing."

On the first day of the inspection we noted that the staff numbers were short by two from what had been recorded on the rota. We were told by a member of staff that two members of staff had phoned in sick. Attempts had been made to cover with an agency member of staff and the deputy manager also came in to assist the staff at the home. The staff managed well with this sudden reduction of numbers and ensured people still received the support they needed.

Staff felt there were enough staff to support people safely, but concerns were raised that sometimes there were not enough staff available to support people with the activities they wanted to do.

The registered manager told us they had a flexible staffing team that covered shifts wherever possible, but agency staff were sometimes required. They also told us a formal assessment of people's dependency was not conducted, but regular reviews of accidents and incidents and other factors within the home, meant they increased staff numbers as and when required.

People received support from staff who were suitable for their role because safe recruitment checks had been carried out before they commenced their role. This included criminal background checks. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

People were supported by staff who understood the risks associated with medicines. People felt they were supported by staff to manage their medicines. One person said, "I keep my medicines in my room, then the staff help me to take them."

Individualised processes were in place that supported people to manage their medicines in the way that they wanted to. People's medicines were stored in each person's bedroom and different approaches to supporting people with taking their medicines were in place. Some people needed prompting and supervision from staff, whereas others needed less support. This approach encouraged independence whilst maintaining people's safety.

People's medicine administration records (MAR) were appropriately completed. They were used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine.

Where medicines were stored within a refrigerator, regular checks of the temperature were taken. Regular room temperature checks were also recorded and both were within acceptable limits. The temperature checks ensured that medicines were stored at a safe temperature so as not to reduce their effectiveness. When other medicines such as liquids had been opened, the date of opening had been recorded. This ensured that people did not receive medicines that were not fit for consumption. Processes were also in place to ensure the timely ordering and supply of medicines.

We saw there was general guidance in place to support staff when administering 'as needed' medicines. These types of medicines are administered not as part of a regular daily dose or at specific times. However, we did identify some medicines where more detailed guidance was needed to ensure they were administered consistently and safely. The registered manager told us they would review each person's medicine records to ensure appropriate, individualised guidance was in place for all.

There was evidence of regular medicine audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Medicines policies for each aspect of medicines administration and management were in place.

Requires Improvement

Is the service effective?

Our findings

People told us and our observations confirmed that staff gained people's consent, for people who were able to give it, before providing them with the care and support they needed. One person said, "I like to choose what I want to do, and I can." Another person said, "I like to do my own thing. I get to decide."

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. We checked whether the service was working within the principles of the MCA.

The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people. However, the knowledge of the staff was not always supported by the appropriate assessments being completed where people had been identified as being unable to make a specific decision for themselves. For example, we saw one person's care records which stated they were unable to understand the risks associated with medicines and therefore staff managed their medicines for them. However, a formal assessment of this person's capacity had not been conducted. We did see other examples where these assessments had been conducted, but these were not always supported with documentation which would show how a specific decision had been made for people. This could mean decisions may be made for people that were not in their best interest. The registered manager agreed they needed to do more to ensure that the principles of the MCA were being applied appropriately and consistently for all people living at the home.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and the staff had a good understanding of what DoLS meant for people. Where needed, appropriate applications had been made, and where approved applications had been received, the appropriate safeguards were in place.

People's care records contained individualised communication care plans to provide staff with the guidance they needed to communicate effectively with people. We observed staff use a variety of verbal and non-verbal techniques. Records also contained guidance on how to support people if they became agitated or aggressive. The staff we spoke with told us they felt confident to support people effectively if they presented behaviours that challenge and records showed they had received training in safe conflict management. We observed staff respond quickly to changes in people's body language and diffused potentially challenging situations calmly and quickly. Throughout the inspection we observed people respond positively to staff.

People told us they were happy with the way the staff supported them to maintain their health. One person gave us specific examples of how staff had supported them with a specific condition and were pleased with how they had helped them

We viewed people's care records and found guidance was in place to support people with their health needs. For example, clear guidance was included for staff on how to support a person living with diabetes should they experience a hypoglycaemic or hyperglycaemic seizure. These can occur when a person's blood sugar is too high or too low. Staff had received training to support people living with epilepsy, but individualised guidance needed to be recorded in care plans to reduce the risk of people experiencing avoidable harm if they had an epileptic seizure.

People's records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist and a person living with diabetes received an annual eye screening test.

People told us they were happy with the way staff supported them. One person said, "I'm happy with the staff, they are nice to me." Another person said, "They know how to help me."

Staff had received an induction to provide them with the skills needed to support people in an effective way. Where agency staff were used, they received an induction which helped familiarise them with the service. Records showed that staff received a wide range of training for their role in areas such as the safe moving and handling of people, diabetes awareness and infection control. Records showed the majority of this training was up to date, with courses booked where needed. Staff felt well trained. One staff member said, "We do lots of e-learning, some face to face training too."

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed supported this. A member of staff said, "I have monthly supervisions and I feel supported by him."

People were supported to make their own choices, where able, about the food and drink they wanted each day. People spoke positively about the way staff supported them with this. One person said, "I like fish finger sandwiches and sausages. I can choose what I like." Another person said, "I chose a jam sandwich today. It is up to me."

People were supported to make healthy and wise food choices to enable them to follow a balanced diet. Regular discussions were held with people about their food choices and preferences and they were supported to make meals for themselves. We observed people making their own breakfast and lunch throughout the inspection.

People's care records included information about to how to support people who were at risk of choking and how to monitor people who gained or lost an excessive amount of weight. Referrals to speech and language therapists (SALT) and dieticians were made when professional input and guidance was needed to ensure people were supported effectively. People's care records contained details of their allergies and food and drink that could cause them harm.

The kitchen area was well stocked with fresh food, tinned products and fruit and vegetables. Food was stored safely and the temperature of the fridges and freezers were checked daily to ensure food was stored at a safe temperature. Records showed the temperatures were within the acceptable limits.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "They seem to like to me." Another person said, "I like them, they are friendly."

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. Where people needed a reassuring word, or an arm around the shoulder, staff did so in a compassionate and understanding way.

People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

People and staff clearly had a good rapport. The atmosphere at the home was calm and relaxed. Even though the staff were unusually busy due to the staff sickness on the day of the inspection, this did not affect their approach to their job. There was lots of good natured banter and staff took the time to talk with people, listen to them and showed a genuine interest in what they had to say.

Innovative ways of making people's care records more appealing to them to encourage involvement with decision making, were incorporated by the registered manager. For example, large print, pictures, and photographs were used along with shortened explanations of each element of the specific care record. This provided people with the opportunity to better understand the content of their care records. We saw examples throughout people's care records where they had signed to say they agreed with the content of their care plans. More detailed care plan records were available for staff.

People held regular meetings called 'Talk Time' with their 'key worker'. This process was carried out monthly. People's aims and objectives for the month were discussed; a plan of action put in place, and then, when achieved, was reviewed to ensure the person was happy with the outcome. This meant people were actively involved with planning the way they wanted their care and support to be provided.

Where people were unable to make their own decisions about their care and support needs and did not have a relative to speak on their behalf, information on how to contact an independent advocate was made available. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were supported to be as independent as they wanted to be. People contributed to domestic tasks around the home. We saw people clearing away tables and preparing food and drink for others. Staff spoken with were able to explain how they supported people to do as much for themselves as possible, but were also there to offer support when needed.

We observed staff treat people with respect and dignity throughout the inspection. Where staff discussed people's care needs they did so discreetly to ensure people's dignity was not compromised. Staff had received training in equality and diversity and 'valuing people'. This training is designed to enable staff to

ensure that all people living within the home were treated equally and without discrimination. We noted there was no information in the home which informed people what their rights were and what they could if they felt their rights were not being respected. The registered manager agreed more could be done to support people in this area and told us they would address this.

People told us staff respected their private space and when they wanted to be alone their wishes were respected. There was plenty of space throughout the home for people to have privacy and we observed staff knock on people's bedroom doors and wait to for permission to enter before doing so.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. People living at the home did not raise any concerns about people visiting them at the home.

Good

Is the service responsive?

Our findings

People told us they were supported to lead the life they wanted, which included doing the activities and following the interests that were important to them. One person said, "I get to go out and have fun. I do lots of different things with the staff." Another person said, "I go to see my favourite football team play." A third person said, "I like to go out to the shops and feed the ducks and also like to do some drawing and gardening. I planted some of the plants in the garden this year."

The staff we spoke with told us they supported people as much as they were able to with doing the things that were important to them; although there were some minor concerns raised that some days there were not always enough staff to support people with doing what they wanted to. However, we were assured this was not a regular occurrence.

Daily support records were completed each day to record what each person had done each day. Whilst some of these records were completed in detail, there were also days that recorded very little in relation to any meaningful activity that people had completed that day. We raised this with the registered manager. They assured us that people did lead active lives, but acknowledged staff did not always record what people had done, which reflected poorly on the service. The feedback from people living at the home supported the view that they were happy with the support they received from staff and the registered manager agreed to ensure that people's records accurately reflected this.

Staff supported people to develop and maintain relationships that were important to them. When people wished to see family or friends, they were supported to do so. This could be to visit the family home, a prearranged venue or to make a phone call. This, along with group activities within the home environment, reduced the risk of people becoming socially isolated.

People's bedrooms contained a variety of pictures, photos and items that were personal to them. People were encouraged to decorate their bedrooms as they wished. We noted the amount of blank wall space around the home, which gave the home a depersonalised feel. The registered manager told us they had recently undergone decoration in parts of the home and this had resulted in photos and pictures being removed from the walls. However, this decoration had now finished. They showed us the removed items and told us they would ensure they were placed back on to the walls as soon as possible.

People's care records contained a variety of documents which showed discussions had been held with them to determine what was important to them and how they wanted to lead their lives. A variety of photographs and pictures were used to support people living with communication needs, with expressing their views on their care. For example, one person used Makaton as a form of communicating their wishes. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. With Makaton, adults can communicate straight away using signs and symbols. These symbols, along with ones that were individual to the person were used throughout the person's care records.

People's records were regularly reviewed with them and/or their relatives where appropriate. Key workers carried out reviews and where changes were needed they were agreed and then implemented. This enabled people to receive consistent care and support from staff they liked and trusted.

People told us they felt confident in making a complaint if they needed and that it would be acted on by the staff and the registered manager. One person said, "I can talk to the staff about things." Another person said, "If I talk to them [staff] they sort things out for me."

People were provided with the information they needed to assist them with making a complaint if they needed to. The information was also provided, in easy read format to enable all to understand the process. None of the people we spoke with raised any concerns about this process. We noted the process was posted on the noticeboard in the registered manager's office. Whilst we saw many people accessing this office throughout the inspection, we suggested to the registered manager that they like to make the process more visible for people throughout the home. The registered manager agreed to do this.

We reviewed the registered manager's complaints register and saw processes were in place to ensure all complaints were handled respectfully and responded to in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

A passionate and caring registered manager was in place who supported people to lead as fulfilling a life as possible. They spoke in detail about the support they and their staff gave people and commented on the improvements all had shown in their lives since coming to live at the home.

However, the systems that were in place to record the actions of the staff in supporting people at the home were not always accurately completed. For example, prior to this inspection we contacted the local authority commissioners for this service and they raised concerns that people may not be receiving their assigned hours of continuous supervision. This is sometimes referred to as one to one support. We checked people's records and found there were wide variations in the number of recorded hours that each person received their commissioned one to one support. One person had been assigned six hours per day. Their records did not always reflect these hours. Some days the hours were correct, others they were over the allocated hours, but others the hours were less.

We noted the registered manager's auditing processes did not include regular checks of these records to enable them to follow up on any discrepancies and to ensure that people were receiving the appropriate amount of one to one support. The registered manager told us they had identified this as an area that needing improving and had discussed this with the staff, but little improvement had been made. Whilst the registered manager assured us that people did receive their allocated daily one to one to support, they acknowledged that their records could not support this assurance.

The registered manager showed us the quality assurance processes they had in place to ensure people received a high quality service. Audits in areas such health and safety, finances and training formed part of the regular auditing processes carried out within the home. We noted a representative of the provider had recently carried out an audit of the home and raised areas for improvement. We were shown an action plan which showed us how they planned to make the identified improvements. We could see some of those areas had been addressed, but, as identified throughout this report, further areas for improvement are needed.

Throughout the inspection it was difficult from speaking with staff and with spending time within the home to identify what the aims and values of the provider were. Staff struggled to answer when asked what the aims and values of the provider were, and how they would incorporate those values into their role. Whilst we did not have any serious concerns about the quality of the service provided at this home, there did appear to be a lack of understanding of the core aims of the provider. The registered manager acknowledged they needed to do more to educate the staff and the people living at the home in this area and agreed to address this.

People, staff and relatives were involved with the development of the service and contributed to decisions to improve the quality of the service they received. A questionnaire had recently been sent for people, staff and relatives to complete. The registered manager told us once the results had been received they would be analysed to support them with making improvements at the home.

There were regular meetings for people who used the service to discuss their views on the quality of the service provided. Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have. The registered manager told us they included a section at each meeting called, 'What's working and 'What's not working'. They told us staff were reminded of their responsibilities of their role and how they each were expected to contribute to the continued development and improvement of the service. The registered manager acknowledged that more could be done by them to check on staff performance to hold staff more accountable for their actions.

There was a positive and friendly atmosphere throughout the home. Management, staff and people who used the service all appeared to enjoy each other's company. The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to come and speak with them. We saw this happen throughout the inspection.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service. However, we did note that the CQC had not been notified of a decision by the local authorising body to deprive a person of certain aspects of their liberty. The registered manager advised us they would address this immediately.

All of the staff and people who used the service spoke highly of the registered manager. One person said, "He is nice. He helps me and I can talk to him." A staff member said, "He works hard to make improvements. He is running a recruitment day to try and get us more permanent staff." We received mixed feedback from health and social care professionals we contacted prior to the inspection. One professional felt the registered manager understood their client's needs well and ensured they received a high quality of care and support. However the other professional felt the registered manager was sometimes slow to respond to requests for information.