

# SummerCare Limited

# SunFlowers

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Sunflowers is a care home providing personal care to people with a learning disability and autistic people. At the time of our inspection there were 6 people receiving care. The service is set in the community in an adapted building over 3 floors with a large garden.

### People's experience of using this service and what we found

People told us they were happy living at the service. We observed people to be living full and active lives.

### Right Support:

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People's Medicines were dispensed by staff who had received training to do so and assessed as competent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

Care was person-centred and promoted people's dignity, privacy and human rights. The registered manager enabled staff to develop their skills and learning to provide good quality care. People were supported with diet and nutrition to maintain their well-being. Staff worked well with health care professionals to support people's well-being.

### Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives.

Care was focused on supporting people to remain independent. Staff supported people to engage in their local community. Care was personalised to people's needs and staff reviewed and adapted support as people's needs or wishes changed. The registered manager had systems in place to monitor the service and outcomes for people.

We have made a recommendation that the registered manager regularly review people's dependency levels and adjust staffing deployment when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection was good (published 15 June 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# SunFlowers

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Sunflowers is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Sunflowers is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced as this is a small service and people are often out. We wanted to make sure we arranged a time when people and staff would be available.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of a monitoring activity that took place on 19 July 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We communicated with 6 people who used the service about their experience of the care provided. We spoke with 3 members of staff including the registered manager, regional manager, and care staff.

We viewed a range of records. This included 2 people's care records and multiple medicine records. We reviewed 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "I like living here." Another person said, "It is the best place I have ever lived."
- Staff had received training in how to safeguard people. One member of staff said, "If I had any concerns I would inform the manager and if nothing was done I could go to head office."
- The registered manager told us they had not had any safeguarding concerns but knew how to raise these to keep people safe.
- The provider had policies in place for staff to follow and the registered manager clearly displayed posters detailing how to raise concerns.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- People were supported to live as independent lives as possible. Risk assessments helped to mitigate the risks to people by providing guidance to staff on how to provide safe support.
- Environmental checks were in place and where a recent fire risk assessment had identified some safety work needed to be completed, the provider was arranging for this to be done.
- There were detailed personal evacuation plans for people. Staff and people had regular fire evacuation practices as part of their fire safety procedures.
- The registered manager had business contingency plans in place to ensure the service kept running should there be an event that affected the service.

Staffing and recruitment

- The registered manager told us they had a consistent staff team and did not need to use agency staff.
- People gave positive feedback on the staff and the support they received. One person said, "You could not ask for a better team, nothing is too much for them."
- The registered manager was able to adjust staffing numbers so that people could attend community activities where they required a member of staff to go with them.
- We saw that staffing numbers met people's needs currently however, the registered manager did not have a system in place to regularly review people's dependency needs and how this may impact on staffing requirements.
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions.

We recommend the registered manager puts a system in place to regularly review people's dependency levels and how any changes may impact on people's needs and staffing deployment.

#### Using medicines safely

- People received their medicines safely. Staff had been trained in how to administer medicines safely and had their competency to do so checked.
- Where people were supported with medicines, they had a support plan and risk assessment in place for staff to follow.
- People had reviews of their medicines. The registered manager had worked with health professionals to ensure people were supported with the least amount of medicines required to safely manage their health conditions.
- Medicine records we reviewed were in good order, with all the information staff needed to administer medicines safely.
- Regular checks and audits were in place to check medicines were being given as prescribed.

#### Preventing and controlling infection

- Staff had received training in infection prevention control (IPC) and supported people to minimise the risk of infection.
- Staff had cleaning rotas in place and supported people to keep their rooms clean and tidy.
- Risk assessments were in place to support people through COVID 19.
- The provider had policies and guidance in place to support staff to maintain good IPC practices.

#### Visiting in care homes

- People were able to receive visitors at the service and told us they often went out with their relatives as well. One person said, "I like going for a walk with my [relative]."

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from accidents/incidents or untoward events.
- Lessons learned were shared with staff during handovers and team meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people came to live at the service they were fully assessed to ensure their needs could be met and that the service was appropriate for them.
- The registered manager kept themselves and staff up to date to ensure they delivered care in line with current guidance and the law.

Staff support: induction, training, skills and experience

- New staff had a full induction and were supported with allocated time to complete training. Staff new to care were supported to complete the care certificate, this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported to complete training and to regularly update this training. One member of staff said, "We talk about training in supervision. I am up to date with my training, the next training I have booked is for end-of-life care."
- Staff were supported by the registered manager with regular meetings and supervision to identify any issues, training needs and people's support needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink to maintain healthy nutrition and hydration.
- We saw people were encouraged to maintain their independence and skills by making their own food and snacks to eat.
- People generally ate their evening meal together and this was a social time to catch up on their day. Staff made the main meal, and one person said, "I help staff to cook sometimes by stirring the pot."
- Where needed people had been assessed by speech and language therapist. Any specialist diets were catered for, and people's weights were monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend health appointments such as GPs, dentists, and opticians. One person said, "If I need to go to the doctors the staff go with me. I will be due to go for an injection soon." Another person said, "The staff take me to any appointments."
- People had health passports in place should they need to seek healthcare and had annual reviews.

Adapting service, design, decoration to meet people's needs

- People had their own large rooms which they chose how to decorate and had all their own personal belongings. One person said, "I have a big room, it is big enough for a queen."
- The service was well maintained and had a large garden. One person told us how they enjoyed spending time in the garden and helping with the garden maintenance.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS application had been made and legal authorisations were in place where required. Where authorisations needed to be reviewed, the registered manager had applied for these.
- Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.
- Where staff dealt with people's money, receipts and records were kept which were audited by management to ensure they were correct.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals and care was person centred. We observed people had good relationships with staff, talking and getting on well together. One person said, "I would like to recommend the staff for an award, they are all smashing."
- There was a relaxed and calm atmosphere at the service with people getting along well together and enjoying each other's company.
- People's equality and diversity was respected, and people were supported as individuals.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care and well-being, such as how they chose to spend their day and what activities they wished to take part in.
- Each person had a nominated key worker, who worked closely with them to help them express their views and plan their care.
- People were encouraged to participate in making decisions about the day to day running of the service during meetings together.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms with their personal belongings which were decorated as they wanted.
- Staff supported people to be as independent as possible with activities of daily living. One person said, "I like to be useful and help out as much as I can with jobs."
- People were encouraged to spend their time how they wished including attending clubs and community activities, one member of staff said, "I encourage people to remain independent."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people started using the service a full assessment of their needs was completed. People and their relatives could visit the service and meet staff to give them the opportunity to see if it was somewhere they would be happy living.
- Care and support was person centred and tailored to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans were in place to meet people's communication needs. Staff knew people well and their preferred style of communication.
- Where people's communication style had been assessed by a speech and language therapist, information from their assessment was included in support plans to provide guidance to staff.
- Staff received training in supporting people's communication needs. Where required staff used easy read and pictorial aids and had training in Makaton.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live full and active lives and to maintain contact with friends and family. One person said, "I like going out to my clubs, or going to the airport to the café and watching the planes. I also go out with my [family members]."
- The registered manager told us people followed their own interests. One person liked to do woodwork and went to a daycentre where they could use these skills, and another person liked gardening to they went to a community allotment. One person said, "I like to grow vegetables, and have a good time going to the allotment. I also like going to garden centres."
- The registered manager said people were in frequent contact with their relatives and some people went out with their relatives or went home for periods of time."

Improving care quality in response to complaints or concerns

- The registered manager had a policy in place to deal with complaints. There were easy read copies of this for people to see if needed. There had not been any complaints recorded and people told us if they did have

a complaint, they would tell staff.

#### End of life care and support

- There was nobody actively being supported with end-of-life care. From the care documents we saw, staff had discussed with people their plans for the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service, which was inclusive, and person centred, promoting positive outcomes for people. One person said, "I am happy here."
- People's independence was encouraged at the service, and they had full and active lives, following activities they enjoyed in the community.
- Care was person centred and focussed on giving people choice to support their well-being and independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were clear about their roles and understood risks and regulatory requirements. One member of staff said, "We all work well together as a team."
- Staff told us they felt well supported by the registered manager and had regular meetings and supervision.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people daily and had good contact with relatives through phone calls and emails.
- Staff engaged with people regularly to discuss their support needs and had meetings to discuss the running of the service.
- People's equality characteristics had been considered and people were supported with their diversity, cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to audit care being provided and to maintain oversight of the service.
- Staff were supported with training and development of the skills they needed to support people.
- Where needed people were supported to access support from health professionals such as specialists for

people with a learning disability, GPs and dentists.