Manor Care Homes Ltd

Summerville

Inspection report

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Date of inspection visit:
14 August 2018
17 August 2018

Date of publication:
04 October 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The comprehensive inspection was carried out by one inspector on the 14 and 17 July. The inspection was announced to ensure people were present at the small service.

This is the first inspection of Summerville with the additional regulated activity of personal care. The last inspection of Summerville care home took place in January 2017, this inspection focused upon the 'well-led' domain following concerns from a comprehensive inspection on December 2015. This inspection found that the 'well-led' domain had improved from requires improvement to good, thus making the service good overall.

We found that the service requires improvement. This is the first time the service has been rated Requires Improvement since the change of registration.

Summerville is a large detached 'care home' in Margate. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Summerville provides personal care and support to up to four people who may have learning disabilities and complex needs. People may also have behaviours that challenge and communication and emotional needs. There were three people living at the service at the time of the inspection.

Summerville also provides care and support to three people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone at Summerville receives regulated activity; CQC only inspects the service being received by people provided with 'personal care;' help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a registered manager for the 'care home' and the former deputy manager had now become the registered manager for the 'supported living' support provided by Summerville. Both registered managers were present during both days of the inspection. 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.'

Summerville supported people to live their lives to the full. The atmosphere was calm and friendly, staff and people talked and laughed together. Staff treated people with kindness and respect. A relative told us, "[loved one] has been a resident with Manor Care homes for 17 years now… Throughout that time I have always been very satisfied with the care he has received and the attitude of the staff." Another relative stated, "[Loved one] has been in the care of Manor Care Homes since 2003, and during all that time the care [they] has received has been exemplary."

However, despite positive feedback we found some shortfalls at the service. Medicine records were not always completed correctly. The manager used systems to continually monitor the quality of the service and this series of audits had identified medicine recording failings. Action had been taken to address these errors, however there remained gaps in medication recording sheets which indicate that the action taken was ineffective.

On the day of inspection, the registered managers took immediate action to improve how staff recorded action taken after conducting audits. The registered managers also assured us that the service was organising bespoke auditing training and that although action had been taken to address medicine recording errors, this would be stepped up and an action plan was in place to reduce medicine recording errors. We made a recommendation about this.

However, on the day of the inspection we noticed that there was an 'as needed' (PRN) medicine not signed on the medication administration records (MAR) chart. On investigation, we found that the PRN medicine was given to the person, yet the reasoning for administering the sedative was insufficient and indicates that staff did not take reasonable steps to use the least-restrictive strategies before using psychoactive medicine.

Medicines were not always stored safely. Checks were in place to monitor the temperature of medicines, and this was stepped up during a recent spell of hot weather. The registered managers took action to try to minimise the impact of the hot weather on medicines, by using fans and freezer packs. However, the registered managers did not seek advice from the pharmacy until the day of inspection, contrary to best practice guidance. After speaking to the pharmacist, medicines were removed so people were left without medicines, but the registered managers had put in place an appropriate risk assessment. We recommended that the registered managers update their policies and procedures in line with best practice guidance to ensure similar errors do not occur again in future.

People were protected from abuse. Staff knew what action to take if abuse was seen or alleged. The registered managers had made referrals to the local authority safeguarding team when required and these were investigated appropriately. Risks to people continued to be identified and mitigated against. People were encouraged to take positive risks by trying new experiences and opportunities to promote their wellbeing and independence.

Staff continued to be recruited safely. People had a choice in who they would like to care for them by meeting with prospective staff during in the recruitment process. There were enough staff to provide people with the care and support that they needed at all times.

Staff had regular training and felt supported by the registered managers and provider. The service developed around the needs and wishes of people. Staff worked well together and demonstrated a shared vision for the service, that Summerville was peoples home. The provider often visited Summerville and had both oversight of the service and a great relationship with people and staff. Staff told us that the registered managers were approachable and that they frequently worked 'on the floor' so they knew people and staff

intently.

People continued to be protected from the spread of infection. Staff had infection control training and a cleaning schedule was in place. As a result, the premises was clean and well maintained and people took an active in role in keeping it so by stripping and making their beds, hoovering and watering the garden. Peoples rooms were customised according to their taste and preferences and there were different areas around the property for staff to spend quietly or to socialise.

The provider and registered managers attended local forums for social care professionals. They had also researched guidance from specialist organisations which had enabled them to share knowledge and implement best practice within the service.

People were supported to live healthy lives as far as possible. People were encouraged to exercise and to eat healthily. Each week people chose the menu with the support of staff. People were then involved in food shopping and in preparing and cooking meals. Meal times were relaxed and trimmings were available at the table for people to customise the meal to their taste.

When people were unwell, staff responded quickly and people were supported to access health care services. The provider worked in partnership with a range of healthcare professionals to ensure people received appropriate care and treatment. Accidents and incidents were recorded by staff and these were analysed by both the registered managers and health professionals to identify patterns and if lessons could be learnt.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People and their representatives regularly met with staff to ensure that care plans and support reflected their care needs.

The registered managers appropriately investigated complaints, compliments and incidents. People had access to an accessible complaints procedure which was explained to them by staff. A complaints policy was also known to staff and families and both felt confident that any issues raised would be swiftly resolved.

Staff had recorded the wishes of people and their families if they were to fall ill and pass away.

The registered managers sought feedback from people using the service, as well as staff, relatives and health professionals. Feedback was then used to make positive adaptions to the service. The service had recently developed a system to increase engagement with the public whilst out in the community, to build understand and to capture feedback.

People's information was kept securely and staff respected people's privacy, dignity and confidentiality.
We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always identified.

Medicines were not always managed safely.

People were protected from the risk of infection.

Incidents and accidents were investigated and analysed.

Is the service effective?

Good

The service was effective.

Staff received training and supervision.

People were supported to eat and drink enough.

Staff knew the principles of the Mental Capacity Act (2005) and sought consent from people providing care and support.

Is the service caring?

Good

The service was caring.

Staff were warm and compassionate and focussed on people's well-being.

People and their relatives felt cared for and well-looked after.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People received individualised care.

People and relatives were confident that if they had any concerns they would be listened to.

People received caring and compassionate care when they approached the end of their life.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's systems and processes had identified shortfalls in the recording of medicines. However, the action taken by the provider was not effective and shortfalls continued.

The provider had not always followed best practice guidance.

The provider had informed us of incidents as required by the regulations.

People and their relatives were complimentary about the service.

Summerville

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.

The comprehensive inspection took place on the 14 and 17 August and was announced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

The registered manager completed a Provider Information Return. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the day of inspection, we spoke with the provider, both registered managers, four people and four members of staff. We also received correspondence from the relatives of five people after the first day of the inspection. Feedback will be included within the report.

We also observed interactions between people and staff in the care home and supported living settings.

To gather information about how well the service was performing, we looked at five care plans, two from the care home and three from the supported living service. We also looked at a range of other documents. These documents included; policies, medicine records, audits, daily logs, the communication book, staff meeting minutes, the training matrix, environmental certificates and reports, as well as two staff files.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. Risks to people were not always identified, in other instances risks were identified but action taken had not effectively reduced the risk of reoccurrence.

Some people had medicines to take as and when required (PRN). One of these medicines was to help people when they were feeling anxious or distressed. Medicines which help people to calm should be used as a last resort after staff had tried other ways to help the person calm such as distraction or reassurance. The provider PRN guidance stated, "Staff need to administer Lorazepam when: [person] requested it as [person] is angry. But staff needs to assess [person] and [their] behaviour if [person] really needs it. ([person] can be red in the face, frowning, shaking of hands, shouting swearing, rude about others, ignoring prompts, clenching his fists. Any combination of these attributes.) These observations need to be recorded on the MAR sheet."

On the first day of the inspection, we noticed a gap in the MAR chart for a PRN medicine, Lorazepam. Lorazepam is a Benzodiazepine tranquiliser and acts as a sedative – slowing down the body's functions and are used for both sleeping problems and anxiety. On investigation we found that the medication had been given and had been written in the daily notes, but had not been signed on the MAR chart. There was no evidence in the daily records to show that the person requested the PRN or presented with the behaviours described in the PRN guidance. There was no incident form to show why the PRN had been offered and what other strategies had been used to prevent the need for the medicine to be taken. There was a risk the person had been given medicine when it was not needed.

We found that there were consistent gaps in the Medicine Administration Records (MAR) charts. Although these were identified during the auditing process and mentioned in both supervisions and team meetings, action taken to rectify medicine errors were not appropriately recorded and gaps in the MAR chart continued.

A member of staff who conducts many audits commented; "The trouble is, it is not just one staff member, or one service user." They continued, "staff don't see [thickener] as medicine, or if a spray is self-administered by the person, staff do not see this as them doing it."

Medicines records were not completed accurately and PRN medicines were not always used appropriately. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Action was not taken to understand the impact of high temperatures on medicines and people. The National Institute for Health and Care Excellence (NICE) guidelines state: storage temperatures and monitoring (fridge 2–8°C, room usually no more than 25°C). The Care Inspectorate state: "While some medicines will be unaffected at temperatures consistently above 25°C, others, however, will not. If the service is in any doubt about which medicines may be affected they should contact their supplying pharmacist for advice."

Temperatures within the medicines cupboard at Summerville were being recorded and it was identified that temperatures exceeded the recommended maximum temperature of 25 degrees and some action was being taken to reduce the high temperatures. Since June 2018 Summerville had recorded temperatures over 25 degrees on 16 days, 3 of which were above 30 degrees. These temperatures were recorded during an unusually hot period time and staff had tried to reduce the temperature, by opening the window, using a fan and ice blocks and the temperature often reduced slightly as a result. The temperature prior to and after this period were safe.

However, the registered managers had not called the pharmacy before the inspection to check whether the structure of the medicines would be affected by the consistency high temperatures. When I returned on the second day of the inspection (Friday 17 August) the registered manager for personal care advised that they had spoken to the pharmacist who recommended replacing a person's epilepsy medicine. As a result, the person did not have PRN medicines until the new medicines were supplied, and the registered manager had implemented a clear risk assessment as a result.

There were suitable arrangements in operation for ordering, stock checking and disposing of medicines. Staff observed people taking their medicines and recorded the administration accurately.

People were protected from abuse. Staff knew what action to take if abuse was witnessed or if there was an allegation of abuse. Staff knew about the whistleblowing policy and told us that they would feel comfortable reporting concerns and were confident that any concerns raised would be investigated thoroughly, with appropriate action taken. A local authority safeguarding lead had recently visited the service to deliver a talk to staff on the safeguarding process. We saw that this had been followed up in staff meetings.

People had an easy read 'abuse and what to do about it' guide in their care plans, which staff went through with people on reviews. People told us, "If I am unhappy I would walk away, go to my room and then I would tell staff."

Risks to people were identified and these were assessed and documented in thorough, person-centred care plans. People were encouraged to take positive risks, such as; trying new activities to enable people to live a full life, as free from restriction as possible. These risks were assessed and appropriate action was taken to ensure risks could be taken as safely as possible. For example; one person who enjoyed arts and crafts had a risk assessment in place to ensure that the person could safely use scissors when taking part in these activities. Another was supported to attend lots of different events in the community and wider afield, including festivals and camping trips.

Staff performed a series of environment checks to ensure that people were safe from harm. These checks included; gas, electricity, water temperatures as well as fire drills and fire safety equipment checks. People had agreed for money to be managed by staff, and their money was kept safe in individual, locked containers and a robust system was used to check money in and out. Contingency plans and detailed Personal Emergency Evacuation Plans (PEEP) were in place in the event of an emergency and staff told us what action they would take if there was a fire.

Staff were recruited safely. New members of staff had completed an application form, which contained their full employment history. The managers recorded interviews, sought references and a disclosure barring service (DBS) check. People were involved in the recruitment of staff, as the manager held 'meet and greet' sessions where potential members of staff were invited to visit and take part in activities with people. These sessions enabled the new staff to decide whether they would like the role and whether people at Summerville felt comfortable with the person caring for them.

There were enough staff to meet people's needs and there were systems in place to cover any unexpected events or illness. On the first day of inspection, there were two managers present, as well as two care staff at Summerville and one member of staff who was supporting a person at a local event. A relative told us, "[person] recently came to visit us and was accompanied by one of the carers who in her approach seemed was particularly well suited to helping him."

People continued to be protected from infection. We saw that staff wore appropriate protective clothing, such as; aprons and gloves when preparing meals. Risk assessments were in place which related to the spread of infection and staff had regular, training in infection control and the Control of Substances Hazardous to Health (COSHH).

Incidents and accidents were recorded and analysed by staff and health professionals. For those who regularly displayed behaviours that challenge, staff took appropriate action and incidents were managed appropriately. For example, management reviewed the potential causes after a person often reacted negatively to staff overnight, consequently staff found that the person did not like late night calls. As a result, staff risk assessed the situation and found that the person did not need late night checks which have been safely removed from the persons care plan and those incidents have reduced.

Good

Is the service effective?

Our findings

Throughout the inspection we observed staff deliver personalised care in their interactions with people. One person was not feeling well, so staff kept close attention to them, and to cheer them up, staff asked the person whether they wanted to watch their favourite film. They then sat down to watch it and laughing and joked together. It was clear that staff's knowledge of the person had succeeded in cheering them up, as they came in to tell us about their favourite part and kept laughing about it throughout the day. A relative commented, "I personally have no concerns about my [loved ones] welfare when she is in the care of Manor Homes as they have often demonstrated what I regard to be correct procedures if there have been any issues."

People were given the care and support that they needed. Staff told us they felt supported and they continued to have regular training and supervisions with the registered managers. The registered managers had identified when staff were struggling. Together they came up with plans and risk assessments to minimise risk to people and to ensure that they were supported in their role as much as possible.

New members of staff underwent an induction period of training, competency assessments shadowing experienced members of staff before working alone with people to ensure that people were cared for safely.

A range of training was given to staff, including; person centred care and autism and Asperger's. A member of staff told us; "there is a mixture of online and face to face training which works well, the online training has a test format which I quite like, but people learn in all different ways, so this covers all basis'." Another member of staff said, "It is good to build knowledge and nice to have a refresher and to double check things like how to give back slaps and resuscitation, because it changes."

Two people also attended training sessions with staff. One person told us, " I enjoyed the training with staff, I did first aid recently" they also attended infection control and manual handling training. Another person attended Food Hygiene and answered all the questions correctly at the end of the session. Staff told us that both people got great enjoyment from the courses, and they displayed their certificates in their rooms. At the request of people, staff had made extra copies of the certificates which they had sent to their relatives. The manager told us that, "the training had helped [people] to understand why we do what we do and how they can help us too."

People were supported to eat and drink healthily. People were offered hot and cold drinks throughout the day. People used picture menus to choose their meals for the week, these menus were updated regularly and alternatives were offered to people if they changed their mind. Staff worked with dieticians to implement eating and hydration support plans for people at risk of choking or with limited hand control. These plans involved the use of thickeners in liquids, and a plate guard to encourage the person to eat independently. We saw staff acting in line with the person's care plan. We observed three meal times, each time staff sat with the person, and checked the size of each spoonful to ensure that the person did not eat too much, too quickly. Staff also prompted the person to drink and take breathes between each spoonful to reduce the risk of choking.

Staff knew what people liked and people were able to add to their meals depending on their taste. For example; people were given pots of extra cheese to add to their meals if they desired. Staff told us, "[persons loved one] used to give him lumps of cheese which he used to enjoy, so now like to put in lots of cheese for him." We also saw people smiling as they came in to the kitchen, where they pointed at what else they wanted.

People at Summerville were supported to live a healthy life. Staff worked closely with health care professionals to deliver person-centred care and treatment. A relative told us, "[Loved one] has been with Manor Care for roughly 8 months and I can honestly say I saw a marked improvement in [loved one] within one week of being in their care."

Staff knew people well and were receptive to changes in their behaviour which might indicate that the person was unwell. We were told that a person was on antibiotics as staff felt that the person still had an infection following one course of antibiotics. The person revisited the GP with staff and is now on another antibiotic which appeared to be working. Staff told us that they knew the signs of when a seizure may be coming for a person. When the person started to put objects on their head staff would take pre-emptive steps to reduce the likelihood or impact of the seizure.

A noticeboard displayed information from different organisations, which the registered managers said reminded staff of signs to be aware of. One leaflet about 'learning disabilities and dementia' was displayed. When asked about this, staff told us that they had some concerns about a person's behaviour, so the team liaised with community nurses and organised for tests. Although the tests were negative, the brochure is still displayed as it reminds staff to be watchful of these symptoms in future.

When people visited health professionals or were admitted to hospital, a hospital passport and a list of the persons medicines were taken with them to ensure they were given the same level of care and support.

A relative of a person living at Summerville commented, "From the reviews I have attended when I can and from the reports they send when I can't the staff ensure that he leads a healthy lifestyle with plenty of exercise and regular health checks both with his Doctor and Dentist." We saw that appointments and communication from health and social professionals had been recorded in people's health plans.

Summerville was clean and met the needs of the people living at Summerville. A relative commented, " The placement is always clean when we visit." The environment was adapted to cater for the needs of people. Staff had made the link between a person's disturbed sleeping pattern and the warmth of their bedroom room. Therefore, once a cooler, larger room became available, they moved the person in and sleep disturbance has reduced. In addition, the old bedroom was due to be redecorated and staff were considering how to make it cooler for people in the future.

Peoples rooms reflected their personalities and preferences; one person had pictures of their friends and families around their room. On the second day of the inspection, at the request of a person, the manager had printed off a picture of two people bowling on the day before the inspection, this was to be framed and displayed in the lounge.

The kitchen had been recently refurbished and was clean and welcoming. People living at the service helped to maintain the property, one person enjoyed hovering, another stripped and made their bed daily, whilst another watered the garden on a regular basis.

Summerville had areas where people could socialise and take part in activities but also quieter areas, where

people could relax. The summerhouse of the property had also been converted to a sensory room where people who liked quieter time could relax and take part in arts and crafts activities. Relatives could visit Summerville at any time.

Staff sought consent before any intervention using questions such as; "What would you like?", "Would you like me to...?", "Can I...?", "Shall we…?" and people confirmed this was usual practice.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). A member of staff told us that people's capacity often fluctuated, and it often, "depends on the day, or their sleep." They continued to say, "Everyone has choices and preferences, one particular day they might not want [to be supported by] someone, so we just go away, come back, ask again, if not we ask another member of staff or leave it."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in the MCA and Deprivation of Liberty Standards (DoLS). They could explain the key principles of these pieces of legislation.

We looked at care records and found that DoLS applications had been made to the relevant authorities, four of which were authorised and were being correctly implemented. Staff had worked with relatives and other professionals to ensure decisions were informed and made in people's best interests.

Good

Is the service caring?

Our findings

The atmosphere at Summerville and the supported living service was calm and relaxed. People chatted and laughed with staff, other people smiled and were calm and content in the presence of staff. Staff spoke about people with fondness and there was a sense of mutual respect between all. A relative told us, " My [loved one] has been in the care of Manor Care Homes since 2003, and during all that time the care [loved one] has received has been exemplary."

People were given emotional support when they needed it, as staff knew people well and recognised indications that a person was unhappy or unwell. Staff also understood what triggered changes in people's mood and behaviour so that it could be avoided in future. For example, staff knew that a person often became upset after visiting their girlfriend. Staff understood the importance of the relationship to the person, so they ensured that staff were aware and set time aside to comfort and support the person. Staff also supported the person to build and maintain the relationship, by facilitating 'date nights' and organising that they attend different events and occasions together. The person told us how excited they were to be going dancing with their girlfriend on the night of the inspection.

Staff ensured that the loved ones of people were informed of any incidents, accidents or illnesses, as well as peoples achievements. A relative told us about an incident that occurred whilst their loved one was at college. They stated, "I was thoroughly impressed by how the Management at the home dealt with this. The college failed to inform us but the Manager of Summerville liaised with us straightaway [after] finding out the details via a third party." Another relative told us, "[The] communication with relevant staff is excellent."

People who found it difficult to communicate verbally were supported to communicate in other ways. Staff had Makaton training and some had attended a sign language course. Makaton is a language programme using signs and symbols to help people to communicate. Staff told us that this had enabled staff to adapt to people, a relative told us, "[My loved ones] wishes and preferences are always put first." On the day of inspection, we saw people use signs to indicate to staff that they wanted a drink or were ready for lunch and staff acted accordingly.

To further aid communication, staff had worked with speech and language therapists to create communication passports and choice cards. People used these tools in keyworker meetings, and care plan reviews to ensure that the support they are given reflect their views and wishes. These tools displayed a variety of pictures relating to their daily life, for example; people, signs, facial expressions, places they visit, money, alongside meals and activities they like. Staff worked with people to ensure that they understood what they meant.

Representatives such as families and attorneys were also invited to attend reviews, which was especially important for those with limited ability to effectively communicate their wishes. A relative told us, "[We] attend two Review Meeting at the Home per year where the Management and staff present a summary of his progress, activities, medical appointments and pictures of outings and events."

People at and supported by Summerville were encouraged to do as much as they could for themselves to maintain and develop their skills and to promote independence. Peoples rooms reflected their personalities and preferences; one person had pictures of their friends and families around their room. On the second day of the inspection, at the request of a person, the manager had printed off a picture of two people bowling on the day before the inspection, this was to be framed and displayed in the lounge.

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Summerville had areas where people could socialise and take part in activities but also quieter areas, where people could relax. The summerhouse of the property had also been converted to a sensory room where people who liked quieter time could relax and take part in arts and crafts activities. Relatives could visit Summerville at any time.

People had their own keys to the building and chose how they would spend their day, "[Staff] take me out, it just depends on what I want to do that day." This self-determination was evident on both days of the inspection.

Staff supported people to maintain and gain new skills. A member of staff told us, "[One person] had gone from having everything done for [them], to supported living, where they can do things they just need that little extra push and reminding, it's [their] home, as much as I would love to do it for them myself, it's [their] home." We saw that this attitude was reflected in the person's care plan where it described people's achievements, such as, learning to use the washing machine, or planning meals and shopping lists.

People told us that they were treated with dignity and that their privacy was respected, one person commented, "No one walks in to my bedroom, staff knock before coming in." A member of staff told us, "I make sure I ask people before doing anything and I keep the curtains and doors shut." Staff had privacy and confidentiality training, including General Data Protection Regulation (GDPR) and understand their responsibility to ensure that peoples private records were stored safely and kept confidential.

Good

Is the service responsive?

Our findings

People were provided with person-centred support by staff. People were assessed prior to joining the service to ensure that they could be provided with the right level of care and support. The service could then adapt to accommodate people, for example; the registered manager told us that a potential new person would choose how their new bedroom would be decorated before they moved in.

In times of transition or change, staff worked with people, their families and health professionals to plan peoples care and support to minimise the impact on people. For example; when a person moved out, they knew another person would need extra support and something positive to focus on. Therefore, staff worked closely with the person after the move and focused on moving their belongings in to and decorating the larger, cooler room. On the inspection, the person did not mention the person moving out but talked enthusiastically about their new bedroom. A relative told us, "These issues were managed well by the staff and changes were made to accommodate [loved ones] concerns.

Throughout their time at the service people had regular meetings with staff and reviews of their care plans. Care plans were live documents, which were regularly updated in response to changes to peoples physical and emotional needs detailed in the communication book. Staff told us, " If we have not cared for someone for a while, have a look through the communication book, changes in policy and risk assessments are in there too."

People's spiritual, sexual and religious wishes were gathered before moving to the service and these support plans were revisited to ensure that people's needs continued to be met. For example, a care plan recognised that a person had a religion which they did not currently practice and encouraged staff to support them to access the local church if they changed their mind.

People were also supported to try new activities and build on existing hobbies. A relative told us, "[Staff] have always ensured that [loved one] was able to pursue [their] interests which revolve around drama and dance. Although [person] has limited ability the carers have encouraged [them] as much as possible in these activities and keep [them] occupied daily." That person told us that they were excited to be going to a disco and a festival with his girlfriend soon.

Staff noticed that one person responded well to touch, so they organised for a massage therapist to visit. On the day of inspection, the person was receiving a shoulder massage and appeared calm and content. We asked the therapist how they knew the person was enjoying it, she told us that she is "[Person] sometimes gets restless, but very calm and relaxed today." She continued, "[I am] constantly checking his facial expressions to make sure that he is happy… he wouldn't let me do it if he didn't like it." Staff told us enthusiastically, that as a result of these massages, the person is becoming more comfortable with touch and had begun initiating affection.

Staff had also recently bought digital television for a person so that they could watch their favourite sport wrestling, whenever they wanted. When we visited the person, they were gesturing, laughing and pointing to

the wrestling on the television. Staff told us that they also go to a wrestling show every six months.

Holidays and regular trips were planned around people, their interests and families. A person told us excitedly that their family lived in the north of the country and that the registered manager had planned a trip together as their family lived close by too. A relative commented, "[love one] enjoys regular outings. He comes for lunch with me once a month. Once or twice a year he enjoys a short holiday, next time he will spend 4 days at Longleat." A member of staff told us, "I've been here a long time, I get enjoyment from seeing these guys enjoy their lives, we go out, they go away abroad"

There had not been any complaints to review, however, people and staff felt comfortable sharing their concerns and complaints and were confident they would be investigated thoroughly. An easy read complaints policy was displayed in the hallway of Summerville and in each person's support plan. Staff told us that this was explained to people in annual reviews.

A person told us, "I would speak to staff if I was worried." A relative also told us, " I have never had any cause to complain but if I did I am more than sure that this would be dealt with courteously and professionally."

One registered manager told us that, "[One person] rings me if [they] wants to speak to me about anything. If [person] has an incident [person] will call me, I can calm [person] over the phone now and [person] trusts me. We have a good relationship, I offer support and we talk about trying different options."

Information and support was provided in line with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood the standards and worked with speech and language therapists to tailor support and care plan reviews to enhance effective communication and the care provided to that person.

People's end of life wishes had been discussed and these were recorded and reviewed annually with the person and their loved ones. The "when I die" care plan had detailed what people wanted to happen if they were to become unwell and pass away, one person said that they would like poppies on their coffin another wanted a Buddy Holly song to be played during the funeral.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to audit the quality of the service. The audits had identified issues with the storage and management of medicines, and although some action had been taken, it had not adequately reduced the likelihood of reoccurrence. We looked at the audits of five different people's health records from the care home and supported living setting, which identified that there were regularly gaps in medicine records and that audits did not always tell us what action had been taken.

The registered managers told us that shortfalls would be addressed in every supervision for every member of staff. In addition, they told us that medicine errors would not be tolerated in future and disciplinary action will be taken if staff do not complete MAR sheets.
We recommend that the provider continues to monitor the effectiveness of their governance systems and takes action when required.

Prior to the inspection, the provider, registered managers and senior staff were aware of problems with their auditing and recording system and had taken some action to improve the efficiency of the service. For example; temperature checks were stepped up during the hot weather and action was taken when water temperature checks revealed temperatures exceeded the recommended 44 degrees. The manager had the boiler retested and turned down and the temperatures have reduced to a safe level. In addition, the provider and registered managers had liaised with training companies in regard to creating a bespoke auditing training programme for Summerville.

The provider had also organised for a social care consultant to carry out a quality assurance audit and had since remedied most of the issues raised. For example, the consultant found that the window by the medicines cupboard was inappropriate and a safety risk. As a result, the manager added window restrictors and had organised for the window to be replaced. The audit also identified that the medicines and cleaning chemicals cupboard were locked but the key was outside the cupboard on display. Consequently, the managers have added a key safe, ensuring people could not access either cupboard.

People and staff at Summerville demonstrated a relaxed and positive outlook. The registered managers had an open-door policy and staff told us that they were "very approachable" and that they would have faith that they would resolve any issues that they raised. The registered managers respected their staff and adjusted staff duties to ensure staff were competent, confident and content in providing people with high quality care.

The supportive culture was also clear when observing interactions between people and staff and when reviewing peoples support plans. On the day of inspection, a person had spent their first full day at a local day centre. Staff had spent time building the persons familiarity with and time spent at the service, at first going with them. When the person returned, they were happy, smiling and interacted excitedly with the registered manager and staff when asked about their first day.

Summerville provided person-centred care and worked together as a team to do so. The care home and

supported living services were planned around people, their needs and activities planned for that day. A person referred to the provider, staff members and their families as 'sister' and 'grandad.' They told us that the registered manager and provider were helping them to organise their birthday party so the whole family could celebrate his birthday together. Staff told us that they felt staff shared the same vision for the service, to provide a "home from home," "We are very homely, very relaxed, everyone gets on with things, we work as a team."

Relatives told us, "I feel the staff are most understanding and hold a most professional approach to their work." Another relative made a comment in response to an incident, "We received a telephone call to advise us straightaway which would suggest to me a culture of openness."

Both people and staff had 'shout out' boards where they could celebrate people's achievements and best practice. A person proudly showed us comments about themselves on the board, staff read the comments out to people and it was clear from people's facial expressions that the comments had made a positive impact on them. One read, "Thank you [person] for a wonderful evening out at the circus," another read, "Thank you [person] for taking your dishes and cup to the kitchen."

The supportive staff culture was also evident when reviewing the staff 'shout out' board. One comment read, "Thank you [registered managers] for being so supportive during a difficult time." On display within the dining room was also 'Staff member of the quarter.' This award was decided by people and the registered managers and announced at staff meetings, along with a gift vouchers and at the end of the year. Staff who had won the award were treated to a meal out by the provider and registered managers. There was also a reward for people who did not take sick leave. The registered managers told us that this gave staff incentive and boosted morale. It was clear to see that staff felt supported and were passionate about their jobs.

The registered managers sought the views of people, staff, relatives and visiting health professionals to improve the service. One relative told us, "As [our loved one] has severe autism I suggested some time ago that it would benefit some members of staff to have the opportunity do an on-line training module on "Understanding Autism". This was taken on board by the Management and some of the staff have now completed the training."

A visiting therapist told us, "[Summerville] hand out forms every year, they ask if there are any improvements they think that could be made – they are always very on the ball."

Staff told us whilst they could not remember completing surveys, they regularly discussed service improvements formally in supervisions and team meetings and informally when chatting to colleagues and the registered managers. One staff member told us, "I suggested core teams do deep cleans of their persons rooms, so we know it is getting done and who by." We were shown the new cleaning regime which showed that the staff members suggestion had been implemented. We were told that surveys would be sent to staff in the weeks following the inspection.

The registered managers had also sought ideas on how to improve on relations with the public. Staff told us that they wanted people to be integrated in to community as much as possible. However, they found that the public had sometimes become upset or disturbed by people's behaviour and that it was not always possible to stop and explain.

Therefore, the service had made up business cards after ruling out other options, such as; ID badges as they thought it would reduce peoples chance of integration as it was clear that staff are staff and people are service users. Staff hoped by giving out business cards with some small detail and the registered managers

phone number, that this would enable the public to get in touch and raise awareness of learning disabilities. The registered managers hoped it would also be a tool for catching and celebrating compliments.

The provider and registered managers also attended the Skills for Care Registered Manager Forum, which recently highlighted how the quality assurance process could be improved after listening to a presentation by a service rated as outstanding in all domains by the Care Quality Commission. The registered managers were currently in the process of making these adaptations and were due to send out the new forms in the weeks following the inspection.

In addition, the provider worked closely with other agencies, including the local learning disability and safeguarding teams and made referrals to appropriate agencies when required to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating for the service and previous inspection report was displayed in the hallway for people to see.