

SummerCare Limited

# SummerLodge

## 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

### About the service

Summerlodge is a residential care home providing personal care without nursing for up to six people with learning disabilities. At the time of inspection four people were using the service. The service is set over three floors in a residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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

People were cared for and supported by staff who had received the appropriate training.

The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives and advocates were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social

activities. The manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection The last rating for this service was Good (last report published 11/03/2017).

Why we inspected: This was a comprehensive inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerlodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# SummerLodge

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector. We inspected on 2 July 2019.

#### Service and service type

Summerlodge is a 'care home'. 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.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

During the inspection

We communicated with three people and three relatives and observed interactions with staff. We spoke with the manager and two care workers. We reviewed two care files, medication records and information held in relation to the running of the service such as audits, training matrix, meeting minutes and a staff file.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection 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

- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The manager clearly displayed safeguarding guidelines for staff to follow if they had a concern and these detailed how staff could report concerns to external authorities.
- One member of staff said, "I would raise any issue to my manager, if it was about my manager I would go to head office. If nothing was done I would report it to the council or CQC."

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence.
- Risk assessments identified how staff could support people with accessing the community safely managing such things as road awareness. Assessments were also in place outlining example how people could access the kitchen safely and help prepare food and drinks.
- People were cared for in a safe environment. The provider employed a maintenance person for day to day repairs and management. The manager completed regular audits of the environment to make sure this remained safe for people.
- Regular fire evacuation drills took place with people and each person had a person evacuation plan in place.
- Staff were trained in first aid and knew what to do in an emergency.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. The manager told us they were fully recruited for staff and did not need to use agency.
- People appeared happy with the staff, one person said, "The staff are good."
- The manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for. Staff being recruited spent time at the service as part of the interview process to see how they interacted with people and to give people an opportunity to have an opinion on new staff.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff received training to support people with medication.
- The manager had put systems in place to closely monitor medication to ensure people received their medication safely. Medication charts we reviewed were in good order.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had cleaning schedules in place and appeared clean throughout.

#### Learning lessons when things go wrong

- The manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.



# 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 the last inspection this key question was rated as Good. At this inspection 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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.

- People their relatives and advocates were involved in reviewing their care with staff to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.

- Where people's needs had changed staff had received additional training so that they could still meet people's needs. One member of staff said, "I have had more advanced training on diabetes and I passed my practical so that I can now do blood monitoring for glucose levels if needed."

- New staff were given a full induction to the service. Staff had regular meetings, supervision and yearly appraisals. One member of staff said, "I had supervision recently with the manager to discuss our roles and responsibilities."

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

- Care Plans detailed people's nutritional needs and staff had the information they needed to support any special diets. Where appropriate people had adapted equipment to help them to eat independently.

- Staff monitored people's weight for signs of changes and were necessary referred people for medical assessment.

- People and staff met weekly to plan meals together. Staff prepared and cooked most meals, but people chose to assist at times. One person particularly liked to help making cakes.

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

- Each person had a health action plan and a health passport that would go with them to any healthcare appointments.

- People were supported to access healthcare support from GPs, learning disability specialist, district nurses, occupational therapist, physiotherapist, dentist and opticians.

- Staff made prompt referrals to make sure people were getting all the support they needed.

Adapting service, design, decoration to meet people's

- The service was delivered from a large residential house. The service was spacious with different areas

people could spend their time. Each person had their own large room which had been decorated how they chose.

- Since our last inspection the service had been refurbished this had included redecoration and new furniture purchased. The manager told us that people were involved in choosing colours, pictures and furniture and throughout the refurbishment they had been kept fully informed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The manager supported people to access advocates, these are independent people who support people to ensure their rights and best interests are being protected.

# 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 the last inspection this key question was rated as Good. At this inspection 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's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- We saw people had good relationships with staff. They were smiling and happy around staff and communicating well together planning how they were going to spend their time. One person said, "They wanted a beer." Staff told us this meant they wanted to go to the pub for lunch and they were planning to take them.
- Relatives were very complimentary of the staff one relative said, "[Person name] has got better and better since being here, the staff are really good."

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

- People and relatives were involved in planning their support needs. Care plans were very person centred and provided staff with all the information they needed to support people.
- One relative told us, "We have discussed all the care and there is a booklet we keep up to date and handover information."
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- Care plans were regularly reviewed with the involvement of people, relatives and other stakeholders such as social workers and advocates to ensure people were receiving the right level of support.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated people with dignity and respect. Each person had their own large room that they could access at any time. Staff respected people's privacy and knocked on doors before entering rooms.
- Rooms had been adapted to help people maintain their independence. For example, one person who had mobility problems had been moved to a larger room that could be clutter free to aid their mobility.
- Staff told us they promoted people's independence. One member of staff said, "We encourage people to do as much as they can even if it is only something small so that they can keep their independence."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection 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 came to live at the service a full assessment was completed to ensure their needs could be met.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had communication difficulties we saw they had support from speech and language therapist (SALT). We saw recommendations were embedded into care plans.
- Care plans clearly documented the different ways to communicate with people. This included specific words, sounds and gestures they may use and what they are trying to communicate.
- Some people communicated using Makaton a form of sign language with staff.
- Staff also used pictures and objects to help some people communicate.

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 maintain contact with friends and family. Care plans identified important people and dates in people's lives and how they would like to be supported to maintain contact.
- Families and friends were able to visit people when they chose and if needed people were supported to talk with relatives by telephone.
- Each person had their own interest and activities they enjoyed doing. This included attending clubs regularly in the community.
- Staff supported people to have trips out to places that interested them such as to the seafront, parks, cafes and pubs. People were also supported to plan their own holidays.

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. Relatives told us they would

raise any concerns with staff.

End of life care and support

- Staff had discussed with people what they would like to happen at the end of their life and this was recorded in care plans. Nobody was receiving end of life care at the service.

## 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 the last inspection this key question was rated as Good. At this inspection 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

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's happiness and independence. One relative said, "Staff really do their best."
- There was a positive culture at the service one member of staff said, "We want people to be the best they can be, to have choices and be independent."
- People indicated to us they were happy living at the service and we saw staff supported choices they made throughout the day.

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

- A new manager had been at the service since April and they were in the process of becoming registered with the CQC. The new manager had experience working for the provider at another service so knew the providers systems well.
- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the manager and provider.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- The manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- People were actively involved in improving the service they received. Each month people and staff met to discuss the running of the service and any issues they wished to raise. We saw from minutes of meetings staff discussed with people such things as fire procedures, safeguarding and how to keep themselves safe, activities, trips out and holidays.
- The provider also asked for feedback from people, relatives, staff and other health care professionals through questionnaires to gain views and opinions across all their services.

Continuous learning and improving care; Working in partnership with others

- The manager had quality assurance processes in place. Regular audits were completed on all aspects of the service giving the manager and provider a good oversight.
- Spot checks at the service were also completed by other managers that worked for the provider as a way of ensuring the services were running as they should be.
- The manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff on such things as diabetes awareness and blood glucose monitoring.
- Other health care professionals such as occupational therapist worked closely with staff at the service to monitor people healthcare needs to provide prompt support when needed.