

SummerCare Limited

SummerLodge

Inspection report

20 Grosvenor Road
Westcliff on sea
Essex
SS0 8EN
Tel: 00 000 000
Website: www.example.com

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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	

Overall summary

We inspected Summer Lodge on the 14 May 2015.

The service provides accommodation and support for up to six people with learning disabilities. There were five people living at the service at the time of our inspection. Due to their complex needs people found it difficult to communicate with us verbally. However people were able to communicate with sounds and gestures. To help us gather views we also spoke with people's relatives.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people. People's care and treatment was planned and delivered

Summary of findings

in a way that was intended to ensure people's safety and welfare. Records were regularly updated and staff were provided with the information they needed to meet people's needs.

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect. People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and speech and language therapist.

Relatives knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly. The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

Summary of findings

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.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



SummerLodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14 May 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications

that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with one person and four relatives, we also spoke with the manager, the provider's quality and compliance manager and three care staff. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. A relative told us, “[name] is always happy to go back.” One person said, “I like living here.”

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “I make sure I safeguard people here and when they are in the community.” The service had a policy for staff to follow on ‘whistle blowing’ and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. Staff said, “If I had any concerns I would tell the manager or go to head office. If not dealt with here I would go to the CQC.” The manager’s knew how to report safeguarding concerns to the local authority and CQC and what his responsibilities were to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks.

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people’s needs. This included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The manager told us that they were fully recruited for care staff and were waiting to recruit a deputy manager. If there was a shortfall due to sickness, regular staff usually cover these shifts. One member of staff told us, “There is enough staff, sometimes I think we have too many staff.”

Staff recruited were suitable for the role they were employed for and the provider had a robust process in place. Staff went through a process of having two interviews one held at head office and one held at the service so that people could be involved in meeting potential new carers. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Senior staff who had received training in medication administration dispensed the medication to people. People’s preferences for taking their medication were recorded, for example what drink they liked or if they preferred to take it with food.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “We get lots of training I have recently completed medication training, food hygiene and nutrition.” Staff felt training provided by the provider was very good and supported them within their role.

The manager told us he had been supported by the provider to complete a course in management to assist him with his role. The provider had recently focussed staff training on culture within the organisation and a number of staff had recently been on a workshop to learn about this.

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as ‘shadowing’. New staff also completed a comprehensive induction program to equip them with the skills and knowledge they needed to support people. One member of staff told us, “I have had regular meetings, with the manager, since I started and have just completed my appraisal, we discussed my performance, and I feel I am doing well.”

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consult with people and support them with making choices on how they wish to spend their time. People at the service had varying levels of capacity due to their abilities and complex needs. CQC is required by law to monitor the operation of the Mental

Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Each week staff discussed with people what foods they would like to have and planned menus. Where appropriate pictures were used to help people express what they wanted.

Throughout the day we saw people had access to food and drinks as they wished. We observed lunchtime, where staff encouraged people to choose what they wanted to eat and assisted them whilst making the food.

Staff monitored people’s weight and where appropriate made referrals to other professionals such as a dietician or a speech and language therapist. Staff knew people well including their likes and dislikes. One person told us, “I like Cornish pasties.” And that a certain member of staff was, “The best cook.”

People had access to healthcare professionals as required and we saw this recorded in people’s care records. We noted people were supported to attend any hospital appointments as scheduled. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals and their GP.

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. A relative said, “They look after [name] well.”

During our observations we saw staff had positive interactions with people. We saw staff talking to people in a kind and gentle way and people smiling in response to this. Staff knew people well and how best to communicate with them. Some people communicated using sign language that had been adapted for their understanding. Staff knew all the different signs people used and what each adapted sign meant. Staff told us that some people preferred to communicate using single words and others used pictures. The atmosphere was relaxed and friendly between staff and people.

People their relatives or their representatives were involved in the planning of their care and support needs. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs.

We saw that people actively wanted to spend time with staff and were smiling and appeared happy whilst doing this. Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time.

Staff knew people needed privacy and respected this when they wished to spend time on their own, however when assisting with personal care staff said they always made sure bathroom doors were shut and bedroom curtains closed.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. Staff understood the need to maintain confidentiality and information was stored within locked offices.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. Before people finally came to live at the service there was a gradual increase of time spent there. This included spending days and then having overnight stays. This gradual build up gave people and staff the opportunity to get to know each other to ensure their needs could be met and that they would be happy living there.

Care plans included information that was specific to the individual. Each care plan included information about the person's health, medication, likes, dislikes and preferences. There was information about their capacity to make day-to-day decisions and their individual ways of communication. Where people did not communicate

verbally, staff supported them to use pictures and sign language that was specific to them. The care plans were regularly reviewed and updated with relevant information if care needs changed. Relatives told us they had been involved in reviewing care. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social and educational activities. Some people attended college and day centres to further develop their independence and life skills. People were supported with social activities of their choice, these included attending local café's, dance clubs and places of interest. One person told us, "I like going to the seafront for an ice-cream."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. The complaints procedure was clearly displayed and available in pictorial format. Relatives we spoke with said if they had any concerns or complaints they would raise these with the manager.

Is the service well-led?

Our findings

The service had a registered manager in place. The manager was very visible within the service, spending a large proportion of their time delivering hands on care.

Staff felt very supported by the manager and by the provider who had developed an open culture for staff to be able to contact head office with any issues. The manager also felt supported by senior management within the organisation, in terms of his development and further training.

Staff had regular meetings with the manager in the form of supervisions, and had yearly appraisals. One member of staff told us, “I have regular sit down meetings with the manager and feel really supported by him.” We saw from minutes that staff had team meetings to discuss the running of the service and how best to support people.

Staff shared the manager’s and provider’s vision for the service. Staff told us, “I want people to be able to live full lives, and to have a good quality of life.” Another member of staff said, “I want to help people be as independent as possible.”

People’s opinions were sought within the service, for example when new staff were being recruited people were given the opportunity to meet with them and their feedback was taken into account before new staff were employed. We saw the manager held regular meetings with people and sought their opinions on activities. They had recently planned where they would like to go on holiday.

The manager and provider had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. The provider did their own audits and provided actions plans and dates for the manager to address any outstanding issues within the service. For example, they carried out regular audits on people’s care plans, medication management as well as environmental audits. This information was used as appropriate to improve the care people received.