

Summerlands Support Ltd

# Summerland Support

## 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:

Summerland Support provides care and support to people living in five 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection 32 people were living across the five houses, and five other people were being supported through an outreach service. Of the people being supported three were receiving personal care, which is the regulated activity CQC registers and inspects. Other people were supported through an enabling role, which is not required to be registered, so was not reviewed on this inspection.

The service supports people with different needs and backgrounds. These included people with learning disabilities, some physical disabilities, mental health needs, autism spectrum disorders and people who have behaviours that may challenge themselves or others.

People's experience of using this service:

People and their relatives spoke highly of the service they received from Summerland Support. The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

We found some people had restrictions in place, which were aimed at ensuring their safety. The registered manager agreed they would discuss one person's capacity with the supporting community team to ensure the person's rights were being protected.

People were involved in making decisions about the planning and delivery of their support and this was done in a way which encouraged their independence. Some people lived significantly independent lives, other people needed more support and had individualised care for much of the time. People living at the service were supported to follow activities of their choice, as well as develop life skills such as budgeting and cooking. The service had a football team which competed in a local league, which people enjoyed.

Staff knew people well and worked hard to enable them to share their views, make choices and live active lives. The outcomes for people using the service reflected the principles and values of Registering the Right Support. This meant people were based in and were involved with their local community, and people's support was focused on them having as many opportunities and choices as possible.

Risks to people's health, safety and wellbeing were assessed and acted upon. People were protected from potential abuse by staff who were confident in raising concerns. There was a thorough recruitment process

in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. People and relatives told us the staff team was "brilliant". Staff were provided with the training, supervision and support they needed to care for people well.

There was strong leadership at the service. People, relatives and staff spoke highly of the management team and there was a positive culture at the service. People were able to make changes both to their care and the service overall.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

More information is in the full report

Rating at last inspection: This service was last inspected on 5 and 6 October 2016 and was rated good overall and in every key question. The report was published 8 November 2016.

Why we inspected: This was a planned comprehensive inspection and was based on the previous rating.

Follow up: Going forward, we will continue to monitor this service and plan to inspect inline with our re-inspection schedule for those services rated as good. We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

For more details please see the full report which is on the CQC 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 ●

# Summerland Support

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector.

**Service and service type:** This service is a supported living service. It provides personal care to people living in rented accommodation across five houses, and a small outreach service. Enabling services are also provided, but these were not included in this inspection, as they do not fall under the regulated activity.

The service had a manager 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:

We gave the service two days' notice of the inspection site visit because the service is small, and we needed to be sure there would be someone in the office to support the inspection.

We visited the service on 23 April 2019 to see the registered manager, speak with staff, spend time with people using the service and to review care records, policies and procedures. The registered manager sent us some information by email and we also received an email from a staff member about their experience of working for the service.

#### What we did:

As part of the inspection we spent time with nine people who received care or support from the service, including people receiving personal care. We spoke with the registered manager, administrator and four

members of support staff. We looked at three people's care records. We looked at three staff files including training and recruitment procedures. We looked at policies and procedures and the registered manager sent us several other documents by email. We looked at how medicines were administered with a staff member and person living at the service. We also spoke with two people's relatives by telephone after the inspection and contacted the local authority quality improvement team.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People made comments including; "I do feel safe here." Another person nodded their head and said "Yes." We saw people being supported and engaging with staff in a positive way. People engaged in banter and good-humoured conversation, showing they were at ease with staff supporting them.
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having acted to ensure people were safe when concerns were raised. Staff said they had received training and understood how to report concerns if abuse was seen.
- Information for people about 'Keeping Safe' and how to report concerns was on display. People told us they could also raise any concerns directly with the registered manager at any time. For example, one person told us "I have their numbers. I can call them from my phone."
- Recruitment practices were safe and included pre-employment checks by the Disclosure and Barring Service, completed before starting work. One staff member's file did not contain references from a short period of time they had worked with another care agency. The registered manager agreed to resolve this and spoke with the staff member while we were at the service.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks. For instance, people received dedicated one to one staffing when this was required.

Assessing risk, safety monitoring and management

- Although CQC does not inspect the environment in supported living services, on the inspection we found very hot radiators which could have presented risks to people from coming into prolonged contact. Some windows did not have any restrictions on opening which could have caused risks to people. The registered manager agreed to discuss this with the landlord services.
- People were protected from risks associated with their care needs. Where people were living with long term conditions, such as diabetes, we saw clear and detailed plans were in place. These guided staff on actions they needed to take to keep people safe. For example, with episodes of high or low blood sugar. These included clear descriptions of when to escalate concerns or seek medical guidance. Some healthcare information was also available in accessible formats, including photographs, to assist people with understanding. One person presented risks in relation to choking. The person was supported closely by staff to maintain their safety, and guidance was available on how to reduce risks to the person.
- Where necessary, specialist advice from healthcare professionals was followed, for example speech and language therapists, diabetes or epilepsy nurse specialists.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management. One person told us

they were happy for staff to support them with their medicines because they were not confident to do so themselves.

- Medicines were managed safely, and people received their medicines as prescribed.
- Team leaders conducted monthly audits of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Some staff had been trained by district nurses to support people with the administration of insulin. Staff confirmed this was reviewed and refreshed every six months by the district nurses and was specific to each person being supported.
- Medicines were stored in locked cupboards in people's bedrooms.

#### Preventing and controlling infection

- Equipment to support staff to reduce risks of cross infection when providing personal care, such as gloves and aprons, was available.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence. Accident and incident forms were completed and 'signed off' by the registered manager who had oversight of the service to ensure the actions needed to be taken and when they were completed.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- On the inspection we identified there were some restrictions on people's lives. For example, one person had access to certain items restricted. They were under the oversight or control of staff and were not free to leave their home unaccompanied. Whilst it was clear these restrictions were carried out to protect the person from significant harm, it was also a restriction of their freedom. The registered manager told us they had brought this issue up in a recent review and had been told the person had capacity to agree to the restrictions. The registered manager told us they would be discussing this again with the specialist community team supporting this person.
- People had been involved in developing and reviewing their care plans.

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

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People told us "We can do what we like" and "I have loads of choices I make every day."
- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs. People's needs, and plans were regularly reviewed and where changes had occurred their care plans were updated.
- People had been involved in the planning of their care and their wishes were respected. Relatives told us they were involved in and kept up to date with people's care needs.

Staff support: induction, training, skills and experience

- Staff undertook an induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs. A newly appointed

staff member told us the induction had prepared them for the work they were undertaking with people.

- The registered manager had a training plan which identified when training needed updating.
- Staff knew people and their needs well and were skilled in caring for people.
- People told us they had confidence the staff were skilled in supporting them. One person said staff were "Brilliant" and a relative said "We're very happy with them, they are smashing."
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals, although the registered manager told us some of these had fallen behind recently. Staff said they felt supported by the arrangements in place and could get advice or support from team leaders or the registered manager at any time.
- People understood which staff member was working with them at particular times, and what support they would receive, for example with shopping, budgeting or personal care.

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

- Where people needed help with cooking and eating this was provided. Staff sat with people who needed this support each week and planned an individual menu with each person, which they were then supported to shop for and cook. Other people were independent in this area, but some oversight was in place to support people to eat a healthy diet.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff who knew people's needs, likes and dislikes well. The registered manager understood the importance of ensuring compatibility in each house, both with people living there and staff. There were regular house meetings where people were able to air any concerns or changes they would like. This included arrangements within the houses, such as cleaning, managing laundry and noise, which people had found needed resolving.
- Staff spoke about people positively, and records reflected this in the way they were written.
- During our inspection we heard lots of laughter and positive interactions. We heard members of staff joking and chatting to people who were enjoying these interactions. People from other houses visited people they were friends with.
- People were being supported to plan holidays of their choice. Planned holidays included weekends away, weeks abroad in Greece and a trip to the Edinburgh Tattoo. One person told us how much they were looking forward to this.
- People's personal achievements and anniversaries were celebrated. For example, one person told us about the forthcoming celebrations at a local pub for their 40th birthday party.

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

- People were fully involved in making decisions about their care.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication to gain their views and involve them in decision making. For example, picture boards were created for some people to help support people's understanding. One person showed us their activity schedule which included pictures and simplified text to support them in making decisions about their week.
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The service's policy on respecting equality and diversity included support for people and staff with all protected characteristics under this legislation.
- People living at the service were involved in the staff recruitment process if they wished to be.

Respecting and promoting people's privacy, dignity and independence

- People were supported to increase their independence. Some people for example had a limited number of

support hours each week, some of which they could 'bank' to use for other activities where they would need more support for example a trip away. One person told us about their aspirations to support the registered manager in the office. The registered manager told us they were looking into finding appropriate jobs for them that would not involve breaching another person's confidentiality.

- People's right to privacy and confidentiality was respected. People were treated with dignity and respect. People were supported to increase their independence and progress into other services providing less support. People's increasing independence was celebrated.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support in a way that was flexible and responsive to their needs.
- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. The service had a football team which played in a local five-a-side league, with other teams who did not share a disability.
- People's support plans contained detailed guidance for staff to follow in order to ensure people had the personalised support they needed. One person told us "It's very good here. I'm very supported."
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information about how to meet people's needs. Plans contained a positive focus, ensuring people's skills and goals were recognised, as well as areas where they needed additional support.
- People's communication needs were identified where necessary and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as large font or easy read. The registered manager was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with this standard.

Improving care quality in response to complaints or concerns

- People said they felt comfortable raising complaints and were confident these would be listened to and acted on. We saw systems were in place to address concerns, including giving feedback to the person raising the concern. The registered manager told us one person wrote them a letter each week giving feedback about the service.
- Systems were in place to address any concerns raised. We looked at copies of responses to complaints and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.

End of life care and support

- No-one at the service was at the end of their life. The registered manager told us if the situation arose appropriate training and guidance would be sought.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives and staff told us the service was well managed and spoke highly of the registered manager. One staff member for example told us "Our manager is the most supportive manager I've ever had the pleasure to work with", and another that the manager led "a happy staff team." We saw people engaging with and seeking out the registered manager for support and engaging in gentle and good humoured banter with them. This told us the registered manager was accessible and well known to people.
- The service was operated in line with the best practice guidance Registering the Right support, in that people were living in and involved with their local communities, and their independence was encouraged.
- The service informed statutory agencies, and relatives of any concerns if an accident or incident had happened, and fulfilled their duty of candour.
- The service had a clear, positive and open culture that was shared both amongst the management team and support staff. People and their needs were very much at the heart of the service. For example, we saw people contacting the registered manager to make changes to their support timings because they wished to engage in other activities at times. Changes were made accordingly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes, such as audits, were in place and ensured the registered manager had the information they needed to monitor the safety and quality of the care provided. Team leaders for example carried out regular audits in each house.
- The service had action plans for making improvements over the coming year. Additional admin support had recently been provided to support the registered manager in her role.

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

- Regular questionnaires were sent to people living at the service for feedback. The registered manager collated responses, and these were then fed into action plans for the services for the coming year.
- Staff meetings took place to ensure information was shared and expected standards were clear, although the registered manager said these had not been as frequent as they had hoped. Other communication methods were in place, such as communication books and drop in visits happened frequently. The

registered manager told us she often worked shifts in each service. This helped ensure she kept her attention on any issues.

#### Continuous learning and improving care

- The registered manager was continually working towards improvements. They attended local registered manager's forums and received information both online and through journals to update their practice.