

# SummerCare Limited

# SummerView

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Summerview on the 9 October 2018.

Summerview is a residential care home for up to six people with learning disabilities and may have mental health issues. At the time of our inspection five people were using the service. The service had spacious living areas and was set over three floors. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager who oversaw a number of small services, for the day to day running of the service there was a separately appointed manager in place and assistant manager. 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.

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

The service was safe. 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. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. 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 support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as 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 the needs of people.

The service was caring. 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.

The service was responsive. People and their relatives 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.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# SummerView

## **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 9 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

During our inspection we spoke with three people and two relatives. We spoke with the manager, assistant manager and a care worker. We reviewed two care files and medication records, two staff recruitment files, audits and policies held at the service.

# Is the service safe?

## Our findings

People were safe living at the service. During our inspection we saw people were happy in the company of staff. One relative told us, "[person name] is happy here, they like it so much they didn't want to come home for Christmas last year."

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. Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. We saw posters on display throughout the service reminding staff of their responsibility and displaying helplines people and staff could call if concerned. The manager protected people from financial abuse and supported people to manage their money. We saw evidence of audits of people's finances and where necessary some people had their money managed through solicitors.

People received care from a consistent staff team. The manager told us that they did not have any vacancies and did not need to use agency staff. A relative told us, "There is consistent staff here which is important that they know everyone well." Staff told us that there were enough staff available to support people with all their needs, including trips into the community. Staff recruited were suitable for the role they were employed for. Staff files we reviewed 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.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered road safety, managing money, environmental risks and supporting behaviour that challenged. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid, if they needed immediate assistance from medical services they knew to call for an ambulance or paramedic.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the manager to follow and we saw their maintenance schedule. 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.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. One person told us, "I need reminding to take my medication." Medicines were stored safely in accordance with the manufactures guidance. Regular audits were completed and policies and procedures were up to date.

## Is the service effective?

### Our findings

People continued to receive effective care from staff who were supported to obtain the knowledge and skills to provide good care. The manager told us that they checked staff training weekly to ensure staff stayed up to date with relevant courses. Staff were supported to develop their skills, one member of staff told us, "I recently did a course on dementia awareness and sepsis. It was a real eye opener how quickly the symptoms can worsen." The manager told us that they had been supported with a number of courses to develop their skills.

New staff were given a full induction into the service and all staff received regular supervision and had a yearly appraisal. Staff told us that they had monthly staff meetings and we saw from minutes that they discussed all aspects of the service being provided for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. The manager told us that people were supported to have access to advocates if required to help them with important decisions about their care. Where people lacked capacity with their finances these were managed by independent solicitors acting on their behalf. This told us people's rights were being protected.

People had enough to eat and drink. Each week staff discussed with people what foods they would like to have and planned menus. Staff helped people to make healthy choices with food to aid their well-being. Generally, staff prepared people's food but people if they wished also got involved with cooking and helped in the kitchen. Throughout the day we saw people had access to food and drinks as they wished. Staff told us that people made their own choices about what they wanted to eat so that not everyone had to eat the same meal if they wished to have something different. Where appropriate people used adapted cutlery and plate guards so that they could manage their food independently.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and the learning disability team. Each person had a health passport to take to hospital appointments and people were supported to have annual health reviews.

The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms and some had ensuite facilities. We saw that all the rooms had been individually decorated the way people wanted them. The manager had an on-going maintenance and

redcoration program in place and we saw there was work arranged to add a wet room for personal care.



## Is the service caring?

### Our findings

Staff continued to provide a very caring environment. Throughout the inspection we saw people and staff had good relationships. One person told us, "I like living here there are lots of people." A relative told us, "All the staff are great."

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need, to know people, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines and maintain their independence. Staff were very keen to ensure people had choice and options over their life and were able to build on their independence. Staff told us how although one person now has mobility issues they had an adapted walking aid, this enables them to be able to carry their drinks and food from the kitchen. Staff said, "They like to be able to keep as much independence as possible, it would be easy for us to do everything for them but they like to be able to do things for themselves." We saw from care records that people were supported to have full and active lives. One person told us, "I like going out with [staff name]."

People and their relatives were involved in the planning of their care and support needs. People had two keyworkers who worked closely with them to keep all their care needs relevant to them and up to date. We saw evidence of reviews in care files and saw that families were included in these reviews. One relative told us, "The communication is very good with staff."

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff. People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. Staff told us, "We have been taking one person to visit their relative who is unable in hospital, when they recognise each other they hug and are so happy." One person told us, "I am going out with my mum and dad today for lunch." People were treated with dignity and respect and their diverse needs were also supported. People's religious wishes were support. Staff told us that one person was supported to regularly go to church and that they had become a big part of the church community.

## Is the service responsive?

### Our findings

People continued to receive care that was individual and personalised to their needs. We saw from care records that people had person centred care plans in place. This enabled staff to support them in the way they wished to be supported to live full and active lives. Before people came to live at the service a full assessment was completed with them and their relatives and to see if staff could meet their support needs. Support plans were regularly reviewed so that staff had update information to support people. We saw care support plans were very inclusive of people's views and wishes.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. We saw in people's care plans it was recorded what methods of communication supported their needs best. Some people communicated with words and sounds while others used visual prompts. Staff told us that some people had made up their own sounds and gestures which they used with staff to express themselves. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as, attending day centres, swimming, horse riding and activities in the local community. Staff told us, "[person's name] like to go to the pub and have a couple of beers because that is what they used to do with their father." Staff told us how they still supported them with this activity. We saw photographs where people had been out together on day trips to different places such as London and Brighton. People and staff told us how they enjoyed holidays together and were planning to go away again abroad next year.

The manager had a complaints procedure in place. We saw that there were different ways that people could raise concerns and there was also pictorial format for people to use. We saw that any complaints would be fully investigate by the manager.

Nobody at the service was on end of life care, however the manager told us that they had previously accessed support for one person near the end of their life.

## Is the service well-led?

### Our findings

The service had a registered manager who oversaw a number of small services, for the day to day running of the service there was a separately appointed manager in place and assistant manager. 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.

Staff shared the manager's vision for the service. One member of staff told us, "We want people to integrate into the community and live life to the best of their ability." Another member of staff told us, "We want people to have as independent a life as possible."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the manager, they had regular staff meetings and felt they could discuss anything in these and that their ideas would be listened to. We saw that staff worked well together and told us how they had specific responsibilities that they managed such as, arranging activities. One member of staff told us, "We have a good team and all work well together. I feel very supported." Staff were always able to contact a senior member of staff if they had any concerns as the provider had an on-call system for their services. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires and meetings with people. We reviewed minutes of meetings and saw they discussed menus, activities and the environment. Relatives were also invited every month to a coffee morning at the service, one relative said, "We have a good catch up at the coffee morning and see what everyone is doing." This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. The manager made the home inclusive for people and families through meetings and activities. One relative told us, "It does feel like an extended family here." There were good links from the service into the local community and staff encouraged people to access fully all the facilities available in the community.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits on health and safety, infection control and care records this information was used as appropriate to continually improve the care people received.