

Community Integrated Care Summerson House

Inspection report

29-31 Stone Street
Windy Nook
Gateshead
Tyne and Wear
NE10 9RY

Tel: 01914699611
Website: www.c-i-c.co.uk

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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

Summerson House is a care home which provides residential care for up to six people who are living with a learning disability. At the time of our inspection six people were using the service.

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 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

The registered manager and staff consistently demonstrated they valued and respected the people who used the service. The staff were passionate about supporting people to engage in meaningful activities and lead lives with meaning. The staff team had been trained to use positive behaviour support (PBS) and had fully implemented these techniques. Staff found this approach greatly reduced individual's distress and enhanced people's quality of life.

We found staff were committed to delivering a service which was person-centred. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. People's support needs were thoroughly assessed. Staff actively promoted equality and diversity within the home.

Staff supported people to manage their healthcare needs and promoted their wellbeing. When necessary, external professionals were involved in individuals care. The staff supported people to eat varied appetizing meals. Medicine was administered in a safe manner.

Thorough checks were completed prior to staff being employed to work at the service. Staff had received appropriate training and supervision. The provider had enabled staff to access a varied and extensive range of condition specific training. The registered manager and staff had found the range of training they received assisted them to significantly improve people's quality of life.

People's voices were of paramount importance in the service. The registered manager understood how to investigate and resolve complaints.

The service was well run. Systems were in place, which effectively monitored how the service operated and

ensured staff delivered appropriate care and treatment.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection

Good (report published 26 January 2019).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

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

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 ●

Summerson House

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

An inspector completed this inspection.

Service and service type

Summerson House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notify us about, feedback from the local authority and professionals who work with the service. 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 used all the information to plan our inspection.

During the inspection

We met four people who used the service. People had limited verbal communication skills so we observed their care and telephoned three relatives to talk about their experience of the care and support provided. We

spoke with the registered manager, five care staff and healthcare professionals who visit the service.

We reviewed a range of records. This included three people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 we found the key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager critically reviewed all aspects of the service and determined if and where improvements were needed. They ensured staff considered how lessons could be learnt.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire. The registered manager had ensured staff understood the evacuation process and night staff had practiced evacuating the home.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People's monies were safely managed. The provider had reviewed how staff looked after people's monies and sought advice from an external auditor around how they could improve the systems they used across all of their services.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. Following the high turnover of staff last year, the registered manager had recruited enough staff to ensure agency staff were no longer needed and everyone's care hours were provided. Everyone had at least one-to-one support during the day and overnight two staff were on duty.
- The provider operated systems that ensured suitable staff were employed.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- The home was clean, and people were protected from the risk of infection. Staff had received infection control training and said they had plenty of personal protective equipment such as gloves and aprons.

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 we found the key question remained the same. 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

- The registered manager had ensured comprehensive holistic assessments were completed for people who used the service. These were regularly reviewed and updated as people's needs changed.
- People's care was delivered in line with evidence-based guidance. This included PBS and other recognised techniques for supporting people to regulate their emotions. The registered manager ensured this informed the care plans, which assisted staff to support people to achieve effective outcomes.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training and included obtaining university qualifications in PBS.
- New recruits completed the Care Certificate, as a part of their induction. They also shadowed experienced staff for their first few shifts.
- Staff had regular supervision meetings and appraisals. They told us they felt supported.

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

- Staff encouraged people to eat a healthy balanced diet. Staff supported people to express their view about meals they wanted to eat. People went with the staff to purchase the food and some people helped to prepare the meals.
- People indicated they enjoyed the meals staff provided.

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

- Staff supported people to access healthcare services when appropriate. Records showed staff ensured people sought support for their healthcare needs in a timely manner. Staff had sought the advice from a wide range of professionals and this had assisted them improve people's quality of life.
- Staff closely monitored people's oral healthcare and supported them to develop good oral hygiene habits. The registered manager had taken up a local initiative to improve people's oral healthcare. Staff had completed a wide range of training around supporting people with their oral healthcare and a champion was appointed for this work.

Adapting service, design, decoration to meet people's needs.

- The service was designed to meet the needs of people who used the service. The building was a large domestic sized house and people had been supported by staff to make their rooms homely. The provider

made sure the home was maintained to a good standard.

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 a particular decision and 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. For people who lacked capacity evidence of capacity assessments and 'best interests' decisions needed to be in place for all decisions made on the person's behalf. The registered manager immediately put these documents in place.
- People were involved in all decisions about their care. Staff asked people for consent before providing them with assistance and constantly asked individuals what were their preferred choices.

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 comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. 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; respecting and promoting people's privacy, dignity and independence

- People were observed to be happy with support provided by staff. They indicated they were happy about living at the home. A relative commented, "The staff are wonderful, very kind and feel like family."
- Staff consistently displayed kindness and a caring attitude. The registered manager discussed how they had worked to ensure each person was valued and respected.
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. Staff told us they were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.

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

- Staff encouraged people to be involved in the design their own care. People told us staff routinely asked them how they wanted their care delivered and they regularly looked at their care records.
- The staff routinely contacted relatives to discuss people's support needs and seek their views on what people liked. Staff supported people to air views about how the service was run.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives. Information about advocacy services was on display around the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant 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; 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 encouraged to enjoy a wide range of meaningful activities and access to the community. Staff discussed how the registered manager had positively improved practices since coming into post and now people had flexible activity schedules. They found these assisted people to achieve lives with meaning rather than, as previously, just going to an activity to show they had been out.
- People's needs were identified, including those related to equality. Care plans created were detailed and individualised. Relatives and professionals told us care was delivered appropriately and the care records clearly reflected how to support individuals.
- The provider was in the process of introducing an electronic care system. They were working with staff and people to make sure this enhanced the current care records and none of the extremely informative detail was lost. Staff were receiving training on the new system and one staff member, who was a self-confessed technophobe had volunteered to become the champion because "if they could learn it anyone could."

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.

- Reasonable adjustments were made where appropriate. The registered manager was ensuring the records fully met the communication needs of people, and as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The registered manager had a comprehensive understanding of how to investigate and resolve concerns.
- People told us they had no concerns but were confident the registered manager would resolve any issues should they arise.

End of life care and support

- At the time of the inspection no one was receiving end of life care, but staff had received training.

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 comprehensive inspection this key question was rated as good. At this inspection we found the key question has remained the same. This meant 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 with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. The provider and registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service.
- The provider and registered manager maintained clear oversight of the service. They critically reviewed the service to determine how further improvements could be made. Staff understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- The registered manager and staff were committed to creating an innovative service. Staff were energised by their work. Staff enjoyed celebrating people's successes no matter how small, which in turn led to people having increased confidence.
- The provider had recently won the Charity of the Year Award, which recognised their commitment to supporting staff and promoting a good quality of life for the people they supported. Staff told us they felt listened to and that the registered manager was approachable. They understood the provider's vision for the service and they told us they worked well as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- The provider acted on feedback and used it to continuously improve the service. For example, they had looked at how people could be assisted to better regulate their emotions. They found PBS would enhance people's quality of life and had funded staff to attend university courses in this area of practice. The registered manager found the introduction of PBS strategies had greatly reduced people's level of distress.
- The service worked in partnership with external agencies to deliver a high standard of care to people. The registered manager had worked in partnership with the local infection control nurse and this had led to the introduction of oral healthcare initiative.

Continuous learning and improving care

- The quality assurance system included lots of checks carried out by the registered manager and staff.
- The registered manager provided strong leadership and their constant critical review of the service had led to the noticeable and significant improvements. They closely analysed the delivery of the service, consulted with staff, people and relatives to identify how they could enhance the service and following this review implemented new ways of working that had created the positive changes.

