

SummerCare Limited

SummerHill

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	

Overall summary

This inspection took place on 9 November 2015.

SummerHill provides accommodation for up to six people who have a learning disability. There were six people living in the service on the day of our inspection, but only three were at home.

There was 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.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People showed us that they felt safe and comfortable living at SummerHill. Staff had a good understanding of

Summary of findings

how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) but had not had the need to make any applications. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were systems in place to monitor the quality of the service and to deal with any complaints or concerns.

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.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported.

The manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Good



Is the service caring?

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care as much as they were able to be.

Good



Is the service responsive?

The service was responsive.

People's care plans were detailed and informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Good



SummerHill

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 9 November 2015, was unannounced and carried out by one Inspector.

We reviewed the information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke and interacted with the people at the service at the time of our inspection. We spent time observing in the communal area to get an understanding of people's experience. Where people were not able to communicate with us verbally they did so using facial expressions and body language. We spoke with four relatives. We also spoke with three professionals who had been involved with the service, the registered manager of the service, the quality manager for the organisation and two support staff.

We reviewed a range of different care records relating to three people living at the service. We also looked at two staff members' records and a sample of the service's policies, audits, training records and staff rotas.

Is the service safe?

Our findings

People indicated to us that they felt safe. They were comfortable and relaxed in staff's company, they responded positively to staff interactions and smiled when staff talked with them. A relative told us that people were safe, happy and well looked after.

The manager and support staff demonstrated an understanding of safeguarding procedures and when to apply them. There was a policy and procedure available for staff to refer to when needed and visual reminders such as posters and flow charts. Staff had been trained and had received regular updates in safeguarding people. Information was available to people using the service about what to do if they had any concerns or worries.

Risks to people's health and safety were well managed. People were supported to take every day risks such as accessing the community. Risk assessments had been carried out and there were management plans on how the risks were to be managed.

Staff had a good knowledge of each person's identified risks. We saw that they understood people's needs and worked in ways that ensured that people were cared for safely such as supervising one person when they ate. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates and risk assessments were in place for the premises.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed, and additional staff deployed when required, to ensure the flexibility needed to meet people's individual needs such as accessing the community. Staff told us that there were enough staff on duty. We saw that staff were not rushed and were able to spend time with people

supporting their individual needs and preferences. Staff were present and responsive to people's needs at all times. The staff duty rotas showed that staffing levels had been maintained to ensure adequate support for people.

The service had clear recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People's medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge. Staff competence was monitored following their initial training. Periodic competency checks had been carried out to ensure that staff continued to manage all aspects of medication administration correctly.

There were systems in place for ordering, receiving and storing medication. Opened packets and bottles of medication had mostly been dated when opened. A list of staff signatures was available to identify who had administered the medication to ensure a good audit trail. Protocols were available for the management of medicines to be used on an as and when basis. At the time of our inspection the temperature in the medication storage area was not being monitored to ensure that medicines were being stored in optimum conditions below 25 degrees Celsius. The manager undertook to address this.

The deputy manager had the lead role for ordering, checking and auditing medication systems in the service on a monthly basis. The system was audited through the supplying pharmacist and through a system of regular spot checks by a manager from another service. This ensured that people's medicines were being managed safely and that they received their medicines as prescribed.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the manager and deputy manager were always available for support and advice when needed. One staff member said, "Management are very supportive." Another said, "I felt very well supported when I started and did a lot of training." Staff told us, and the training records confirmed, that they had received training which included, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people's individual needs such as epilepsy and the use of Makaton, (a system of sign language used by some people with a learning disability and speech difficulties.) A speech and language specialist told us that when they had delivered Makaton training the staff had been responsive and enthusiastic.

Staff had received a good induction to the service. They undertook core training and worked through Skills for Care, Common Induction Standards build up a good foundation of skills and knowledge. When staff started at the service there was an expectation that they would undertake the appropriate vocational qualifications for working in the care sector. We saw that the majority of staff working at the service had a National Vocational Qualification in Care at level three. This helped to ensure that they had the knowledge and skills to carry out their role effectively.

The service was small and support staff and managers worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed that staff had also received opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

The manager and staff knew how to support people in making decisions. They had an understanding of the Mental Capacity Act (MCA) 2005 and understood the

requirements of the Deprivation of Liberty Safeguards (DoLS.) No DoLS applications had been made, but the service took the required action to protect people's rights, make best interest decisions on their behalf and ensure that they received the care and support they needed. Where possible people had given their signed consent for issues such as sharing information, and support with finances and medication. There were assessments of people's mental capacity in the care files that we viewed. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. As far as possible people had been involved in their care planning and in saying how any risks were to be managed. This meant that decisions were made in people's best interests and in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People chose what they wanted to eat and drink and were involved in planning menus. People were encouraged to be involved in some elements of meal preparation to increase their daily living and independence skills. People's weight was monitored and records were kept of what people ate and drank in order that any emerging issues with diet or nutritional needs would be quickly identified.

People's healthcare needs were met. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as psychiatrists, the speech and language team and the behavioural support team. Families were happy with how people healthcare needs were managed and felt that the service kept them informed about people's changing needs.

There were health action plans in place in place on the care files that we viewed. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people's specific healthcare needs and how they are to be met.

Is the service caring?

Our findings

People were relaxed and happy throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and read people's body language or signs to help them to understand what they were trying to communicate. Staff were able to describe people's different styles of communication, such as behaviours, which showed that they knew them well.

People indicated that the staff were kind and caring. One person told us, "The staff are good." Another indicated through signs that they liked the staff. A relative told us that, "The manager and all the staff are excellent and very caring. They interact well with all the residents."

People were treated with dignity and respect. For example, we saw people being supported and heard staff speaking with them in a calm, respectful manner. Staff allowed people sufficient time when carrying out tasks. People indicated that they were treated in a kind and caring way and responded to staff's interaction in a positive manner. For example, we saw that people were happy, smiling and in agreement to staff's requests, or, that there was gentle encouragement and banter to help people complete tasks and activities.

People had been involved as far as possible in planning their care. Relatives confirmed that they had been involved in planning and were invited to regular reviews. Some told us that they had recently attended reviews which had been, 'insightful', and, 'very good.'

Person centred care plans were in place which identified people's needs wishes and goals. Care records provided good information about people's needs, likes, dislikes and preferences in relation to all areas of their care. From discussions with staff it was clear that they had a good understanding of people's individual needs and supported them accordingly.

Everyone in the service had families who supported them to have a voice and support their care. The manager and deputy manager were however fully aware of advocacy services and how to access them if needed. They told us of a named advocate who they contacted for support when needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

A relative told us that they were able to visit the service whenever they wanted to. They told us they were always made to feel welcome and that staff were kind, caring and respectful when they visited.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. There were informative support plans in place. Everyone living at SummerHill had done so for many years and were comfortable and settled. A relative told us, “The service is really good you just can’t fault it.” Another told us, “The love and care people receive at SummerHill is wonderful.”

We saw that appropriate goals had been set in line with people’s individual needs and preferences to help them to achieve what they wanted to. The service was responsive to people’s changing needs as they were aging and had adjusted the building layout to accommodate people’s needs.

People regularly accessed the local community in line with their individual preferences and assessed needs. People went to day care centres, the local church, the shops and

library with support. People’s person centred care plans reflected the things that were important to them such as their families, their individual preferred activities and likes and dislikes.

People were encouraged and supported to maintain relationships with their family and friends. Contact was maintained through visits and telephone calls.

The service had a complaints process in place. The complaints procedure was available and on display in an easy read format so that people using the service knew what to do if they had any concerns. One complaint about the service had been made since our last inspection. We saw that it had been well documented and dealt with. A relative told us, “If you have any problem you can discuss it and it is sorted immediately with no fuss or bother.” They felt confident in discussing any issues with the manager or staff. This showed us that the service was responsive to people and would address any concerns that they had.

Is the service well-led?

Our findings

People told us that the service was well led and managed. Relatives all praised the service highly telling us that it was well managed, had a low staff turnover and communicated with them well and appropriately.

People demonstrated through their interactions that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with people living in the service. The service was small and it was clear that management, staff and people using the service all got on well. There was a nice feel to the service, with people's individual needs and abilities respected and understood. A relative told us about the key worker system in the service which they felt was very good, helped to foster meaningful relationships and gave them a good point of contact in addition to the manager.

Staff were positive about the management of the service. They said that the manager and deputy manager were approachable. They felt that they could raise any issues and feel listened to. One member of staff said, "I have settled in well and enjoy working here very much."

The manager was able to clearly describe to us the vision of the service and explain how this was introduced and maintained in the staff team. The aim of making the service people's home was made clear to staff from the point of recruitment and reinforced through induction, ongoing training, daily interaction and monitoring. Staff were able to demonstrate the vision in their practice and promoted positive and respectful relationships with people. One relative told us that their loved one certainly regarded SummerHill as their home where they lived with their extended 'family.' Another relative told us that it was the first place their relative had ever called 'home'.

Staff told us that there was good teamwork in the service, and that they all worked together for the same ends. Staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good, and that staff were kept up to date with current information about the service and people's needs.

The manager was aware of responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were some formal processes in place to support this. Weekly and monthly audits had been undertaken in relation to health and safety and the premises, with matters arising being addressed. Staff in the service had 'lead areas' such as health and safety and maintenance, medication, reviews of care plans and risk assessments, kitchen area and utility area. This ensured that appropriate standards were being maintained across the service.

The provider also monitored the service and undertook spot checks of the service looking at different areas. Any issues were highlighted for action and confirmed when completed.

People's views on the service were sought through one to one interaction, review processes and residents meetings. Formal surveys were undertaken annually by the provider. People at the service were also encouraged to be involved through planning menus, saying what activities they wanted and in helping to interview staff and expressing their views as to their suitability.

Overall people were very satisfied with the quality of the service and made comments such as, "I like it here." A relative said, "As a family we are very, very happy."