

# Apple House Limited

# Summerwood

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Summerwood is a residential care home providing personal care to people with learning disabilities and/or autism, some of whom were not able to tell us about their views of their care. The service was registered to provide support to up to 8 people. There were 8 people using the service at the time of our inspection.

### People's experience of using this service and what we found

People we spoke with using interactive communication tools told us they were happy living at Summerwood. Relatives told us they were encouraged to be involved and were very happy with the care and support their loved ones received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- Model of care and setting maximises people's choice, control and independence. For example, support is flexible so people are able to choose activities and go out when they want to. People are encouraged to be as independent as possible to develop life skills and confidence.

#### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. For example, the provider meets the requirements of the Mental Capacity Act 2005 so appropriate assessments and best interest decisions are made on people's behalf. Staff advocate for people to ensure they are not discriminated against and their human rights are protected.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Putting people at the heart of their support is embedded within the ethos of the home. Support workers empower people so they can feel confident and included.

Staff understood their responsibilities under safeguarding and whistle blowing, to identify and report any concerns of abuse or suspected abuse. People's individual risks associated with the health conditions, such as seizures, were assessed and measures were in place to mitigate these. Medicines were managed safely.

Staff received regular training and assessment to ensure they had the skills and knowledge to support people and their specific needs. Health and care professionals told us staff had engaged with training sessions they had delivered to help one person with their communication. Regular supervision sessions

ensured staff had formal opportunities for on-going support and guidance.

The provider had systems in place to monitor the quality and safety of the service. We found some issues during the inspection which meant these systems were not always sufficiently robust. The registered manager took action to address these promptly. Staff told us they were very happy working at Summerwood and felt supported by the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was outstanding in June 2020.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Summerwood

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector. A pharmacy inspector attended on the first day of the inspection as part of our quality assurance process. An assistant inspector attended on the second day to speak to people using an interactive feedback tool as part of a pilot project to improve the inclusiveness for people who are unable to verbally tell us about their experiences of care.

#### Service and service type

Summerwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

During the inspection-

We spoke with four staff including senior support staff and support staff, the deputy manager and the registered manager.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with five people to tell us their experience.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety and accidents and incidents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at other records such as training data, maintenance and quality assurance records. We spoke with three relatives and one care professionals who regularly visited the service. We received written feedback from three other professionals. We spoke with staff from a local community partner and received written feedback from a further staff member.

# 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 outstanding. At this inspection this key question has now deteriorated to good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Relatives told us their family members medicines were well managed and they had no concerns. One relative said, "His [My family member] medication has made a difference. It's had an important role in controlling [his condition]. He's doing really well. They are going to review it in three months' time."
- There was adequate stock of prescribed medicines.
- Emergency medicines and administration protocols for people supported by the service were available to staff. The staff stored these in peoples' travel bags.
- Information to support the administration of 'when required' (PRN) medicines was not always present in peoples' care plans or medicines administration records (MARs). For example, for one person the directions for use of their inhaler lacked detail and stated, "to be used when required." This meant the staff may not be giving PRN medicines consistently.
- Medicines for pregnancy prevention were administered to people supported by the service. However, the staff were not aware of the individual pregnancy prevention plans for the people they were supporting.
- People supported by the service were not assessed to see if they could safely manage aspects of self-administration.
- The provider sent us their training log following the inspection. This showed staff who administered medicines had not completed their refresher training in line with the provider's requirements. However, when asked, they were able to show us competency assessments carried out for relevant staff which showed they had been assessed as still competent to administer medicines. The provider was in the process of changing to a new pharmacy and intended to complete new training for staff once this process was complete.

We have recommended the service review information about medicines in people's care records and assess people's ability to self-administer medicines.

### Assessing risk, safety monitoring and management

- Relatives told us they thought their family members were safe at Summerwood. One relative said, "[My family member] can be really challenging. [Staff] are very understanding, reliable, nice, they try their best. I have no concerns." Another relative told us, "I'm very happy. I don't have any concerns about [my family member's] care or wellbeing. I'm honestly thankful every day for them [Summerwood]."
- Environmental risks to people's safety had been assessed although these had not always been effectively managed. For example, we found the carpet was coming away on several treads on the stairs. We brought this to the registered manager's attention, and this was repaired the same afternoon.

- We looked in three bathrooms with the registered manager. Two bathrooms required a deep clean and all required some maintenance to reduce the risks of cross contamination.
- Following the inspection, the registered manager sent us photographs to show they had rectified these issues. They also sent us the maintenance log which confirmed other on-going maintenance tasks had been carried out throughout the period of the pandemic.
- During the inspection we saw two staff were not wearing their masks appropriately, exposing their mouth and nose. Facilities were available for staff to have a break and remove their masks whilst maintaining social distance. We discussed this with the registered manager who took action to address this with the staff.
- Water samples taken in March 2021 showed there were no legionella bacteria present in the water system. However, we noted the management of legionella required some attention. This was partly addressed the next day when the registered manager and health and safety champion completed legionella training and requested a visit by a plumber to check the water system. A new legionella risk assessment was completed on 13 October 2021 which assessed the home as low risk.
- Other environmental risks had been assessed, managed and mitigated. For example, a new fire panel and smoke alarms had been installed and fire checks were completed regularly. Mobility aids and other equipment was checked and serviced to ensure it was safe and in good working order. A detailed Covid risk assessment had been completed to identify and minimise risks of the virus entering the home.
- The provider continued to identify and assess people's individual risks, such as the risks associated with epilepsy, falls or behaviours, and measures were in place to reduce risks of harm to themselves or others. Staff knew people well and understood the risks and actions they should take to manage these. For example, one person's behaviour had become more challenging for staff. They had sought advice from health professionals who had provided training and strategies to support communication with the person. De-escalation techniques had been recorded in their support plan. One staff member confirmed they knew peoples' behaviour and managed these by, "following the care plan and by being proactive and responsive to the needs, emotional and physical, of residents."

## Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was meeting shielding guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We saw the provider had information about resources to develop their approach.

## Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at Summerwood.



- The provider had robust systems in place to safeguard people from abuse and harm. These were based on national good practice and local protocols.
- Staff received training in safeguarding, what abuse might look like and how to report it. This was discussed at staff meetings and staff told us they understood the whistleblowing procedure and would not hesitate to use it if they had concerns.
- Staff had discussions with people about what to do and who to talk to if they were worried about anything. Safeguarding information was visible and on display for people who lived at Summerwood in a format they could understand.
- The registered manager notified us of any safeguarding concerns as required.

#### Staffing and recruitment

- Relatives told us there were always staff available and they were happy their family members received the support they needed. There were enough staff to support people at home and in the community in line with their individual support plans, for example, with their personal care and community activities. Agency staff were employed to ensure shifts were always covered, and the registered manager had arranged with the agency that these staff would only work for Apple House creating a 'work' bubble.
- Where people required two staff to support them in the community, this was provided for within the staffing rotas. The daily shift plan recorded which staff were allocated to each person during specific times of the day and who was allocated to complete medication rounds and prepare meals, so staff were clear about their responsibilities for the day.
- The provider had assigned designated lead roles to named staff to help develop key areas within the home, such as health and safety, infection prevention and control, training and medication and healthcare.
- The provider had systems in place to ensure only suitable staff were employed. Staff had provided an application form, including a full employment history, references and proof of identity. A Disclosure and Barring Service (DBS) check had been completed for each staff member. A DBS helps providers make safer recruitment decisions. This all formed part of the recruitment checks before an appointment was confirmed.

#### Learning lessons when things go wrong

- The provider had robust systems in place to monitor, investigate and learn from incidents and accidents. These were recorded in detail by staff and were investigated and reviewed to identify any trends or patterns and any learning which was shared with staff. Where necessary, health professionals were contacted for advice and to help implement any actions, for example, the GP or the behaviour support team.

# 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 this key question has remained the same.

Good: 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 provider completed robust assessments of people's support needs in line with best practice and national guidance before admitting them to the home. For example, considering the Mental Capacity Act when making the decision for a person to move into the home. The assessments included finding out about people's likes and dislikes, wishes and interests and any specific health or communication needs.
- This process was inclusive of people who knew the person well, for example, family members, health and care professionals and staff from previous homes. This information was transferred to people's support plans and staff were required to read and sign to say they had read these.
- Thorough transition planning took place with the involvement of all parties which included any actions needed and who was responsible for these to ensure a smooth and successful transition for the person to Summerwood.

Staff support: induction, training, skills and experience

- Staff received training to support them in their role. One staff member told us, "I've done lots of training here; fire marshal and COSHH." The deputy manager sent us their training log following the inspection which showed training had been completed in fire safety, first aid and epilepsy for example. Most staff were up to date with this. We noted training was overdue for some staff in areas such as infection prevention and control (IPC). However, the deputy manager sent us a list of the staff who had completed IPC workbooks to keep their knowledge up to date.
- Staff completed a period of induction when starting work at Summerwood. This included shadow shifts and completing the Care Certificate. The Care Certificate is a national set of standards which staff working in social care are expected to meet.
- Staff received regular supervision which enabled time out for reflection and to identify any training needs. Staff found it to be a supportive process. One staff member told us, "I have supervision with [line manager]. I can raise anything I need to."
- The provider worked in partnership with other agencies to provide staff with specific training to meet people's individual needs. For example, developing communication techniques for one person with support from the speech and language therapist. A health professional told us, "The staff team appear passionate and keen to develop their learning." Another health professional said, "staff always seem passionate about what they are doing and keen to provide the best although from a communications perspective the staff have needed direct modelling on how to use simple resources and offer choices to [Name]."

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

- People told us they were happy with their meals.
- People were involved in choosing the menus and helped to go shopping to buy the ingredients. Meals were freshly cooked and used vegetables from the garden and fresh eggs from the resident chickens. People were encouraged to help to cook if they chose to.
- Staff knew people well, their food likes and dislikes and how they required their food to be prepared. For example, one person required their food to be cut up and another person required a moist, soft diet. We observed the lunch meal and saw this was how their lunches were prepared.
- Information for staff about how they should meet people's individual dietary needs was available in people's support plans. For example, one person had a picture guide to show the changes needed to lose weight, such as smaller portions, less fat and less sugar.
- During the pandemic, staff had supported people to eat in their rooms as the dining room did not offer the space for safely social distancing at mealtimes. Most people now chose to continue to eat in their rooms. Where one person now preferred to eat in the dining room, this was safely supported by staff.

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

- People were supported to maintain their health and wellbeing. Staff referred people to appropriate healthcare services for routine and emergency care such as GPs, dentists, speech and language therapists and behaviour support. One person had needed the dentist but due to Covid 19 their local surgery was closed. Staff supported the person to attend another surgery to access treatment. They were waiting for their local surgery to make appointments for further check-ups.
- Each person had a hospital passport which contained important information to handover when going into hospital. One relative told us staff had been allocated to support their family member when in hospital for the duration of their three weeks stay. They told us, "I don't know how anyone else would have coped. They [staff] know her little ways. She can't talk but can say a lot with her hands. The staff at the hospital were very impressed with the support workers too."

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

- Most people told us, through engaging with Talking Mats, that they were happy at Summerwood. Talking Mats is an interactive tool which uses pictures people can use to describe how they feel about aspects of their care. They liked their rooms which were personal to them and decorated with pictures and posters of their favourite things and ornaments. People had their own televisions and music which they could listen to in their rooms if they wanted some private space. A relative told us, "The size of the home is nice for [name]. It's easy for him."
- The provider had improved the garden spaces to include two cabins which people could use as additional areas for some privacy and peace. People had helped to decorate the side of one cabin to create a fun seaside theme. This was an on-going project.
- The refurbishment of the kitchen and one downstairs bathroom due to be completed in July 2020 had been put on hold due to the pandemic. This was now urgently in need of being completed. New plans had been drawn up for the kitchen and was now planned to be completed by the end of 2021. There was currently a dropped worktop in the kitchen for people who used a wheelchair so they were not excluded from cooking and this would be incorporated into the new kitchen.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular decisions, 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 when this is in their best interests and legally authorised under the MCA.

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 and whether any conditions of authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.

- People at Summerwood were living with learning disabilities, mental health needs, and/or autism. This affected some people's ability to fully understand and make informed decisions about their care and support. Where this was the case, for example, making a decision to have the Covid 19 tests, a mental capacity assessment had been completed and a best interest decision had been made with relatives and health professionals.
- Relatives told us they had very good relationships with the staff and were consulted when necessary. For example, one relative told us, "[The registered manager] sent me an email the other day about the flu jab. I said go ahead."
- Staff told us they always assumed people had capacity as a starting point and where there was doubt, a mental capacity assessment would be completed.
- The registered manager understood their responsibilities in relation to DoLS and appropriate documentation was in place.

# 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 inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much for themselves as they could to maintain and develop their independence. For example, a relative told us their family member was able to do some things for themselves and said, "[name] will take herself to the kitchen, or go to the fridge and get herself something, or staff will help her." One person liked to go to the shops and buy the daily milk for the home which he was able to do by himself.
- We observed staff interacting with people and found this was positive and kind. However, some staff did not always demonstrate the values of dignity and caring due to the issues we found with the bathrooms and mask wearing. These issues were addressed with staff by the registered manager after the inspection.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were very happy with their loved ones' care. One relative told us, "I am very thankful he is there. The ethos is very much caring. They care about [name] as a person. They're really good with him. He's not just one of the residents." They said, "They [staff] are lovely when [name] has a seizure. They talk to him, comfort him, make sure he's comfortable and do what's needed. They would always be there until he's fine again."
- Two people had recently had family bereavements and staff were sensitive and compassionate, enabling them to talk and express their feelings, keeping in touch with their families and ensuring they were supported to attend the funerals. The registered manager had prepared some information about bereavement for staff to enable them to better understand how this might affect people which staff were required to read and sign.
- Staff were keen to talk with and listen to people, and involve them in, for example, how they wanted to spend their time. We saw that people were able to express their views and staff responded positively.
- Each person held a review with their keyworker to monitor their goals and progress. This provided opportunities to make changes or discuss what else they might like to do, or any concerns they might have.
- One person spoke English as a second language. A staff member spoke the person's language which enabled the person to converse and maintain this important part of their identity. Other staff had learnt some basic words to enable them to also speak with the person a little in their own language.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Despite the challenges of the Covid pandemic, staff had continued to provide outstanding support for people in a way that put them in control of their everyday lives. We consistently observed that staff discussed things with people when they asked questions about something that was important to them, helping them to look at options and make decisions.
- Relatives consistently told us they were fully informed and involved with the care and support of their family members. One relative said, "They are doing a great job prioritising things for him, breaking down activities into smaller activities so he can understand, making [social] stories for him."
- People continued to be supported in highly creative ways to understand and make decisions for themselves as much as possible or with the involvement of their relatives. One person did not understand the concept of vaccination and staff anticipated they would become agitated and resistant if this was attempted, however, a best interest decision had been made for the vaccine to be given if possible. To help the person become familiar with the process, staff had introduced some medical equipment; a stethoscope, an oximeter and an empty syringe which the person could hold and become familiar with. They hoped in time the person would be less anxious and the procedure would be successful, helping to keep them safe from infection.
- Another person liked to spend their money but sometimes wanted to save it to buy things they wanted. Staff helped the person to save by making a file with pictures of the things they wanted to buy with the cost of it in pound coins which the person could cross off as they saved, so they understood how much more they needed to save.
- Feedback from health and care professionals was very positive. One professional told us, "The manager of this service comes across as very passionate and committed, improving outcomes for individuals living at Summerwood." Another professional said, "[The registered manager] puts lots of things in place. They have put in place a visual schedule for [a person], a folder with photos. [The person] takes photos of himself to add. It's very person centred. They [staff] are great at taking it forward."
- The registered manager told us one person loved going home and got very fixed on home visits and could become very agitated. We observed this during the inspection. A care professional confirmed the staff had put systems in place to help the person understand the concept of time until their next visit. They told us, "He has anxiety around home visits. He has a visual countdown planner which represents a sleep or an activity so he ticks off each day and can see the countdown."

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

- Throughout the pandemic the staff had worked extremely hard to support people to adjust to their disrupted routines. The registered manager told us all of the activities people enjoyed doing came to a "crashing halt" and this had led to some people becoming upset.
- Staff ensured people were able to go out and exercise as much as possible in line with the guidance. As some people required two staff to support them outside of the home, the police gave staff a letter to take out with them in case they were stopped on suspicion of breaking the Covid restrictions at that time.
- The home had engaged with a local nursery school to share artwork and videos of activities. The deputy manager told us, "The kids wanted to do something different so we are the [link] home for the nursery. I was talking to [nursery staff] last week and we are aiming to do a picnic." Three people gave consent for the home to make a video of life in the home to send to the children. For example, one person made a video putting the rubbish out. They talked about how many bags there were and what colour they were. This made the person feel really good. The children had given the home some artwork which was on the wall in the dining room which made a lovely display.
- One person attended college which had to stop when lockdown was announced. A best interest decision was reached with the mental health team, family and college for them to continue to attend when the lockdown eased as it would be beneficial to them. The registered manager told us they did not want the person to be deprived of their education just because they lived in a care home. They worked closely with the college to make this happen, managing risks which enabled the person to go nearly every day. This helped them maintain their friendships, mental health and wellbeing as well as their continuity of learning.
- Another person had been used to going to a local restaurant, where they used to work when they lived at home with their family. The restaurant changed hands and they no longer needed the person to work there, however, the person visited all the time and this became difficult for the restaurant staff to manage. The registered manager met with the staff there and agreed a plan which enabled the person to continue to visit, but in a more manageable way than they had been. When Covid restrictions allowed, staff began supporting the person to go for lunch every month, which the person enjoyed and was able to chat to restaurant staff in their own language, which was important to them to help to maintain their cultural identity.
- Staff worked hard to develop relationships with their neighbours which helped to break down barriers. They held a socially distanced carol service in the street last Christmas for people and their neighbours which brought everyone in the community together to enjoy and celebrate the festive season. A staff member's daughter and a staff member brought microphones and sang to the audience, taking requests for carols and pop songs.
- People and staff continued with their charity fundraising, encouraged people to get involved and help others. The registered manager grew strawberry plants and chilli plants at home, brought them in and people watered them to help them grow. These were then sold outside the front of the home. One person made up jokes, took them to college to tell their friends and collected donations! Families joined in the fundraising as well and a JustGiving page was set up. Donations to red nose day raised over £500.

### 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.

- Accessible information had been extremely important throughout the pandemic to enable people to understand why there was the disruption to their routines and activities, mask wearing and the restrictions on going out and family visits. The registered manager told us, "It was a scary time for everyone. There was a lot of information on the internet in a readable format which we put together and wrote social stories at a



whole range of different levels." Social stories include pictures to help describe situations and these were discussed with people to help them understand and adjust to their new circumstances.

- Staff used everyday opportunities to help explain the lockdown to people. For example, one person enjoyed their daily hour exercise outdoors and staff used this time to show them that everything, shops and community facilities, were shut which enabled them to better understand what lockdown meant.
- The provider had received electronic tablets and phones from a local charity which enabled people to keep in contact with their families and friends. A staff member told us, "We set up family emails. They're learning how to send messages. [Name] talks to a friend [at the charity] daily and sends messages. [People] can struggle on some occasions, so we may need to ask [the charity] to show them a bit more about using it."
- A charity staff member told us, "They engage with loads of sessions and different things we've done [during the pandemic]; healthy eating, crafts. This morning we did 'dance alive'. They [staff] pay full attention to the people they are with. They get people up, off the sofa, staff join in they're not just sitting. There's a good vibe! What I see is they are very proactive with what we offer. We offer for a wide range of interests. They will have a go at anything, they're not saying 'that won't be suitable'."
- The registered manager had already started to use Talking Mats which was in the very early stages of use. They observed our inspector when they used this in the home during the inspection and they were very keen to pursue this further. Following the inspection the nominated individual told us the registered manager had already started to obtain prices for the software.
- A care professional told us, "We are seeing staff use more Makaton and Talking Mats. Certain staff take it and run with it, while others need more confidence building."
- Pictorial information was on display around the home, for example, for menus, complaints and keeping safe.

#### Improving care quality in response to complaints or concerns

- The provider continued to implement their robust complaints policy and procedure in place. Where a complaint was received, the registered manager continued to approach this in an open and conciliatory way, including an investigation and response to the complainant. The registered manager always tried to build positive relationships with their neighbours so if any concerns arose, these could be dealt with quickly and amicably.
- People were reminded about the complaints process and who they could talk to if they were unhappy. Relatives told us they would talk to the registered manager who they said was approachable and would listen to their concerns.

#### End of life care and support

- There had not been any end of life care since the last inspection, however, policies were in place to ensure if required, the same outstanding, sensitive and compassionate care was provided as had been in the past.
- Two people had experienced bereavements in their families and staff had supported them through this. Social stories had been written to explain their family members illnesses to help people understand what was happening. People were supported to attend the funerals of their loved ones and staff offered compassionate emotional support afterwards. People expressed their sadness and distress in different ways and staff understood this. They were observant and picked up early cues so they could provide reassurance and comfort in a timely way.



# 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 inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good.

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

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

- There were systems in place to monitor the quality and effectiveness of safety and support, such as audits, surveys, supervision, observations and management reporting. We found most of these to be effective, however, this was not always the case. For example, some audits, observations and checks had not identified the issues we found with PPE and the environment.
- The provider had policies and procedures in place to support staff in working safely and in line with national guidance and best practice. However, we found the provider had not always followed their policies. For example, the appropriate wearing of PPE and the frequency of legionella risk assessment reviews.
- Following the inspection, the registered manager acted promptly and showed us evidence of the actions they had taken to improve.
- The provider and registered manager told us they had been focussed on managing the Covid 19 pandemic and keeping people safe. The nominated individual said, "Everyone was very stressed and we had to think carefully about how we got [information] across. They [staff] were swamped with info and worried about their families." The home had remained free of the infection and they told us this was testament to the hard work and commitment of the staff team. A range of welfare initiatives were available, including a staff counselling service and taxis were offered to staff to avoid the use of public transport.
- Staff told us how the pandemic had been a real challenge and how they had continued to pull together to ensure everything ran as smoothly as possible. The deputy manager told us, "My seniors were telling me they were really struggling with supervision of night staff. You need to show you understand. I did a couple of night shifts to observe. It is more tiring." They told us they discussed this with the senior staff and looked at what they could do to improve things.
- The provider continued to be recognised at a national level for their pro-active, innovative and person focussed support. The nominated individual had been awarded the Gold Award by the Chief Nurse for adult social care during a video call in July 2021. They said, "These individual awards recognise exceptional practice and care and rightly give recognition, acknowledgement and appreciation that those individuals deserve." The registered manager had been nominated as a finalist at the National Learning Disabilities & Autism Awards in November 2021.
- The registered manager understood their responsibilities to notify us of certain events that were required by law.

Working in partnership with others;

- Health and care professionals told us they had a good relationship with the staff at Summerwood. One professional told us, "We have held training sessions to help consistency and staff confidence. There are some new staff and some that are not. We have come in to do some modelling beside staff and their confidence is up. They are very open to that and come up with ideas."
- Another professional told us, "During visits we have observed individuals engaged in activities in the home. One was building a bird box, and another helping with meal preparation. Individuals appear comfortable in their home and have a good rapport with staff." Some professionals commented there were times when they had to chase for information. However, one professional they told us they had now introduced four weekly meetings with the [registered] manager to enable monitoring of actions in order to prevent drift in completion of outcomes.
- The nominated individual continued to have a presence in the local area, linking with other organisations to share good practice and keep up to date with the continuously changing guidelines. They told us they continued to be the voice for learning disability on local forums and networks and attended regular meetings. They said it was, "Crucial to getting the information out and influencing government policy."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and provider had created a can-do culture within the home. Staff told us they felt valued and well supported by the management team. One staff member said, "[The registered manager and deputy manager] are fantastic to work for. [The registered manager] is the best, he's very knowledgeable and always has time for you. He knows his staff. He is never negative. He helps staff to understand behaviours and look for solutions and get external support for the team and himself. He's been proved right time and time again!"
- Regular staff meetings ensured there were opportunities for staff to be kept up to date and to share any feedback. We saw minutes of the most recent staff meetings which included information about people's support needs, safeguarding and lead roles within the home.
- The staff actively engaged with local community initiatives which opened up more opportunities for people to achieve their ambitions. For example, one person was interested in becoming a first aider. Staff had contacted a national first aid response charity and had joined the mailing list so the person could receive the latest news and events. Staff were also looking into possible work experience opportunities with the charity. Another person was writing their CV during evening sessions at their community club to help them with their job search.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider fostered an open and transparent culture within the home and understood their responsibilities to be open and honest about accidents and incidents under the duty of candour.

Continuous learning and improving care

- The provider had formal and informal systems in place to seek feedback from people, relatives and professionals. Feedback was positive. One relative told us that when visiting their loved one, "[The registered manager] does come and speak to me and makes sure everything is ok. It's important to feel listened to." Staff were also encouraged to provide any feedback during staff meetings or to ask for a private meeting with a member of the management team. The registered manager and provider used this information to ensure any learning and improvement could be implemented.

