Make-All Limited

Summerhouse

Inspection report

Guyers Road
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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

Summerhouse is a privately run care home registered to provide accommodation for up to 11 people living with mental health conditions. At the time of our inspection there were 11 people living in the home.

The inspection was unannounced and was carried out on 09 August 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People a told us they felt the service was effective. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff were aware of the legislation which allows people to be deprived of their liberty in their best interest. However, this did not apply to anyone living in the home.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand.

People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

There was an opportunity for people to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through a monthly one to one review. They were also supported to raise complaints should they wish to.

People told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and a health professional felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important

relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Summerhouse

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 checked 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.

The inspection was unannounced and was carried out on 09 August 2016 by an inspector and a specialist advisor who had clinical experience and knowledge of people living with mental health conditions.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people using the service and a health professional. We observed care and support being delivered in communal areas of the home. We spoke with one member of care staff, the housekeeper and the registered manager.

We looked at care plans and associated records for six people using the service, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in June 2014 when no issues were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said he felt safe because, "Somebody is here if I need them". Another person told us, "I am definitely safe here, staff know me". A health professional told us they did not have any concerns regarding people's safety. They said, "Staff do not panic which is good".

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise any concerns, follow the provider's policy and rise concerns with external professionals, such as local authority safeguarding teams. The member of staff we spoke with said, "If I saw something that was a safeguarding I would tell [the registered manager]". They added "If it was about her or she didn't do something I would tell [the provider]".

The registered manager explained the action they would take when a safeguarding concern was raised with them and the records confirmed this action had been taken when a safeguarding concern had been identified. The registered manager had ensured these concerns were recorded in people's care records and reported to the appropriate authority in a timely manner.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm. For example, one person, who was at risk of displaying behaviour that staff or other people using the service may find distressing had a risk assessment which identified trigger points and detailed the support staff should offer to help the person manage their behaviour and de-escalate their anxiety.

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

People told us there were sufficient staff to meet their needs. One person said, "There is always someone [staff] here but I like to stay in my room". A health professional told us there was enough staff to look after people safely. The registered manager told us that staffing levels were based on the needs of the people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime. The registered manager was also available to provide extra support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if

prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely. One person told us, "Staff do my medicine, it's in a cupboard out there. They make sure I take it when I need to".

Staff had received appropriate training and the registered manager assessed their competence to ensure their practice was safe. Medicines administration records (MARs) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage and disposal of medicines. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions, including those which required storing at a cold temperature. and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supported people to take their medicines in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

There were appropriate plans in case of an emergency occurring. These plans were reviewed every six months following an evacuation exercise. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary. One person told us that staff, "Check the [fire] alarm ever Monday and the smoke thing flashes".

Good

Is the service effective?

Our findings

People told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "Staff know me and what I like. They know how to look after me". Another person told us staff "help me". A health professional told us the staff were knowledgeable about the people they supported and they did not have any concerns about the staff's ability to look after people effectively.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. The registered manager told us that all of the people had capacity to make decisions at the moment, however, this can change if people become unwell.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. None of the people living in the home were being deprived of their liberty. The registered manager was able to explain the action they would take if it became necessary. Staff had been trained in MCA and DoLS and were aware of how it could impact on people living at the home.

People told us that staff asked for their consent when they were supporting them. One person said, "They [staff] always check with me first. I would soon let them know if I didn't want to do something". We observed staff seeking consent from people using simple questions, giving them time to respond. One member of staff told us, "People don't have to do anything they don't want to but we would try and encourage and prompt them". Daily records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Since April 2015, staff who were new to care, received an induction and training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, moving and handling, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, managing challenging behaviour, mental health awareness, falls management, mental capacity act and deprivation of liberties safeguards. One member of staff told us "We

do lots of training. I did some yesterday, how to deal with challenging behaviour". They added "I don't administer meds [medicine], my choice but I still do the training so I can check when the other staff do it". Staff were supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with mental health conditions to make choices and maintain a level of independence.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us "we have supervisions every month but I always feel I can ask anything at any time".

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said "I love the food it's very nice, it's always very nice". Another person told us "The food is okay, if you don't want what is there they will do you something else". Other comments included "Had liver and bacon for lunch and jam sponge. It was lovely", "Nice cup of tea. Yummy" and "The food is good here. There's plenty of it". Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences.

The registered manager told us the menu choices were discussed and agreed with people and then published on a noticeboard in the dining area. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. People were provided with a choice of food and an alternative was offered if they did not want what was offered. Drinks, snacks and fresh fruit were offered to people throughout the day. We saw people two people help themselves to tea or squash during the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A visiting health professional told us that staff always respond to their advice and guidance, "for example, a resident complained to me of frequent headaches, I suggested increasing fluid intake and a jug of water/juice was provided immediately and has been left in her room ever since".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, "Very happy here it's like a hotel". Another person told us they were, "very happy, it's a nice home". They added "Staff are all okay; they're nice really". Other comments included "staff are nice here" and "It's good here". A health professional told us staff were caring and supportive of people living in the home.

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. One person was sat in the dining area doing some knitting. As staff passed through the area they stopped and engaged with the person in a relaxed manner about their knitting and checked they were okay. Staff were attentive to people and checked whether they required any support. One person was trying to make their own bed. A member of staff saw they were having difficulty and offered to help them. The help was accepted and they made the bed together. The person's care plan in respect of personal choices showed their morning routine included making their bed after breakfast and includes 'she likes to do every day'.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. When the registered manager wanted to tell us about a person's anxiety, they closed the door of the room and spoke in a quiet voice. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. One person told us "I can do my own thing, go out if I want or stay in my room. I have been watching the Olympics on my TV which is good". Another person said, "I like watching the television in the lounge not in my room".

Staff knocked on people's doors and waited for a response before entering. One person told us that staff, "Always knock on my door and wait until I ask them to come in". A member of staff told us that most people were self caring. They added "We have helped people to bathe in the past. It's their choice. If we are doing activities we ask it they want to do them". We also observed that staff and the registered manager supported people in a discreet and private way.

People were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People were encouraged to be as independent as possible. One person said, "I lke to go to the shop and buy my own things". Another person told us, "I am going to Cowes to see some boats. My friend is picking me up". People were encouraged to take part in daily household tasks such as tidying their room, making their beds and making their own drinks.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. One person told us, "I am happy here but I am looking at homes off of the island". They added "I want to move back closer to my mum but I haven't made up my mind yet". Staff were aware of his desire and were supporting him. People's bedrooms were individualised and reflected people's interests and preferences. Most people were keen to show us their bedrooms and did so with a sense of pride. One person said, "I love my room". The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. People also had their own personalised mugs available for them to use.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it.

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs. One person said, "I don't have a bed in my room. It's my choice. I don't like beds. I like sleeping in my sofa". Another person told us, "If I need help I just ask [staff] and they help me". A health professional told us that staff, "work proactively rather than reactively".

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical and mental health needs were responded to in a timely way. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs.

People received care and treatment that was personalised and they were involved in identifying their needs and how these would be met. One person care plan identified that the person "doesn't like set activities, likes to be on his own, and enjoys news and current affairs. If an entertainer visits he likes to stand outside the lounge and join in with the singing". Where specific risks were identified a personal protection plan was included in their care plan

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required with helping them engage with other people. This corresponded to information within the person's care plan.

Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. People were able to tell us who their keyworkers were. One person said, "I talk to them [keyworker] all the time and tell them if I am not happy". Another person told us their keyworker was, "Nice"

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People were independent and had access to activities that were important to them. These included attendance at day centres, going to the shops or the pub. Where people did not want to engage in group activities staff interacted with them on a one to one basis, such as painting or arts and craft. In the dining area we saw a display of pictures made by residents on the wall portraying different aspects of the Olympics. There were other activities available for people in the home, such as playing games, reading, watching DVDs and listening to music.

People were encouraged to engage in domestic activities that helped to maintain their independence and life skills, such as cleaning their room, doing washing and helping at mealtimes. For example, one person was asked if they would like to fold some serviettes for lunch. They agreed and we saw from their face they were enjoying the activity.

People were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people on an informal basis when they were working at the home. tact. People were also asked to provide formal feedback during a monthly review meeting with their keyworker. Action was taken where concerns were raised, such as the state of the decoration in one of the bedrooms. The person showed us their room and told us, "They [staff] are going to paint my room and put sealant around my sink".

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Local Government Ombudsman. The registered manager told us that people's keyworkers would support them to raise any complaints initially and people also had access to independent advocacy services if they needed them. People told us if they were unhappy they would complain to the registered manager or the deputy manager. One person said, "If I have any concerns I would complain to the manager and they would sort it out for me". The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People told us they felt the service was well-led. One person told us the registered manager was "Nice and easy to talk to". Another person said, "The staff are good here and [the registered manager] keeps us in check. She runs a tight ship here". A health professional told us they did not have any concerns over the management of the home. They added "Would it pass the relatives test? Yes".

There was a clear management structure, which consisted of the provider, the registered manager and a deputy manager. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us the registered manager and the deputy manager were "very approachable. I have been here a long time. I wouldn't be here if I didn't like it".

The provider was fully engaged in running the service and their vision and values were built around supporting people as individuals and inspiring them to live a meaningful and fulfilled life.

The registered manager demonstrated an effective balance between being 'hands on' providing care and her leadership and oversight role. She had a good understanding of the culture of the home and how to support the people living there. Staff were aware of the provider's vision and values and how they related to their work. One member of staff told us, "I love working here. The residents can all care for themselves. We are just here in case they need help". Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed.

People were given the opportunity to provide feedback about the culture and development of the home informally when speaking with the registered manager and through one to one monthly 'resident meetings'.

The provider had suitable arrangements in place to support the registered manager, for example regular meetings with the managers of other homes owned by the provider. The registered manager told us the felt very supported by the provider who visited the home most weeks and was available to speak with whenever they needed to.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The registered manager carried out regular audits, which included medicine management, health and safety, infection control and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. They also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.