

Review of compliance

Summerland Support Limited Summerland Support

Region:	South West
Location address:	307 Babbacombe Road Torquay Devon TQ1 3TB
Type of service:	Domiciliary care service Supported living service
Date of Publication:	October 2011
Overview of the service:	Summerland Support Limited provides support to people with learning disabilities. The support has been provided almost entirely to people who live as tenants in five houses owned by Summerland Support Limited, under a Supported Living scheme.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Summerland Support was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 August 2011, checked the provider's records, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We met with six people who receive support from this agency, in three of the houses where they hold tenancies.

People told us 'They're there when I need them'. One person told us which of the staff were helping them move towards living independently.

One person told us they knew that they could obtain support from a different agency if they wanted, though this would be difficult to do because support is regularly shared between a group of people. This person was 'more than satisfied with the service'. They were able to choose which support worker to discuss issues or the way forward. They said the Manager is 'very good, and does things quickly'. They said they were well able to communicate with the Manager and Support staff.

We were told that staff were 'very kind', and also that they can be firm when helping people keep to their boundaries. Three people told us they were planning to move to a more independent home of their own at some point in the future. One of them said it would boost their confidence if they could have support from the same people when they move. One person told us they 'love cooking with the staff', and that they were good at cooking lasagne. Others made good quality tea and coffee for us.

The complaints that people brought to our attention were all about repairs to buildings and equipment that had not been carried out. These are the responsibility of the landlord (who is also the provider), and not part of this assessment.

What we found about the standards we reviewed and how well Summerland Support was meeting them

Outcome 01: People should be treated with respect, involved in discussions about

their care and treatment and able to influence how the service is run

People are treated well and respectfully by their support workers, and have good support to develop skills of independence. However, their privacy had not always been respected, and people are denied the opportunity to manage their own medication and money, as they do not have individual secure storage.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Reliable and responsive care and support are provided by competent staff, and good work has achieved improvements in people's health and wellbeing. However, management have not ensured that advice and training are always provided to staff to enable them to deal safely with a health care situation.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Within this service reasonable systems are in place to identify potential abuse, and appropriate steps were taken when an allegation was made.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff are well supported with individual and group support and supervision. The training programme has significant gaps which means that staff may not always work in a safe way. The Management team had not expanded in line with the growth in the service. They were therefore not always able to carry out management tasks such as recruitment, or to provide appraisals in a timely way.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Summerland Support has satisfactory ways of monitoring the service and gathering feedback on the quality of its performance.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are moderate concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

The Manager told us that they have recently completed a survey in which tenants were given photos of all the Support staff and asked which three people they would like to have working with them. They have altered the rotas to enable people to have the staff of their choice. People told us, 'I get on really well with (the Support worker on duty at the time of this visit); and 'I like (another support worker on duty), she cares for me. We get on fine'. Another person told us they were able to choose which member of staff they wished to discuss any issue or plan with, which might include the Manager or the Administrator as well as Support staff. 'Communication is very good', they said.

One person told us that they take the minutes for their monthly house meetings, where people can discuss anything about their support and their life together with the other people living in the house. These meetings had been used to pass complaints to the landlord about equipment that remained in need of repair. Five people had volunteered to represent their house on the 'Client Involvement Group' that has just been set up. We were sent the minutes of the first meeting, which showed that people were most interested in discussing and planning social activities.

One person is a member of a political party and staff have given them support to fulfil their ambitions in this area. Someone was enabled to access the Financial Assessments and Benefits (FAB) team for advice when they wished to make a major

purchase. People were helped to keep budget books, with pictures to help understand utility bills. Very good explanations of money matters were provided.

People confirmed that they have keys for their front door and their own bedroom door. We saw that the tenancy agreements were produced in an easy to read form. They did not specify where the person would get their support from. One person told us they knew they could choose another care provider, but it would be complicated because of the shared support provided within each house. They were well satisfied with their current support arrangements.

In each of the five houses where most service users live, there is a small office that is kept locked. Peoples' care records, cash, and medicines are kept here. Each person did not have their own secure storage for their medicines and money. When asked in a quality assurance survey what the service does well for them, one person had said they would prefer to be given their weekly household budget, 'instead of having to lock it away in the office because this is just wrong and childish'.

Pharmacy guidance requires that people can store their medication individually, securely, and in a place in their home of their own choice.

Other evidence

There was no door bell for the agency's office, and no sign to show callers which door to go to. This resulted in unavoidable disturbance to tenants. Three monthly group staff meetings are held in peoples' private accommodation. The provider told us that he would address these matters promptly.

Anyone coming to the agency's office has access to the patio in warm weather when the glass door is open, which impinges on the privacy and security of people living in the adjoining house.

Our judgement

People are treated well and respectfully by their support workers, and have good support to develop skills of independence. However, their privacy had not always been respected, and people are denied the opportunity to manage their own medication and money, as they do not have individual secure storage.

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Some of the people need support with personal care. We saw care plans that were written for bathing, which ensured that staff would know how the person needed support. There was evidence that people had been supported to receive medical screening tests, and advised when it was not necessary to do so. Staff were alerted to symptoms they should watch for.

We saw body diagrams to help one person show staff when they were feeling unwell or in pain. There was a care plan with clear and detailed guidance for staff in supporting a person with diabetes, and plenty of information in their kitchen about appropriate food. There was no guidance available in the house for staff to support a person with epilepsy. The staff member on duty was able to tell us about epilepsy care that was needed. The Manager had the guidance available in the agency's office and has assured us that it is now laminated and available for staff to see. Some but not all of the staff who regularly support this person have received training in epilepsy awareness. The staff member on duty told us of their training and the development of their understanding and competence. The Manager was the only member of staff trained to administer rescue medication, and other staff are advised to call the emergency services.

We saw that there were behaviour management plans in place, which were respectful of tenants' rights, while reducing the risk to themselves, the public, or their accommodation or independence. Through an in-depth knowledge of the people, staff had identified the behaviours that could escalate into a crisis situation. We saw clear

and detailed information for staff on what to watch out for, to tell whether a person was feeling relaxed or becoming agitated. When asked in a quality assurance survey what the service does well for them, one person had said 'Support me with my tempers'. This shows that the person has been helped with self-awareness, which is good progress. We found in one house that two people had been helped over several years to adopt healthy eating habits, and were fitter and felt better as a result.

Other evidence

We saw individual service contracts from the local Care Trust, recently up-dated and matched with the person's care plan. Peoples' assessed needs were matched on the rota with staff either for their individual support or for shared care with other people in the house for some periods of time, including overnight sleep-in duties.

Our judgement

Reliable and responsive care and support are provided by competent staff, and good work has achieved improvements in people's health and wellbeing. However, management have not ensured that advice and training are always provided to staff to enable them to deal safely with a health care situation.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us about an incident that had taken place where financial abuse had taken place in one of the houses. After it had been identified, safeguarding procedures were followed. A referral was made for an advocate to support people to understand what happened, the consequences, and to support them with any decisions relating to the situation. The Manager told us that following this incident they had undertaken a service review and implemented strategies and protocols to provide improved auditing measures to provide better protection. We saw that each person had a protocol about how their finances were managed, recently up-dated.

Other evidence

On peoples' care records we saw 'Keeping safe' assessments. Peoples' particular vulnerabilities were recorded, and how staff should protect them.

We looked at the files of the staff who had been recruited most recently. We saw that the checks needed to protect people from potential harm had been carried out.

Staff had received training in the protection of vulnerable adults, though for some it was not recent and had not been updated. Staff who spoke to us knew they had a duty to report any allegation or disclosure.

Our judgement

Within this service reasonable systems are in place to identify potential abuse, and appropriate steps were taken when an allegation was made.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We saw that some people were dependent on the staff supporting them. However, as we recorded in Outcome 4 some staff lacked training in epilepsy awareness and administration of rescue medication.

Other evidence

The Manager told us that staff's three month probationary period includes induction training which follows the Skills for Care common induction standards. Modules include the role of the health and social care worker, effective communication, equality and inclusion, principles of safeguarding, person centred support and health and safety in an adult social care setting. We saw on the record of a recently recruited staff member that they had received training in the safe handling of medication. Following a successful induction, staff are deemed competent to work alone with people in their homes.

One staff member was pleased to tell us of the training they had received during their time with Summerland Support – fire safety, moving and handling, infection control, first aid, the protection of vulnerable adults, epilepsy, autism, challenging behaviour. They were also working towards their National Vocational Qualification in care (NVQ). Other staff had not received comprehensive training. We were told that eight of the current 18 staff had achieved NVQs, with two more staff working towards it. This is good progress towards achieving a qualified workforce.

We were supplied with the agency's training record which showed there had been good provision and up-take of training in Moving and handling and Safe administration of medication. Half of the staff had not been trained in protection of vulnerable adults, first

aid, fire safety, and control of infection. As staff are working unsupported, this lack of training puts people who use services at potential risk of harm. Considerably fewer staff were recorded as having achieved other essential training including Food hygiene and Dealing with challenging behaviour.

We saw that the Manager had carried out an appraisal with a recently recruited staff member which included how they had dealt with challenges in their work. One staff member confirmed that they had 1:1 supervision with their manager two months previously. Another support worker told us that the Manager had debriefed them after a medical emergency that they had found disturbing, and they had appreciated this. The Manager confirmed that it had not been possible to find the time to keep up to date with all appraisals and 1:1 supervisions, but she uses group supervisions to provide support and guidance to staff.

During this visit a staff member became unwell and not fit for work, and the Manager brought in an experienced Support worker to cover for their absence. The Manager told us that it had not been necessary as yet to employ agency staff to cover for absences, but such staff would be used to maintain safe level of support in an emergency, subject to authorisation by the provider. As yet no contact had been made with agencies, or any guidance given to staff on how to proceed if this became necessary.

The service had expanded, as the provider/landlord had acquired a fifth house. There was potential for growth as people were working towards moving to more independent homes but would continue to need assessed support. The structure of the management team had not changed. There was one Manager supported by an Administrator and reporting to the provider/landlord. Directors are sometimes involved in management tasks, including recruitment, to save the Manager's time, but this leads to lines of accountability being unclear.

Our judgement

Staff are well supported with individual and group support and supervision. The training programme has significant gaps which means that staff may not always work in a safe way. The Management team had not expanded in line with the growth in the service. They were therefore not always able to carry out management tasks such as recruitment, or to provide appraisals in a timely way.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The Manager told us that people are given a survey to complete every year to review the service they have received. Where appropriate they have been encouraged to ask for support from their own network, family and friends, to give feedback. We were sent the summary of these surveys for each of the five houses where the current service users live. They give peoples' views about their houses as well as the support they are receiving. The comments about the staff and the support were positive, sample quotation – 'I am happy. Loads of help from wonderful support staff'. 'The staff care about me and help me when I am upset'. The things they wanted to change were about the houses and gardens. Of 14 respondents, all but one said they get enough support with going to medical appointments, going out socially including contact with family and friends, and accessing leisure and work opportunities. All but two said they have enough support with cleaning, shopping and skills of independent living.

Other evidence

The Manager told us that the findings of their surveys are reviewed in management meetings, action plans are formulated when necessary, and feedback given to the tenants concerned.

The team audit care plans each month, and check Medication Administration Records. Health and safety audits are carried out once a month.

Our judgement

Summerland Support has satisfactory ways of monitoring the service and gathering feedback on the quality of its performance.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People were denied the opportunity to manage their own medication and money, as they did not have individual secure storage. Staff meetings have been held in peoples' private accommodation, thus failing to respect their privacy.	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Management have not ensured that advice and training are always provided to staff to enable them to deal safely with a health care situation.	
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Staff had not received or updated all the training they need to ensure they provide a safe service.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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