

Mrs J Whitney

Summon Bonum

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Summon Bonum is a large detached property that is registered to provide care for up to nine people with learning disabilities and complex needs.

This inspection took place on 13 November 2015, when there were nine people living there. The home was last inspected in October 2013 when it was meeting all the requirements relevant at that time.

Summon Bonum is owned by Mrs J Whitney. As the owner is not a company there is no requirement to register a manager of the service. Although Mrs Whitney is at the home on a regular basis, there is also a manager who takes day to day control of the home.

At the time of this inspection in November 2015 people living at Summon Bonum had a learning disability as well as varying physical and mental health needs. Some people were confident to leave the home on their own, while others needed physical or emotional support to

Summary of findings

leave the building. Staff told us there were always enough staff available to ensure people who needed support could leave the home whenever they wished. Staff also told us extra staff could always be called on if needed.

There were robust recruitment procedures in place. This minimised the risks of staff being employed who may be unsuitable to work with vulnerable people. People were protected from the risks of abuse. Staff were aware of different types of abuse and how to recognise if someone was being abused. Staff knew how and to who they should raise any concerns if they suspected people were being abused.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). They knew people should always be assumed to have the capacity to make decisions unless they had been assessed otherwise. Staff knew any decisions made on behalf of people who did not have capacity, should only be done in their best interests. People were asked for their consent before staff provided personal care.

There were safe systems in place to manage people's medicines. These systems ensured people received their medicines as prescribed. People were supported to receive the healthcare they needed. Records showed people had been supported to visit GPs, psychiatrists and chiropodists as and when needed.

People were supported to maintain a healthy balanced diet, while ensuring they always had a choice of food. There was a house meeting each morning so people could choose what they wanted to eat, and how they wanted to spend their day.

People were supported to maintain contact with people who were important to them. People told us staff often supported them to visit their relatives. One visitor was spending the afternoon at the home and having tea with the person they were visiting.

There was much care and affection shown between staff and the people they cared for. There was much fun and laughter in the lounge when people returned from their outings. Staff were responsive to people's needs. They recognised and swiftly took action when one person became distressed. People were clean and well dressed and took a pride in their appearance. Staff respected people's privacy and dignity and all personal care was provided in private.

People's care plans were comprehensive and reviewed regularly. The plans contained good details of people's preferences and how they liked to be supported. People took part in interviewing staff and their opinions were considered when appointments were made.

Staff told us they thought the home was well managed and the managed was open and supportive. Staff said they received lots of training that helped them do their jobs.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A series of audits and spot checks ensured any issues were identified and dealt with. Any concerns or allegations were thoroughly investigated by the manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by robust recruitment procedures.

People were protected from the risks of abuse.

People's needs were met in a safe and timely way as there were enough staff available.

There were safe systems in place to manage people's medicines.

Good



Is the service effective?

The service was effective.

People were supported by well trained staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent before staff provided personal care.

People were supported to maintain a healthy balanced diet.

People were supported to receive the healthcare they needed.

Good



Is the service caring?

The service was caring.

People's needs were met in a kind and caring manner.

People's privacy and dignity was respected and all personal care was provided in private.

People were supported to be involved in making decisions about their care.

People were supported to maintain contact with people who were important to them.

Good



Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans were comprehensive and reviewed regularly.

Any concerns or allegations were thoroughly investigated by the manager.

Good



Is the service well-led?

The service was well led.

The manager was very open and supportive.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Good



Summon Bonum

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 November 2015 and was unannounced.

The inspection was carried out by one adult social care inspector.

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 improvements they plan to

make. We also gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

We met, spoke with and spent time with all of the nine people using the service and three staff. The registered provider and the manager were available throughout the inspection. Following the inspection we contacted eight social or healthcare professionals and received responses from two. We also contacted staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included three people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

Those people who could, told us they felt safe at the home. Some people could not answer our questions, and were not able to tell us if they felt safe, so we observed how they interacted with staff. People were obviously comfortable with staff and there were many hugs and smiles between them and staff.

People were protected from the risks of abuse. Staff had received formal training on keeping people safe and knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought anyone was being abused within the service. They said initially they would tell a senior or the manager, but knew they could also contact the police or the local care management teams.

Safe staff recruitment procedures were in place. Three staff files contained the required pre-employment documentation including police checks, photo identity and application forms. This helped reduce the risk of the provider employing staff who may be a risk to vulnerable people. The manager has started to update police checks for staff who have worked at the home for a long time.

People's personal risk assessments contained good details on how risks were managed. For example, there were risk assessments showing how to minimise risks relating to choking and behaviours that may place them or others at risk. One person's risk assessment for choking showed that staff were to assess the person's ability each day and then provide them with suitably prepared food. Risk assessments were reviewed and updated as needed. For example, if people's behaviour changed a new management plan was put in place straight away. This not only helped the person, but kept them and others safe. Were supported to take risks. For example, one person had been assessed as being able to travel independently to and from their work.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there

were first aid boxes accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff information on the support people needed to ensure they could be safely evacuated from the building. For example, in case of fire, on how to safely evacuate people. There was a business contingency plan in place, in case there was disruption to the running of the home, and instructions to staff in case of emergency, such as loss of gas or electric.

Throughout the day there were three care staff on duty who were supported by the manager. Rotas confirmed this was the usual staffing arrangement. Staff told us there were always enough staff on duty and extra staff could be called on if they were needed. For example, if more people wanted to go out or do different things. Overnight staffing levels had recently been increased to one staff awake and one sleep in staff. This was because one person needed more help overnight.

Medicines were stored securely in a locked cupboard and only staff who had received training administered medicines. Each person was identified with a photograph on their records. The medicines they were prescribed, with a description of their use, was clearly recorded in the medicines administration records (MAR). MAR charts confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Some people had been prescribed medicine to be taken 'when required' to relieve pain or distress. In these instances the instructions for when staff should give the person the medicine were clearly described. Regular audits ensured any errors would be picked up and action taken to prevent it happening again. There had been no medicine errors since the last inspection. No one administered their own medicines.

The environment was safe and secure. There were arrangements in place to manage the premises and equipment and ensure the environment was well maintained.

Is the service effective?

Our findings

Staff had received a variety of training such as medication administration, first aid and moving and transferring. They had also received more specialist training relating to people's specific needs. This included caring for people living with autism, dementia and epilepsy.

Staff records showed that they received regular supervision and appraisals. Staff had individual supervision sessions with the manager. The manager also made 'spot checks' on staff when their competence to do their job was assessed. Staff told us they felt supported by the manager and could ask for guidance about anything at any time. One staff member told us the manager was helping them to become more confident in their role. They said "[the manager] is so helpful, they are training me, without me realising it!" A 'form filling' guide had been produced by the manager that gave detailed instructions to staff on how to complete forms such as untoward incident forms and accident records.

No new staff have been employed since the introduction of the care certificate. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. The manager was aware of the care certificate and knew it should form the basis of any induction for any new staff.

People living at Summon Bonum were living with varying levels of learning disabilities, and this could affect their ability to make decisions about their care and treatment. Staff had received training in the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This ensured people were supported by staff who had a good understanding of the legislation.

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's care plans contained details about how staff could help people make decisions. For example, asking the question at different times, in different places and in different ways.

Where people had been assessed as not having the mental capacity to make decisions, meetings had been held in order to decide what was in the person's best interest. For example, one person was living with a level of dementia that reduced their capacity to make decisions about their care. A meeting had been held with staff from the home and healthcare professionals. This meeting had found it was in the person's best interest to receive personal care and their care plan gave directions to staff on how to provide care. Other best interest meetings had been held in relation to managing finances and whether people should receive a flu jab.

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 and hospitals 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. The manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. There was an authorisation in place for one person. Staff were aware the person must not leave the home on their own. They told us they made sure there were staff available to accompany the person if they wished to go out. There were some restrictions within the home in order to keep people safe. For example, the front door was kept locked, but people who were able could use the unlocked back door.

People were supported to have enough to eat and drink and lunch was relaxed and unhurried. People chose what to eat each day and whether they stayed at the home or went out to eat. We ate lunch with two people. One person didn't want what they had originally chosen, so were asked what they wanted and this was brought to them. Another person came back after lunch was finished and staff prepared what they wanted to eat.

One person had lost a lot of weight due to ill health and time spent in hospital. Dieticians had been consulted and there was a nutrition plan in place that reminded staff to always offer the person something else if they didn't want what was on the menu. The plan also said the person had always preferred sweet things so would always eat those.

People were supported to see GPs and other healthcare professionals when needed. Following the inspection we

Is the service effective?

contacted health and social care professionals for their views on the service. Comments received included “I would

say that this is one of the nicest homes we deal with. The staff are committed and caring and care for their residents to the best of their ability and call in services appropriately and timely”.

Is the service caring?

Our findings

We saw many examples of staff engaging positively with people. Staff were chatting to people and encouraging them to talk about things they liked to do. There was lots of laughter and hugs and kisses and people were getting very excited about Christmas.

People living at Summon Bonum had varying needs. Some people were independent and had jobs in the community. Other people were less able and relied on staff to meet all their needs. There was a very warm and caring atmosphere within the home. Most people had lived at the home for many years and staff had worked there for a long time. This meant both staff and people living at Summon Bonum knew each other well and had shared many positive experiences.

People were encouraged to be involved in the running of the home. Staff interview records showed people living at the home had been involved in interviewing staff. The manager told us they felt it was important to make sure people's comments were really listened to. They said otherwise having people on the interview panel could be just a 'token gesture'.

A meeting was held each morning when everyone got together to decide what they wanted to eat, what they wanted to do and where they wanted to go. Minutes showed that people had also discussed how they wanted to spend the monthly activity budget. People had decided to keep doing all their activities and outings and keep satellite TV. The manager told us they found out what people wanted more easily by sitting and chatting, rather than holding formal meetings. They said people had said they wanted a barbeque and a large TV on the wall, both of which had been bought.

The manager produced an annual newsletter for families and friends that showed what people living at Summon Bonum had been doing the previous year.

One staff member said the aim of the home was to make sure people's individual needs are met and to treat people "with dignity and respect". Throughout the inspection we

saw and heard people being treated with respect and dignity. For example, staff addressed people with their preferred name and spoke to people in a respectful manner. Some people had difficulty in answering some of our questions about their outings. Staff asked them "can I talk for you?" and obtained their consent, before telling us what they had been doing. All staff carried out their duties with a caring and enthusiastic manner. Staff spoke about people in a respectful, confidential and friendly manner. People were assisted with care tasks in gentle and caring ways. All personal care was provided in private.

One person at the home was living with dementia. On an outing with the person staff had been approached by a local dementia care specialist and congratulated about the way they were supporting the person.

People were supported by staff that had a good knowledge of them and knew them well. They were able to tell us about people's preferences and personal histories. For example staff knew what people liked to eat and when they liked to get up and go to bed. People were clean, well-cared for and well dressed.

Whatever the level of people's abilities people were supported to be involved in planning their care. Care plans contained evidence that plans had been discussed with people and updated as people had requested or their needs had changed.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visitors were welcome at any time. We spoke with one visitor who was a long-time friend of someone living at the home. They met the person for lunch and then come back with them to Summon Bonum for tea. They told us they visited regularly and the staff also looked after them very well. People told us staff regularly supported them to make visit to relatives.

We saw some completed 'relative questionnaires'. Comments included "Home from home, always welcoming, you can pop in anytime" and "I am so lucky [relative] is at Summon Bonum and he is cared for by such a lovely team of staff."

Is the service responsive?

Our findings

Staff responded swiftly to people's needs. Throughout the inspection people went out with staff for coffee, lunch or on shopping trips. On their return people gathered in the lounge and chatted about their time out and showed everyone their shopping purchases. During this time the lounge got very noisy with people talking and laughing. Staff noticed that one person was beginning to get distressed because of all the activity. Staff discreetly asked the person if they wanted to leave the lounge and supported them to go to their room, when they had said they wished to.

Staff knew that one person did not like to be in places where there were a lot of people. Staff had arranged with a local hairdresser for the person to always have the last appointment of the day. This meant the person could relax and have their hair done without other people being in the salon.

Care plans contained detailed information on how to care for each person. A 'traffic light' system was used that detailed how staff were to support the person during a 'green' (good) time, an 'amber' (unsettled) time and a 'red' (bad) time. Staff we spoke with were able to tell us how people needed to be supported during these times.

Care plans also contained details of people's preferences and their past lives. One person used to work making tiles. Staff had found that giving the person something to do with their hands helped relieve the person's anxieties. We saw the person enjoying a game of 'connect 4' and building with bricks. There were details of times people liked to get up and go to bed. The plans also stated that some days people may need more support than other days and that staff should 'take each day at a time and judge each situation separately'.

One person asked the same questions and made the same statements many times. Their care plan contained a list of the questions and statements and the answers staff should give. This meant the person received the same answers consistently.

People enjoyed range of activities, both inside and outside of the home. The activities each individual had participated in were recorded. Records also showed how much the person had enjoyed the activity. One person's records showed that each Monday they went out to pottery classes and to play Bingo. Other days they went out to music therapy, drama and swimming as well a tea dance, a disco and work on a farm.

Inside the home people played games, watched TV and helped with preparing meals. A reflexologist visited the home during the inspection and we saw people enjoyed the massages and having their nails painted. A personal trainer also visited the home to encourage people to exercise. Staff told us one person had been given an exercise programme to follow by a physiotherapist. The person was reluctant to do the exercises but was always keen to join in with the personal trainer.

The manager took note of, and investigated any concerns raised. One person regularly made complaints and allegations about staff and other people living at the home. Staff were clear that no matter how many times the person complained they were to be reassured their concerns would be looked at. Staff were also reminded that just because past allegations had been unfounded it didn't mean the person was not telling the truth the next time.

New 'hospital packs' have been introduced for people to take with them if they need to be admitted to hospital. The packs contain basic information about the person's preferences, method of communication, photographs and telephone numbers. The packs were produced because a member of staff had difficulty in finding the information when a person needed to go to hospital.

Is the service well-led?

Our findings

There was a positive and welcoming atmosphere at the home. Staff told us they thought there was an open and positive culture in the home. One staff member said “it’s their [people’s] home and we are just guests here”. Another staff member told us the aim of the home was to make people feel “they have the same life as everyone”.

Regular staff meetings were held. Minutes of the meetings showed that a variety of topics were discussed, including health and safety and medicine administration. At one meeting night staff had been asked to document any support given as fully as day staff did. At the following meeting it was noted night staff had been doing this.

A visiting health care professional commented “I have always been happy with the care and commitment shown on my visits. The management team are always a pleasure to work with and I feel they go the extra mile to support their residents”.

One staff member told us the manager was very supportive and was always asking if there was anything that needed to be changed. Another staff member said the manager was very approachable and open to suggestions. They told us they had suggested the introduction of the ‘hospital packs’ that were now being used.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of monthly, six monthly and annual audits were undertaken. These audits included looking at how well the home performed in relation to the six ‘Cs’. This is a group of six areas that would indicate a service was providing high quality care. The six ‘Cs’ are Care, Compassion, Competence, Communication, Courage and Commitment. Other audits included looking at the environment, medicines, staff training, activities and

nutrition. When issues had been identified through the audits action plans were drawn up to show how, by whom and when the actions should be completed. For example, an environmental audit had highlighted the edges of the kitchen floor were not being cleaned correctly. An action plan had been drawn up to address this and the area had been added to the weekly cleaning rota.

The manager also carried out a series of ‘spot checks’. One ‘spot check’ looked at how well people were supported to be clean and dignified during and after meals. Four people living at the home were observed and the record showed that one person had been supported to clean their mouth and hands after the meal. After their observation the manager suggested aprons were bought so that people could choose to use them. We heard people being offered an apron, prior to lunch.

The manager told us they no longer sent out formal questionnaires to people, but just sat and asked them how things were. They did however, still send out questionnaires to families. One questionnaire had requested photographs and names of staff be displayed in the hallway. These photographs and names had been put into a frame and were on show by the front door.

The manager wanted to develop and improve the service. For example, they wanted to further increase staff training and to look for ways to improve the quality of care provided. There was an annual maintenance and renewal programme for the home. The programme included replacing flooring and decorations. A large extension was also planned to include two more ground floor bedrooms.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.