

Mrs J Whitney

# Summon Bonum

## Inspection report

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Date of inspection visit:  
11 March 2018

Date of publication:  
17 April 2018

### 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

This unannounced comprehensive inspection took place on 11 March 2018 and was carried out by one adult social care inspector. We last inspected this home on 13 November 2015 when it was rated as 'Good' overall and in every key question.

Summon Bonum is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Summon Bonum is registered to accommodate up to nine people with learning disabilities and complex needs in one adapted building. Nursing care is not provided by staff at Summon Bonum. This is provided by the community nursing service. At the time of this inspection in March 2018 there were eight people living in the home.

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. We will refer to this person as 'the manager'.

At our last inspection in November 2015 we rated the service good. At this inspection in March 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Although the care service had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published, it followed these values and principles. These values related to people with learning disabilities using the service could live as ordinary a life as any citizen. They achieved this by promoting enablement, independence, choice and inclusion. They demonstrated how they delivered person-centred care and how they ensured people had easy access and include to the local community.

At the time of our inspection in March 2018 people living in Summon Bonum were living with learning disabilities along with varying physical and mental health needs. People had varying levels of need, with some people being able to leave the home independently and others requiring support to do so.

People who lived in Summon Bonum were protected from risks relating to possible abuse, relating to their needs and their health conditions. Staff knew how to recognise possible signs of abuse which also helped protect people Staff had assessed individual risks to people and had taken action to minimise these. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising

concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staffing numbers at the service were sufficient to meet people's needs and provide them with two to one or one to one support where required. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Staff treated people with kindness and respect. People enjoyed pleasant interactions with staff which demonstrated people felt comfortable in their presence. Staff knew people's preferences and communicated with people using their preferred methods of communication. We found staff had caring attitudes towards people and spoke highly of them, their personalities and qualities.

People were supported to have enough to eat and drink in ways that met their needs and preferences. People were supported to make choices about what they wanted to eat and encouraged to help prepare meals where they were able.

There was open and effective management at Summon Bonum. The provider and manager led by example to ensure best practice was followed. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered. One external healthcare professional said of the service: "We have always found Summon Bonum to be well led, easy to talk to, and provide consistently good care. We have always had positive feedback from individuals and family carers".

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains 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 comprehensive inspection took place on 11 March 2018 and was unannounced. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information we had about the service, including notifications of events the service is required by law to send us.

Most people who lived in Summon Bonum were unable to talk to us about their experience of the service because they had communication difficulties. Where people were able to share their experiences with us we spent time speaking with them but where they were not we used the principles of SOFI to aid our observations. SOFI (Short Observational Framework for Inspection) is a specific way of observing care to help us understand the experience of people who are unable to talk to us. Due to people spending most of their time in different rooms and going about their day, it was not possible for us to conduct a complete SOFI but we did use the principles of SOFI when conducting all our observations around the home.

We looked around the home, spent time with people in the lounge the dining room and looked at people's rooms with their permission. We observed how staff interacted with people throughout the inspection and spent time with people over the breakfast and lunchtime period. We spent time speaking with three people who were able to share some of their experiences with us and spent time observing all the other people who lived in the service being supported by staff. We spoke with one relative, three members of staff, the manager and the provider. We also received feedback from five external healthcare professionals.

We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We reviewed in detail the care provided to three people, looking at their files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

## Is the service safe?

### Our findings

The service continued to provide safe care. Most people who lived in Summon Bonum were unable to tell us whether they felt safe at the service. Where people were able to share their views with us they confirmed they did feel safe. During our inspection we spent time observing people's interactions with staff. We saw people spending time with staff, reaching out to them with affection, smiling and looking comfortable in their presence. This indicated to us that people felt safe in staff's company.

One healthcare professional stated "Summon Bonum is a safe service that positively fosters the wellbeing it's residents. This is based on a well trained, compassionate staff team. Summon Bonum are sensitive to individual risk and support peoples outcomes."

Recruitment practices at the service helped ensure that, as far as possible, only suitable staff were employed. Staff files showed relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this helped protect people from the risks associated with employing unsuitable staff. Staff numbers were sufficient to ensure people were safe from risks and their needs were met. Where people required one to one support from staff this was provided.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in this area and had access to information they required should they need it. Regular discussions took place around safeguarding within staff meetings and staff supervisions. The manager discussed any relevant news stories relating to abuse with staff in order to heighten awareness and remind staff to be vigilant to ensure people's safety.

Risks to people had been assessed and were safely managed. Risks to people had been identified and plans had been put in place to ensure these were minimised. Where required specialist advice had been sought in order to provide staff with guidance on how to minimise risks to people. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists, plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

People were protected from risks whilst also encouraging people's freedom to take risks where they wanted. For instance, one person enjoyed leaving the home on their own every day in order to purchase a newspaper from the local shop. They were encouraged to take this trip alone every day but staff had processes in place to ensure they knew how long the trip should take, when the person left and what to do should they fail to return within the usual time. This ensured that, should the person be at any risk, this was identified quickly, without limiting their freedom.

People were protected from risks relating to the management of medicines. Most people had their medicines kept within a safe in their bedroom. Staff had received training in medicine management and received regular competency checks from management. Regular medicine checks were carried out along

with medicine audits.

Accidents and incidents were recorded and where these had taken place the manager, provider and staff had discussed these and taken action in order to ensure they did not reoccur.

The home was clean and pleasant. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place. Regular checks were undertaken in relation to the safety of equipment and emergency procedures in the home.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. People were supported by staff who knew them well and had the skills to meet their needs.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. We received very positive feedback from external healthcare professionals with regards to people improving and living more fulfilled lives since living in Summon Bonum. Comments included "The person was highly distressed at a previous placement and demonstrated behaviours that challenged. Since being with Summon Bonum these behaviours have reduced significantly. They have re-engaged in support and have accessed new opportunities supported by Summon Bonum. The person has told me they are happy there. This indicates to me that they are an effective service" and "Summon Bonum are effective in their support and their management of changing care needs. They work positively in a multi-disciplinary team environment and implement changes promptly."

Staff had undertaken training in areas which included fire awareness, equality and diversity, infection control, first aid, safeguarding adults, Mental Capacity Act 2005, epilepsy awareness, mental health awareness, dementia and autism awareness. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted.

Staff received regular supervisions and regular appraisals. During supervisions staff had the opportunity to sit down in a one to one session with the manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the service was working within the principles of the MCA.

The provider, manager and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had been diagnosed with epilepsy and a best interest decision had been made to fit a sensor in their bedroom which would alert staff should the person experience a seizure. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

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). The manager had made the appropriate DoLS applications to the local authority. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were supported to have enough to eat and drink. People had free access to the kitchen and could choose what they wanted to eat. Staff involved people in the preparation of meals and presented meals in ways which met people's individual needs and preferences. Where people needed support and encouragement to eat this was provided. The service had recently worked with the healthy lifestyles team and the local NHS trust in order to implement healthier diets for people in the home. This process had involved people in discussions around healthy food and drink choices.

People were supported by staff to see external healthcare professionals such as GPs, specialist nurses, occupational health practitioners, social workers and dentists. People were referred to outside professionals without delay and the advice provided by them was listened to and used to plan and deliver people's care. Comments from healthcare professionals included "We have always found that Summon Bonum will work with multi professional teams and implement any changes quickly."

## Is the service caring?

### Our findings

The service was very caring. We received excellent feedback from everyone we spoke with about Summon Bonum. A relative said "The staff go above and beyond what's purely necessary" and "They care and love him like one of their family." External professionals said, "I have always found the staff to be very caring," "I have honestly never worked with such a caring provider. The family run element of the business means that the owners know all of the service users and genuinely care for them", "I feel confident in saying that Summon Bonum is a highly caring organisation" and "Caring: My experiences over many years as an outside professional supporting them, this is an area of their culture I would never doubt. Care is central to their work."

The atmosphere in the home was very warm and welcoming. We saw people showing the staff affection and smiling and laughing when new staff came into the room. The manager and staff made comments to us, which demonstrated how much they cared for people, enjoyed their personalities and individual attributes and respected the people who lived in Summon Bonum. Comments included "They're all amazing", "He's so kind" and "She's wonderful." The manager spoke to us about a medical procedure one person had undergone and said, "I don't know many people who could have dealt with that. He's so remarkable." Staff spoke highly of the caring ethos of the service with comments including "The dignity and respect that is shown here is amazing" and "Our ethos and our values are really explored and people are at the heart of everything we do."

During the inspection, we heard a number of examples which demonstrated how staff had gone above and beyond their responsibilities to support people and their families. Where one person had recently sadly passed away, staff had worked tirelessly to make sure the person was able to stay in their home surrounded by the people they loved. The person had wanted to stay in their home, Summon Bonum, as they had lived there for a number of years and felt the staff and other people there were their family. Staff sought assistance from end of life specialists Rowcroft in order to ensure all staff had up to date information and training. Staff worked with all the other people who lived in Summon Bonum in order to ensure they could express and understand their grief at losing their loved one. One external professional said, "One of the residents died recently and it felt more like a large family taking care of a loved one and a lot of effort was put into helping the other residents come to terms with the situation". The manager and provider were supportive of staff following the loss of this person. Notes from a staff meeting leading up to the person's death stated 'We all have a relationship with (person's name) too and need to be there for each other, she is a big part of everyone's life and we all need to be aware that it will affect us. We are always here if needed and no matter what time of day or night please call'.

The provider and manager of Summon Bonum worked hard to ensure people who lived there lived as normal lives as possible. Following the closure of a popular activity centre people liked to go to, the provider had decided to create their own. They had set up a weekly friendship club and a weekly evening disco which took place at a local pub. Everyone was invited to attend these events and a member of staff told us the most recent disco night had 50 people attend. The manager told us the service understood the value of social interaction and the importance of community connectedness. They also told us they felt very strongly

that people needed to make friends and spend time with people who were "not paid to spend time with them." Where people made friends from outside the service, they were invited to come to the home or staff supported people to go out in order to maintain these friendships.

People were involved in every aspect of their care and support. Each morning staff asked people what they wanted to do and which staff member they wanted to support them. People had detailed routines but could change their minds at any time. People could choose the staff member they wanted to support them. During our inspection we saw one person be supported by one staff member to undertake their personal care but then ask another to help them with their morning shave. Staff knew people very well and could communicate clearly with people. The manager spoke about the importance of giving people as many choices as possible. They said, "We're all about choice and making sure people have as much control as possible. How can you have self-esteem if you don't have control?" People were encouraged to be as independent as possible and be given as many opportunities as anyone else. People were involved in every aspect of the running of the home, including cooking and cleaning. On the day of our inspection, we saw one person taking part in preparing the potatoes for lunch and one person taking part in washing up after the meal. People enjoyed taking part in these daily activities. One person's relatives told us how their loved one was always involved in every aspect of their life. They told us how the person was called to the office if they were home whenever their relative called to speak with staff. They said, "Even when I call to speak to them they will always put it on loud speaker so he can be involved and hear what's going on. It's above and beyond what they do."

The manager felt people's privacy and respect was paramount and these views were shared by staff. The manager told us they had recently spoken with the staff about the amount of information they held about people and asked them to think about how they would feel about someone having that much information about them. They asked them to think about this and work hard towards ensuring people had as much privacy in as many areas of their lives as possible.

## Is the service responsive?

### Our findings

The service continued to be responsive.

External healthcare professionals told us people's care was responsive to their needs and updated to reflect any changes in their needs. Comments included "They have always implemented changes quickly. Summon Bonum are also responsive to changes in the care sector", "Across all elements of their service Summon Bonum respond quickly and professionally to the rapidly changing social care and particularly to individual need. They always go the extra mile" and "They respond well to the individuals changing needs".

People who lived in Summon Bonum had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. People's care plans were highly detailed and contained clear information about people's specific needs, their personal preferences, routines, histories and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for people who had communication difficulties.

People's care plans contained details about how best to communicate with people and the ways in which people could communicate their feelings, desires and opinions. Some people communicate using words and signs and others preferred to use pictures and boards. Staff told us they knew how best to communicate with people in their chosen form and we saw staff using paper to communicate with one person where this was their preferred format.

People had access to activities that met their social care needs. Staff spent time looking for ways to develop meaningful activities for people, searching for new activities within the local community and ways to develop people's skills. People enjoyed a variety of activities either at the home, at activities run by the provider or out in the community. For example, people took part in tea dances, drama groups, dementia cafes, friendship groups, discos, farm trips. Staff had organised for the people who lived in the home to take part in an Art Encounters workshop which was commissioned by Torbay council to gather the views of people living in care homes. The manager told us people had loved this experience. Staff had learned how art could help "glean out views, opinions and feelings much more than talking alone" and were therefore going to be encouraging people to take part in art activities more. People had been encouraged to share their experiences and views with staff in relation to their activities. People had felt the previous keep fit sessions had been boring and had preferred having more music therapy and therefore staff had responded and had organised for music therapy to take place twice a week instead of once. One external healthcare professional said, "They have supported residents in valued activities which have offered equal levels of stimulation, correct skill match and fun. I have witnessed on many occasions that all those accessing the service are offered choices before any decisions are made."

People's communication needs were met. The service was complying with the Accessible Information

Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them.

A complaints policy was in place at the home. People were supported by staff to raise complaints should they wish to. Within the dining room was a notice board with an easy read version of the complaints policy for people to use.

## Is the service well-led?

### Our findings

The service continued to be well led.

People looked comfortable in the management's presence, smiled and showed them affection. The relative we spoke with shared highly positive feedback about the management, saying "(Name of manager) is marvellous" and "I have a great relationship with the management. I'd like to compliment them all." External professionals said of the management: "(Provider and manager) show strong leadership. The managers are consistent and staff have always told us they are trained well", "(The manager) is clearly respected and valued by her staff team. Indeed her positive attitude runs throughout the organisation. (The manager) is also quick to identify opportunities and implement change. They are a high quality, local provider with excellent values throughout the organisation", and "It is my personal view Summon Bonum is well led."

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.

Staff told us the management were approachable and supportive. Comments from staff included "They're lovely people to work for. It's like a family. It doesn't feel like work. Everybody loves the management"; "I could talk to them about anything. They're really approachable and they'll help you", "The management are amazing, they are like family" and "They are approachable, you can pick up the phone and they would be here in an instant. They believe that if the staff aren't supported then the residents aren't supported."

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. The service's ethos and values revolved around people being in control of their lives and living as normal, happy, contented lives as possible. The management led by example when demonstrating these values and told us they moulded staff to demonstrate these values from their induction training and during every observation, meeting and encounter. Staff confirmed the management led by example and they were constantly encouraged to demonstrate the service's values. External professionals made comments including "Staff seem to follow the strong values and ethics shown by the service managers."

There was an open culture at the home, led by the provider and manager. There was an 'open door' policy to encourage people and staff to share their views, ideas and concerns with them. People's views were sought and relatives, external professionals and staff were asked for their feedback in order to improve the service provided. The manager had identified that sending out surveys was not a successful way for them to collect important feedback information and therefore had started conducting one to one meetings and phone calls in order to get the most useful feedback from people. They were also in the process of exploring using videos, pictures and art as ways of obtaining people's views. Where people, relatives, external professionals or staff had shared views, these had been listened to and acted on. For example, one staff member had recently started at the service and had previously worked in a nursing home. This member of staff shared some views about how to improve the infection control system and the manager had listened,

taken advice and implemented the changes suggested. External healthcare professionals made comments which included "They are very open and welcoming of outside professionals and will act on advice given" and "They have always welcomed feedback both positive and where concerns have been raised and responded accordingly in a timely open way".

People benefited from a good standard of care because Summon Bonum had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding and staffing. Regular spot checks were carried out and where these or audits identified issues, action plans were created and action was taken to improve where required.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.