Counticare Limited

Summerlands

Inspection report

Maidstone Road
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Charing
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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

Summerlands is a service for up to nine people with learning disabilities and /or autistic spectrum disorder who may also have behaviours that can be challenging. The service is a single storey property close to the village of Charing. There were eight people living at the service when we inspected.

Summerlands 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. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager at the service who was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

At the last inspection on 18 November 2016, we asked the provider to take action to make improvements related to concerns about applying the principles of the Mental Capacity Act, staff understanding the visions of the service, care plans relating to health not giving the guidance required. Also quality auditing systems used by the provider had not identified the shortfalls found at our inspection, issues about people receiving the correct level of one to one support and notifications had not always been submitted when required and this action has been completed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this. People were supported by staff who knew them well and who adapted their support to meet the needs of each person. Staff used a range of communication tools to enable people to understand decisions and express themselves. People were treated with kindness and compassion and in a way which promoted their dignity and privacy.

People were involved in developing their own care plans; this led to documents which reflected the person's personality alongside their needs. Care plans gave staff the information they required to support people in line with their preferences and in a way, which met their needs. Staff had worked with people to develop ways to become more independent. People took part in a range of activities, which they told us they enjoyed. People's health needs were managed well, staff had regular communication with health professionals and any advice given was incorporated in to people's care plans. People's medicines were managed safely and in the way they preferred. People chose what they wanted to eat and when, staff encouraged people to take part in preparation of their meals and drinks. People had been spoken to about their wishes for end of life care and plans were in place which detailed their choices.

People were supported by staff who had the training and support required to enable them to carry out their roles. Staff had received safeguarding training and understood their responsibilities in relation to reporting concerns. Staffing levels were based around people's needs and activities and staff had been recruited using processes which ensured they were suitable to support people.

Risks to people and the environment were identified, assessed and plan were in place to mitigate risks. Accidents and incidents were analysed and reviewed for learning by the registered manager and centrally by the provider. Staff understood the principles of infection control and personal protective equipment was readily available for people and staff. When required adaptations had been made to the premises, for example some people had rails fitted in their bedroom and bathroom to enable them to be more independent.

There was a clear vision and objective at the service to support people to have new opportunities and to work with each person as an individual. All the staff were aware of this aim and told us how this applied to the way they supported people. People, staff and professionals told us the registered manager was approachable and knew people at the service well. Feedback was sought from people, staff and other stakeholders. Staff maintained regular contact with other agencies in order to meet the needs of people. People were encouraged to raise any concerns or complaints in a range of ways and these were addressed appropriately. Regular audits were completed to monitor the quality of the service and action was taken to address any shortfalls identified. The registered manager kept up to date with good practice and legislation through regular meetings held by the provider. This information was shared with staff in team meetings. Staff told us they were encouraged to think of ways to apply this in order to improve the care and support people received. Staff were allocated specific roles and responsibilities, which were displayed in the office. The registered manager had submitted notifications as required and the rating from the last inspection was displayed as required.

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.

Staff understood their roles and responsibilities in relation to safeguarding and how to report any concerns.

Risks to people and the environment were identified, assessed and plans were in place, which gave staff the guidance required to minimise risks.

There were suitable numbers of staff and they had been recruited safely.

People's medicines were managed safely by competent staff.

Staff were aware of the need for infection control measures and worked in a way which minimised the risk of infection.

Accidents and incidents were analysed and reviewed for learning.

Is the service effective?

Good

The service was effective.

People's support was developed and delivered in line with good practice and legislation.

Staff had the training and support required to meet people's needs.

People were encouraged to choose foods which met their health needs and could eat when they wanted.

Staff used effective systems to work as a team to provide consistent support for people.

People were supported to access healthcare professionals as required and staff understood how to support people's long term health conditions.

When required adaptations had been made to the premises.

The service had a positive attitude towards peoples' capacity and staff encouraged people to make informed choices.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and who treated them with kindness.

People were encouraged to use a range of communication tools to express themselves.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and gave clear guidance to staff about how they wanted to be supported.

People were encouraged to raise concerns in a variety of ways and these were addressed appropriately.

People had been supported to think about end of life support and their wishes had been recorded.

Is the service well-led?

Good

The service was well-led.

There was a clear vision for the service which was understood and shared by all staff.

Systems supported staff to understand their roles and notifications had been submitted when required.

Feedback from people and other stakeholders was requested on a regular basis and acted upon.

There was a focus on continual improvement, which was supported by learning from regular audits.

Staff worked in partnership with other agencies to meet the needs of people.

Summerlands

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 10 January 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we spent time with all of the people who live at the service and spoke with four of them. We spoke with the registered manager, and five staff. After the inspection we also received feedback form a health and social care professional. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We last inspected the service in November 2016 and it was rated requires improvement with no breaches of regulation.

Good

Is the service safe?

Our findings

People told us, "Staff look after us so we are safe." A professional told us, "Generally staff do a good job keeping people safe."

People were supported by staff who had received training about safeguarding and who understood their responsibilities in reporting any possible abuse or discrimination. Staff could list the types of abuse they may find and the signs people may give that they are being abused. They could tell us who they would report concerns to both inside and outside the provider's organisation. When possible people were encouraged to understand how to keep themselves safe and to be aware of when they may be vulnerable. Staff had supported people to build relationships in the local community which promoted understanding and minimised the risk of discrimination.

Risks to people were identified and assessed, plans were in place to give staff guidance about how to minimise risks. When possible people were involved in risk assessing. For example, one person had begun using a walking frame rather than a wheelchair to move around the service. This had increased the risk of them falling, the person understood this. The person worked with staff to find ways to minimise the risk such as agreeing to use their wheelchair at times when they were tired or feeling unstable. Some people could present behaviours which were challenging. Risk assessments clearly highlighted things which may trigger behaviours, how staff should support people in order to minimise their distress and how to keep everyone safe. Incident forms showed staff had followed this guidance and it had been effective in helping the person to calm.

Risks to the environment were assessed and plans were in place to minimise risk. For example, the service was on a main road and some people had limited understanding of the risks associated with traffic. A fence had been erected around the service limiting access to the car park and road. As a result people could come and go from the garden as they wanted without the risk of injury. One person spent much of the day in and out to the garden enjoying the fresh air. Other environmental risks such as water temperatures were monitored and regular checks of the fire system were carried out, along with regular fire drills. People had personal emergency evacuation plans in place which gave staff details of the support people would need to leave the service in the event of an emergency such as a fire.

Staffing levels were planned around the needs of people and rotas showed these were consistent. The provider had a bank of staff available to cover sickness or annual leave and they were available at short notice if required. Staff had been recruited safely using a range of checks to ensure they were suitable to work with people. These included references from previous employers and a check of any criminal record they may have.

People's medicines were managed and stored safely. Medicines were only administered by staff who had completed the relevant training and who were assessed as competent. Where people had medicines which were used 'as and when required' there was guidance for staff which detailed, why the medicine should be offered, how often and the maximum dose in 24 hours. Medicine administration records had been

completed fully and accurately. Regular audits of medicines were completed alongside annual audits by a local pharmacist. Any shortfalls identified had been actioned.

Staff understood the need to minimise the risk of infection. People were encouraged to use personal protective equipment such as gloves or aprons when required and these were readily available throughout the service. Specific bags were used to launder clothing which may have bodily fluids on them to minimise the risk of cross contamination.

Accidents and incidents were analysed and reviewed for learning. The registered manager discussed these with staff in team meetings and supervisions. Staff were also offered debriefs following incidents of challenging behaviour. A copy of any incident and accident forms was entered into the provider's online system. These were shared with the locality manager who in turn discussed them with the registered manager during supervisions or quality monitoring visits.

Good

Is the service effective?

Our findings

People told us, "I decide what I get to do and staff help me do it. I pick my lunch and eat it when I want." Staff told us, "We try to involve people in preparing their meals, even if it is only a part of it. They always get to choose what they want and people often have different things."

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.

At our last inspection we found that staff were not always following the principles of the MCA. Improvements had been made, staff had a very positive approach to people's capacity. Every staff member we spoke to told us about how they tried to encourage people to make small decisions or part of a decision even if they lacked the capacity to make a full choice. One staff member said, "We try lots of different ways to help people understand and express a choice. Every person we support can make some decisions no matter how small." When people lacked the capacity to make a decision, decisions had been made in their best interest involving a range of people who knew them well and where necessary this included input from an Independent Mental Capacity Advocate (IMCA). An IMCA is a professional who represents a person, who lacks capacity in making decisions about their care and ensures that the principles of the MCA are followed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been submitted when required.

People's needs had been assessed upon entering the service and were reviewed on a regular basis. Support was provided in a way which took into account good practice and current legislation. The registered manager was given information about any changes to legislation or guidance in meetings with managers from the provider's other services. This was shared with staff in team meetings and used to review people's support. These meetings were also used to share learning from the provider's other services.

Staff completed a comprehensive induction when starting to work at the service this included a range of training and shadowing experienced staff. There was a regular schedule of training for staff and they told us the training was effective in giving them the knowledge and skills they needed to carry out their role. Training included core subjects such as, fire safety, safeguarding and first aid. Staff also completed additional training specific to the needs of the people they supported such as autism and supporting people's whose behaviour may challenge. Staff were supported to work towards nationally recognised vocational qualifications. Staff had regular one to one meetings with their line manager, which gave them a chance to review their performance and identify any future training needs. Staff told us they could approach the registered manager or deputy manager at any time and they would receive the support they needed.

People chose what they wanted to eat and when they had their meals. People made themselves a variety of drinks throughout the day and staff encouraged people to 'drink up' and stay hydrated. One person didn't want lunch when offered but approached staff later in the day to ask for some food. They chose what they wanted and staff helped them make it. People told us they discussed the menu in residents meetings but they could always have something different if they preferred. Some people were living with diabetes, staff had a good understanding of how this impacted what they should eat. Staff worked with the person to increase their understanding and offered suitable alternatives when needed. Staff were patient with people and gave them time to consider their options. Staff told one person, "I know you would prefer that to eat but your blood sugar is a bit high, how about we have this now and maybe you can have that later if your levels are lower." The person agreed and appeared happy with the compromise.

People had access to regular health appointments as required. They were supported to attend and to understand any decisions made by health professionals. Where guidance had been given by professionals this was recorded in people's health action plans and followed by staff. For example, one person had to undertake daily exercises prescribed by the physiotherapist in order to improve their mobility. Pictures had been taken of the person completing each exercise; these were place in their care plan along with a description of what they person needed to do and the purpose of the exercise. Staff supported the person to complete the exercises and the person told us, "I like doing this with staff it is making me stronger."

Staff used a range of systems such as a communication book, handovers and shift allocation sheets to share information about people and their needs. Information such as changes in need, updates to care plans and appointments were shared to ensure people received consistent support from staff.

Good

Is the service caring?

Our findings

People told us, "I like the staff here, they are nice to me and we have fun." A health and social care professional told us, "The staff certainly seem to 'get' [person] and understand what they need. They have built strong relationships with them and seem to have a good laugh together."

People and staff interacted constantly throughout the day. Staff tailored their interactions to each person, showing an understanding of each person's needs. Some people could be very demanding of attention and staff managed this well, ensuring each person got the time and support they needed.

People were supported to develop independent living skills. One person had t-shirts with designs or pictures on the front so they knew which way round the t-shirt went and could get dressed unsupported. People helped to carry out housework tasks with staff. One person requested the vacuum cleaner and took it to hoover their room. Each staff member who passed the person commented on the good job the person was doing or gave a 'thumbs up', the person smiled at each interaction.

Staff used a range of communication tools to encourage people to express their views or understand their choices. Some people at the service used Makaton, which is a form of sign language for people with a learning disability. Experienced staff supported new staff to learn each person's signs and what they meant. People had access to picture cards to tell staff what they wanted. People's care plans were accessible and included pictures or symbols which represented what was recorded.

People could have visitors at any time; some people had regular visits to their family home and were supported by staff to travel there. When people found it upsetting to leave their family home staff had worked with family members to find the best way to support the person to minimise the distress and encourage them to return to the service. People met up with friends at local discos or the provider's day service. They were supported by staff to maintain these relationships and arrange to meet up if they wished. People were encouraged to build positive relationships and in understanding of the people they lived with. People interacted with each other throughout the day and staff intervened discretely if people's interactions were distressing each other or becoming fraught.

People were supported in a way which promoted their privacy and dignity. One person came out of their bedroom wearing only their underwear. Staff were quick to gently encourage the person back to their room to get dressed. The person was happy to go with staff and returned to the communal area a little later fully dressed. Staff told us that they encouraged people to close their doors and curtains when getting changed and always knocked before entering people's rooms. Some people would choose to spend long periods of time in their room, sometimes remaining in bed. Staff respected this choice but did take time to encourage people to take part in activities they enjoyed or have staff spend time with them. People told us when they didn't want to get up staff would play games in their room with them so they didn't get lonely.

Good

Is the service responsive?

Our findings

At our last inspection we found that people's care plans did not always give staff the guidance they needed in relation to their health needs such as epilepsy. This had been resolved; people's care plans gave staff clear guidance about what people's seizures looked like, how they should respond and when to call for medical assistance. There was also guidance for staff supporting people living with diabetes, which included the acceptable range for blood sugar levels, signs you may see if they were too high or too low and how to respond. Staff spoke knowledgably about people's health needs and how they would support them.

People's care plans highlighted the person centred approach of staff. Each care plan contained the same amount of information but this was recorded in a way that related to the person. People were involved in developing and updating their care plans on a regular basis. Some people's care plans were written from their own perspective, giving quotes about their understanding of elements of their support and their preferences. Other people's plans used pictures or symbols to support their understanding and were written in the third person to highlight that these were staff's words not their own.

Staff had a good understanding of people's support needs and supported them throughout the day in line with their plans. There was a focus on small details of people's support and preferences. For example, some staff were new to the service and could be heard asking people for their preferences such as "how many pieces do you want your sandwich cut into."

People had a variety of goals they were working towards. Each goal was broken down in to manageable steps and the actions needed to achieve this were allocated to people and staff with a planned completion date. People were supported to celebrate their progress and achievements both within the service and at their annual reviews. Some people had achieved a number of goals which had led to them preparing to move on to a supported living setting, where they would have their own tenancy and staff would support them in their own home.

People took part in a range of activities, they told us about all the things they do such as, going to the local pub, discos, shopping and swimming. On the day of the inspection people took part in arts and crafts and went out into the local town to purchase some items. Some people told staff they would like to attend an England rugby game, the registered manager contacted Twickenham stadium and arranged a trip. People had access to sensory items and staff had found ways to use everyday objects in a sensory way. For example, one person enjoyed using jigsaw pieces in a sensory way allowing them to fall through their fingers. Staff had supported them to buy a number of jigsaws for this purpose. Another person enjoyed listening to music and carried around a portable record player, staff encouraged the person to use head phones so they could enjoy their music without disturbing others.

There was a complaints policy which was available in an easy read format. Staff had recognised that people may not understand how to complain even with this format. As a result 'talk times' had been introduced where people sat down with staff to discuss what they were happy about and anything they were not. Staff then encouraged people to complain or raise a concern and supported them through the process to ensure

they were happy with the outcome. When complaints had been received these had been dealt with appropriately and the complainant was satisfied with the resolution.

People had been supported to think about end of life and what this meant to them when possible. Although people may not have understood all the choices related to end of life care, they had spoken about how they would like to be treated after death and who they would like to have any of their possessions. When appropriate people's loved ones had been involved in these discussions and their views recorded. Staff could tell us about people's choices such as what people would like them to wear at their funeral and the types of service they would like.

Good

Is the service well-led?

Our findings

People told us the registered manager and deputy manager were 'nice' and that they could always speak to them. Staff told us they were approachable and supportive.

At our last inspection we found that some notifications had not been submitted as required, that audits had not identified the issues around one to one support hours not being recorded and that the registered manager could sometimes be slow to respond to requests for information. At this inspection improvements had been made.

Health and social care professionals told us that on occasions documents were not always received quickly but that they recognised this was due to the registered manager's focus being on the needs of people and improving the quality of the service. They said, "The manager is always knowledgeable about what is going on with [person] and clearly understands their needs. The people at the service are clearly their priority." People's one to one support hours were now recorded each day and evidenced how they were used. Audits included a check of these records on a monthly basis.

There was a shared vision at the service which was understood and promoted by all staff. This was focussed on improving the quality of support people received and tailoring the support offered around the needs of people. Staff were encouraged to express their views and make suggestions and they felt these were listened to. For example, staff had suggested that people with mobility issues would like to access the back garden more easily, as they had to go from the front door and around the building. As a result patio doors were installed in the dining room and a ramp was due to be installed shortly to allow direct access for people. After speaking to people, another staff member suggested people may enjoy having an allotment and growing their own vegetables, this was in the process of being risk assessed to begin in the spring.

Regular audits of the quality of care and the environment were carried out by staff, the registered manager and the provider's compliance team. Audits included health and safety of the environment, fire systems, care plans and medicines. Action plans were developed to address any shortfalls. Each staff member had a number of areas of responsibility such as ordering medication or infection control; where necessary extra training had been provided and responsibilities were listed on the office wall. Actions were allocated to the person with responsibility for that area to complete.

People were asked for feedback through regular meetings and surveys. Feedback was also sought from staff, relatives and professionals. All responses were analysed for learning and to identify any issues. Some relatives had raised concerns about how people's laundry had been completed resulting in people's clothing shrinking or being ruined. Clear signage had been placed in the laundry room to remind staff not to tumble dry certain garments and damaged clothing had been replaced.

Staff and the registered manager had worked to establish positive relationships with other agencies such as, people's care managers, the local authority safeguarding team and health professionals such as physio and occupational therapists. Regular contact ensured that changes in people's needs could be responded to

quickly and advice sought when required.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on their website and at the service.