

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Summon Bonum

Summon Bonum, 56a St Marychurch Road,
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Tel: 01803293512

Date of Inspection: 19 March 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Mrs J Whitney
Overview of the service	Summon Bonum is a care home which cares for up to nine people with learning disabilities and other complex needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 March 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members, talked with staff and received feedback from people using comment cards.

What people told us and what we found

During our inspection there were nine people living at the home, most of whom had lived at the home for over twenty years. People had learning disabilities and had complex needs. Most were unable to tell us about their care. We therefore observed their behaviours, demeanour and interactions with staff to ascertain the quality of their care.

We saw that people were treated in a dignified manner. Staff gave their time freely and fairly to ensure that people were cared for and happy. One staff member told us that "the people are always lovely" and it was clear that staff understood the importance of providing individual care.

Treatment and care was planned and carried out in line with these plans. We saw evidence that there had been sensitive thought put into the care planning procedure and that the home had worked to enable people to understand and influence this process.

Staff looked after people with care and skill. We saw that, as both people and staff had been at the home for a long time, a family style relationship had formed within the home environment. A staff member described the home as "outstanding" and it was clear that all the staff members observed were dedicated to providing a high standard service.

There was a clear complaints procedure in place and any complaints were dealt with at the appropriate level. Staff told us that "[the manager's] door is always open" and we observed the manager playing an active part in the day to day running of the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke to two people living at the home for their views about the care given to them. Both told us they enjoyed living there and told us about activities that they chose to do and enjoyed.

People who use the service understood the care and treatment choices available to them. We observed staff offering choices to people about their daily routines. One person told us they had been given choices about which activities they attended. There were notes, in a pictorial format, in people's diaries that showed activities arranged for that week and we observed staff supporting people in the decisions they made.

People expressed their views and were involved in making decisions about their care and treatment. We observed people expressing their views to staff and we observed that staff listened and responded appropriately. We saw notes taken from 'residents' meetings' which were themed around people's aspirations for the future, for instance where they wished to go on holiday.

People who use the service were given appropriate information and support regarding their care or treatment. Records showed that staff and management asked people for their opinions on their care and regularly spent time discussing it with them. This ensured people's understanding was in line with their current care. We observed the manager informing people of changes to their medical appointments and talking to them about their treatment and needs. We noted that staff offered people support and personal care in a discrete manner which allows people to accept help without feeling that they must put aside their dignity or pride. We observed that staff explained what they were going to do, ensuring that this action was okay with the person, before commencing.

People were supported in promoting their independence and community involvement. One person told us that they were supported to remain independent and described how they enjoyed going out on their own to locations near to the home. Another person told us

about activities they enjoyed outside the home. We noted that each person had a personal rota which included activities that they enjoyed attending such as pottery classes, discos, and friendship clubs. This ensured that people's individual preferences were remembered and catered for. We noted that the home organised one trip out a week with a "big trip" out once a month. We noted that the destinations and themes of these trips were chosen by the people living at the home.

People's diversity, values and human rights were respected. We observed staff being respectful to people by involving them in discussions and by asking their view and permission before doing anything that directly involved them. We saw staff knocking on bedrooms before entering, demonstrating a respect for people's independence and right to privacy. Staff told us about adjustments they made to the menu to accommodate for people's wishes, likes, and dislikes.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans and those plans were very detailed with descriptions of personal care needs, risk assessments and medical details. There was evidence that people were asked their views and there were sections in the files labelled "how you can help me" which described the persons views of how their day to day care needs could be met. There were also care plans and personal care diaries available in a pictorial format to assist people to understand their plans and day to day needs. We saw staff caring for people in line with the person's individual care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There was evidence that the care plans were reviewed at least once every six months and that the next review date was then set. There was evidence of reflection regarding how someone's needs may have changed and how the care given should adapt to ensure that people were kept safe and enabled to be happy.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We observed staff giving their time equally to ensure that individual needs were met. Staff told us how they had made adjustments to menus to ensure that people's health needs were met. There were no Deprivation of Liberty Safeguards in place.

There were arrangements in place to deal with foreseeable emergencies. We saw that staff and people who were living at the home received regular fire evacuation drills. We noted that the fire service was due to come to the home to assist with fire training both for people and staff. We saw notes taken from 'residents meetings' which focused around home issues of safety and fire precautions.

To ensure that there was sufficient staffing at the home to cover for sickness or adverse weather conditions, staff were identified who were willing to work overtime and who lived nearby. If that was not sufficient the manager would alert the Torbay and South Devon Care Trust who monitor emergency procedures and can make staff available if necessary. This ensured the service could continue without interruption to people's care.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff files showed that safeguarding training was regular and all staff members received training around safeguarding during their induction period. This training was updated both externally and internally. We noted that staff were given a training pack regarding safeguarding people from abuse. We noted that issues of safeguarding were discussed during staff meetings. The staff members we spoke to were aware of different forms of abuse and their duty to report any concerns to the relevant body. They were aware of the whistle blowing procedure.

The provider responded appropriately to any allegation of abuse. The manager told us that there had been an allegation of verbal abuse made against a member of staff. Investigations based on proper safeguarding and employment procedures led to this person's employment being terminated. We saw notes regarding a person who makes allegations of abuse regularly and saw that these allegations were investigated and found to be unfounded. The manager told us that they had contacted the Local Authority Learning Disability Team and his social worker to decide how best to deal with these allegations. The manager explained that the decision was to keep a log of their allegations so that any differences could be noticed easily, as a more unusual allegation, outside of the person's normal behavioural pattern, should be investigated more thoroughly. The manager was insightful and understood that, although a person may, as part of their individual behaviours, make allegations, one must not simply assume that all the allegations are unfounded. The manager was aware of her duty to notify the Safeguarding Vulnerable Adults Team at the Local Authority, the Care Quality Commission, and police, if necessary, of any allegations of abuse or incidents of suspected abuse.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. We saw that staff were trained in techniques for dealing with distress and "aggression" but were not trained specifically in physical restraint techniques. The manager told us that staff do not need to use physical restraint with the people who live at the home. We observed situations where staff effectively used behaviour management to divert and de-escalate

situations.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day we visited the home there were three members of staff on duty at all times, and the manager. We observed these figures to be an accurate reflection of the staff rota which showed that there was always three staff members on during the day, one of whom worked the entire day to ensure continuity of care between shifts. The rota showed that the night shift consisted of two members of staff. We saw that there were enough staff both to provide basic care and to ensure that people received personal and emotionally sensitive support.

Staff told us they believed that there were good training opportunities and that training needs were monitored during supervision and yearly appraisal. Supervision notes corroborated this and there were lists of completed training and scheduled refresher courses.

Through discussions with the manager and staff, and observing the way care was given, we saw that staff were competent and knowledgeable in the way they attended to people's needs. The staff on shift on the day we visited told us that they had worked at the home for over six years. Staff knew the people well and were kindly and encouraging to people. The manager told us that each person had a key worker in the staff team. The key worker would be responsible for helping the person with regular tasks, for example with tidying their room, and this system encouraged a bond of trust and a depth of understanding.

We noted that the manager worked in the mornings and early afternoon and that the residents would call on them frequently. We saw that the manager had a hands-on approach and, like the staff members, was kind and responsive to people's needs. All the people we spoke to told us that they felt that they could talk to any staff member about problems. One person told us "They are all kind to me."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw the quality assurance file which contained survey results from 2012 and these showed a high level of satisfaction from stakeholders, relatives and people who use the service. A newsletter was sent out each year with the questionnaire and all people living at the home were involved in the production of this newsletter. We noted that monthly 'resident's meetings' were used to ask people's views on aspects of care and we saw that these were acted on, for example, trips and holidays were arranged to suit people's tastes.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We saw that incidents were documented and that immediate learning took place. Logs of incidents were kept in various different locations and we noticed that this made it difficult for them to be found easily and made them less affective as working tools for noting, predicting, and countering patterns and trends.

The provider took account of complaints and comments to improve the service. There was a clear complaint procedure in place. We saw a poster in the dining room, aimed at people who lived at the home, which explained how to ask for help and how to make a complaint. It was also presented in a pictorial form to aid understanding, which ensured that people felt able to complain if necessary. Staff described, and we noticed, that the manager had an open-door policy which made it easier for people to discuss worries before the situation escalates to the point at which complaint is necessary.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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