Inspection Report

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,
Torquay, TQ1 3JE

Tel: 01803293512

Date of Inspection: 04 October 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Records	✓ 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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 4 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We last visited Summon Bonum in March 2013. We found that the home was meeting the essential standards that we looked at.

On the day of our visit in October 2013 there were nine people living at the home. All had some degree of learning disability.

We were told that everyone had the ability to consent to day to day care and treatment. We found that people's consent had been obtained for care and treatment provided to them by the service.

We looked at three care plans and found that there were good risk assessments in place for mobility, personal care, nutrition and the environment. We found that care plans reflected the needs of the person as an individual because each plan had the needs of the person clearly set out. Care workers told about the types of activities each individual particularly liked. For example, shopping, going out for lunch or going to the betting shop.

The medication systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medication. We saw that medication quantities were audited each time a new batch was received.

Effective recruitment procedures were in place. For example, we saw evidence that Disclosure and Barring Service (DBS) (criminal records) checks had been performed.

We found that the home had a robust system in place which ensured that records were secure, accurate and up to date.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

On the day of our visit in October 2013 there were nine people living at the home. All had some degree of learning disability. We were told that everyone had the ability to consent to day to day care and treatment, but may not have the capacity to consent to more significant aspects of care such as end of life care or medical treatment.

We saw that people's care plans contained a section entitled 'How I make decisions'. This explained the type of decisions people were able to make. For example, one care plan stated the person could make decisions about when they wanted to go out and what they wanted to eat. It further stated that the person would need help in making 'life changing' decisions, and explained how staff were to help them. For example, it stated that that the format of the information being given to them would depend on the decision to be made. It went on to say how staff should ensure the person had correctly understood the information.

We found that people's consent had been obtained for care and treatment provided to them by the service. We saw from care records that people had been asked how they would like staff to support them, and that this was clearly documented in their care records. For example, we saw that one person's records stated that they liked to be clean and look very smart. There were very clear directions to staff on how to enable this. We saw that this person was dressed in a suit and looked very smart.

We saw that people's preferences about getting up and going to bed times, were recorded on their care plans. This enabled staff to know the person's general wishes in these matters.

During our observations and conversations we saw and heard examples of care workers asking people for their consent to undertake a task or activity. For example, we heard care workers asking people if they wanted to go out for lunch. We also heard care workers asking people if they wanted to watch TV or listen to music.

Care workers supported people to make choices and decisions about their daily lives and had considered when and how they needed to obtain consent from people. For example, we heard people being asked what they wanted for lunch and what they wanted to drink. One person who did not want what was for lunch, was asked what they would like. We saw that this person received their choice.

We saw that the care workers /and the Manager understood the principles of the Mental Capacity Act 2005 and implemented them in practice when providing care and or treatment to people using the service. For example, care workers told us that they always asked people for their consent before undertaking tasks and gave people as much choice as they could. For example, people were always asked if they wanted a bath or shower, except for one person who had to shower because of their medical needs.

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

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 and support that met their needs and was delivered in line with their individual care plan.

Reasons for our judgement

We spoke with three people who lived at the home, the registered manager, the day to day manager of the home and three care workers. Some people who lived at Summon Bonum were unable to communicate with us. We therefore spent time in the dining room at lunch time and the lounge in the afternoon observing interaction between care workers and the people who lived there.

All the people who lived at the home had done so for many years. One person told us they enjoyed living at the home, but didn't get on with one of the other people who lived there. The day to day manager told us how they managed this situation to ensure the needs of both individuals were met. For example, they told us that they ensured each person had time in the kitchen separately.

During the inspection three people were pathway tracked. This involved looking at people's individual plans of care and wherever possible speaking with the person and staff who cared for them. This enabled the CQC to better understand the experience of everyone who lived at the home. Information about people was kept in two separate files. One contained historic information, financial information and information about medical appointments. The other file was a 'live' document. These contained all the specific information care workers needed to meet people's care needs on a day to day basis.

We found that 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 found that there were good risk assessments in place for mobility, personal care, nutrition and the environment. Each risk assessment indicated where control measures had been put in place to minimise the risk. For example, environmental risks had been minimised because there were grab rails, window restrictors and radiator guards in place.

We found that care plans reflected the needs of the person as an individual because each plan had the needs of the person clearly set out. The guidelines on the way staff were to help people was detailed and specific to the individual. For example, one care plan indicated how staff should respond if the person was feeling upset or frustrated.

Care workers that we spoke with were able to tell us what they did to support people and knew what to do for them if they needed any additional support. For example, one care worker told us about the particular support one person needed for their medical condition.

We saw evidence that the care plans were regularly reviewed and updated as people's needs changed. This ensured care workers had the up to date information they needed to safely and correctly meet people's needs.

During the time spent observing care, we saw that people enjoyed interacting with staff. They engaged in conversation about everyday matters such as what they were going to do later in the day. Any directions that were given to people were done so in a sensitive and discreet manner. Care workers spoke kindly to people, listened carefully to their responses and did not hurry them. This showed that care workers had an awareness of the needs of people who lived at the home.

Care workers told about the types of activities each individual particularly liked. For example, shopping, going out for lunch or going to the betting shop. We saw that people's preferences in these areas were recorded in their care plans. We also saw evidence that people had been supported by care workers to participate in the activities of their choosing. On the day of our visit two people went out for lunch and one person went out shopping. Plans were made for another person to go out shopping later in the day.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the way the service managed the medication for the people living there.

We saw that medication was being stored safely, in a locked cupboard in the office.

Medication was supplied to the home in a series of colour coded blister packs. We saw the medication storage areas were clean and free from a build up of excess stock.

We saw the medication systems in use meant people had their medicines at the time they needed them and in a safe way. We saw that care workers had received training in medication management. Care workers told us that two staff always administered medication. This meant that all medication was checked by two staff before it was given to the individual. This helped reduce the risks of any errors.

The medication systems allowed for a full audit trail to be completed recording the receipt, administration or return and disposal of prescribed medication. We saw that medication quantities were audited each time a new batch was received. All medication was counted and checked when received. Medication Administration Records (MAR) charts were checked daily to ensure medication was administered as directed. We saw that the supplying chemist had visited the home in March 2013 to audit the home's systems. We saw that they were satisfied with the systems in place.

We were told by the managers that there were no controlled drugs in use at the time of our visit. Controlled drugs require additional security in administration and storage due to their strength or effects.

The home had a homely remedies policy and list. This detailed over the counter medication that could be given to people without a prescription. This included mild indigestion remedies or simple linctus.

We saw that where "as required" medication had been prescribed, there was a clear protocol in place for when it should be administered. For example, we saw that staff were directed to try diversion tactics with one person, and that medication was to be given only

as a last resort.

Copies of the initials and signatures of care workers that gave out medication were available. This helped to ensure it was possible to see who had given out medication on any particular date.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced care workers.

Reasons for our judgement

We looked at three care workers' files which showed us there were effective recruitment procedures in place. For example, application forms had been completed and interviews had been conducted.

There was evidence to show that proof of identity had been obtained. For example, there were copies of driving licences and passports with recent photographs.

We saw evidence that the manager had sought evidence of previous conduct where care workers had previously worked with vulnerable people. For example, references had been obtained from previous employers.

We saw evidence to show that care workers were suitable to work with vulnerable people. For example, we saw evidence that Disclosure and Barring Service (DBS) (criminal records) checks had been performed. One care worker told us that they had started work at the home before their DBS check had been received. They told us that they had not been allowed to undertake any personal care or be alone with people who lived at the home. They told us they had spent their time reading policies and procedures and care plans.

We saw evidence of health declarations on which the new care workers confirmed they were physically and mentally fit to carry out their work.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care because of accurate and appropriate records were maintained.

Reasons for our judgement

We found that people's personal records including medical records were accurate and fit for purpose. For example, we found that people's care plans gave clear directions to staff and were regularly reviewed. We saw that people had been involved in the care planning process.

We saw that individual risk assessments had been completed for each person living at the home. These identified potential risks to people and included strategies of how to reduce them.

Daily records of people's lives showed that people often completed a wide range of different activities. These daily records were completed each day by staff. Each person had their own individual daily record. This means that people could see their own records without seeing other people's. These daily records contained entries that showed when people had gone to work or out shopping, as well as when their personal care needs had been met. This showed that individual care was provided and independent life was supported.

We saw that records relating to the administration of medication were up to date and checked regularly.

We found that care workers' records and other records relevant to the management of the services were accurate and fit for purpose. For example, there were records to show that robust recruitment procedures were in place.

Records were kept securely and could be located promptly when needed. For example, staff records were kept in a locked filing cabinet in a locked office. All records that we asked for were located quickly when we asked to see them.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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