Make-All Limited

Summerhouse

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Summerhouse is a residential 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. Summerhouse is registered to provide care for up to 11 people, living with mental health needs. At the time of the inspection, there were eight people living at the service.

People's experience of using this service:
• People told us they liked living at Summerhouse and felt safe. One person said, "It's a beautiful place, I really like it here, it is great."
• There were enough staff to meet people's needs and they had been recruited safely. Staff received appropriate training and support to enable them to carry out their role.
• The provider had safeguarding procedures that staff were familiar with. Staff knew how to report concerns and were confident that anything they raised would be taken seriously by management.
• Medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored and administered appropriately.
• Quality assurance processes were robust and risks to people and the environment were managed safely. The service was clean and infection control audits ensured that cleaning tasks were maintained.
• People were offered choice at mealtimes and menus contained a variety of nutritious and healthy foods.
• The registered manager and provider carried out regular checks on the quality and safety of the service.
• People were involved in the development of personalised care plans that were reviewed regularly.
• Staff treated people with kindness and compassion. Staff had developed positive relationships with people and knew what was important to them.
• The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:
The service was rated as Good at the last full comprehensive inspection, the report for which was published on 7 October 2016.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Summerhouse

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was conducted by one inspector.

Service and service type:
Summerhouse is a care home registered to accommodate up to 11 people who need support with personal care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered 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.

During the inspection we gathered information from:

- Five people using the service.
- Five people's care records.
- The registered manager.
- Three members of care staff.

• Records of accidents, incidents and complaints.
• Audits and quality assurance reports.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• Staff knew how to protect people from abuse and there were appropriate policies and procedures in place. Staff understood their responsibilities and told us they would report safeguarding concerns in line with the providers procedure. One staff member said, "I would report any concerns to the manager and would contact the local authority safeguarding team if I needed to."
• People told us they felt safe. One person said, "Staff know what they are doing, yes I am safe."
• Safeguarding incidents were robustly investigated and were reported to the local safeguarding team.

Assessing risk, safety monitoring and management:
• Risks to people had been assessed as part of the care planning process. This meant staff knew what actions they should take in order to promote people's safety and minimise the risk of harm. Risks were reviewed regularly and updated when required. Staff involved people in discussions and supported them to understand risks. One staff member said, "We help people to understand risks so that they can make informed choices."
• People were supported to take positive risks that enabled them to experience life to the full. For example, people travelled to activities in the community on their own and one person liked to go out on a local bus each day. The staff had worked with them to assess any potential risks and to agree how the person wanted to be supported.
• The environment and equipment was safe and well maintained. Environmental risks had been robustly assessed, including fire safety risks. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
• Health and safety audits identified when action was required and the provider ensured that work was completed in a timely way.

Staffing and recruitment:
• There were sufficient staff deployed to meet people's needs and keep them safe. Staffing levels were based on the needs of the people living at the service. One staff member told us, "Sometimes things can get busy, but there is enough of us." We observed that people were given the time they required and staff were able to sit and talk to them, providing emotional support.
• Recruitment procedures were robust to help ensure only suitable staff were employed.

Using medicines safely:
• Staff had been trained to administer medicines to people appropriately. There were robust systems in place for obtaining, storing, administering, recording and disposing of medicines safely. This was in accordance with best practice guidance.

• Medicine administration records (MAR) were completed as required and confirmed that people had received their medicines as prescribed.

Preventing and controlling infection:
• Staff completed daily cleaning tasks to maintain cleanliness throughout the service. People were supported by staff to do their laundry and to clean their own rooms.
• Staff had received training in infection control, which was updated regularly. Staff had access to personal protective equipment, including disposable gloves and aprons, which they used when required.

Learning lessons when things go wrong:
• We looked at how accidents and incidents were managed by the service. Incidents and accidents were recorded and reviewed to identify any learning which may help to prevent a reoccurrence.
• Where patterns were identified, staff sought support from external healthcare professionals. For example, one person had recently had some falls. The registered manager had requested an assessment from a healthcare falls clinic, to determine the cause and any action they needed to take.
• Staff were given information about any incidents that had occurred during the handover between shifts. This meant that staff could provide support to people, that recognised any impact on their wellbeing.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Care plans contained a full assessment of people's needs. Following the assessment, the service had provided a holistic approach towards ensuring person-centred care was delivered. We found that records were consistent and staff met with people each month to discuss their support and check if any changes were needed.
• The provider had an equality and diversity policy and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:
• Training records showed staff had received training that was relevant to their role and enhanced their skills. A staff member said, "Yes, we have enough training."
• All new staff had received an induction when they started working in the service, to ensure they had the appropriate skills to support people. One staff member said, "I shadowed staff for the first few weeks before I was left on my own."
• Staff told us they felt supported in their roles by the registered manager and the provider.
• Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify any training opportunities. One staff member told us, "Yes, we get supervision monthly. They give you options to do different training or anything you need to work on."

Supporting people to eat and drink enough to maintain a balanced diet:
• People had choice and access to sufficient food and drink throughout the day. There were jugs of water and squash available and people could access snacks and hot drinks when they wanted. Staff monitored people's food and fluid intake and encouraged people to maintain optimum health.
• We found people were happy with the variety and choice of meals provided. One person told us, "The food is nice, I like spaghetti bolognese. We get lots to choose from."
• The main meal was served at lunchtime and was organised and well managed. We observed a relaxed and social occasion for people to enjoy their meal. Where people chose to be out at lunchtime, a hot meal was saved and heated for them in the evening.

Staff working with other agencies to provide consistent, effective, timely care:
• Staff followed guidance provided by external healthcare professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
• Healthcare professionals visited the home to provide medical support when needed and the registered

manager told us that they had a good working relationship with the community mental health team and the local health centre. This meant that any medical advice or support could be accessed quickly for people.

Adapting service, design, decoration to meet people's needs:
• The environment was well maintained and suitable to support the needs of the people living there.
• People had access to a variety of communal areas in the home, which meant they could choose whether they spent time with others or alone. We saw people using the lounge, the hall way and dining area during our visit, to find a space where they felt comfortable.
• People's bedrooms were personalised and contained their own personal possessions.

Supporting people to live healthier lives, access healthcare services and support:
• People were supported to access healthcare when needed and to participate in regular health checks. For example, people were supported to access opticians, chiropodists, GP's and hospital appointments, where appropriate.
• Staff supported people with their mental health and met with them each month to review their goals.

Ensuring consent to care and treatment in line with law and guidance:
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found they were.
• People living at the service had been assessed as having full capacity to make decisions about their care.
• Everyone living at the service was free to come and go as they wished and their liberty was not restricted.
• Staff had a good knowledge of the MCA and people were supported to make choices. One staff member said, "I would explain any risks to person, but they can make their own choice. We presume people have capacity and people here do."
• The registered manager and staff described the action they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the Mental Capacity Act 2005, (MCA).

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
• People who lived at the home told us staff were caring and our observations confirmed this. We observed staff who knew people well and had built positive relationships. Staff were polite, respectful, kind and showed compassion to people.
• People were relaxed in the company of staff and enjoyed the interactions they had. One person told us, "Staff are really kind, they help me." Another person said, "The staff are lovely. They help me whenever I need it."
• Staff showed a good awareness of people's individual needs, preferences and interests.
• Information about people's life history was recorded, which staff used to build positive relationships. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. For example, we saw that where people had religious beliefs, they were supported to maintain their faith.

Supporting people to express their views and be involved in making decisions about their care:
• Staff told us they enjoyed working at the service and supporting people to be involved in their own lives. One staff member said, "It's like one big family here, they [people] have days where they all get on and days when they don't, but we can support people to resolve things."
• People told us they thought the staff were kind and caring. One person said, "I can talk to staff whenever I want, they listen." Another person said, "I really like it here, it is great."
• During the inspection we observed people being given choices of about what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they were free to do what they wanted and we saw people coming and going throughout the day. For example, one person went out independently to attend an activity in the community whilst another went to a medical appointment.
• No one at the service was using an advocate to help them make important decisions. However, the registered manger told us they had supported people to use advocates in the past and knew how to contact advocacy services if people needed them.

Respecting and promoting people's privacy, dignity and independence:
• Staff supported and encouraged people to be as independent as possible in their day to day routines. For example, people were encouraged to participate in daily tasks such as laying the table and making drinks. Staff were available to people and assisted them when needed, whilst recognising people's individual needs.
• People had keyworkers who were key members of staff that were allocated to a person to provide additional support. Their role included supporting the person to maintain contact with family members and

friends and to access activities that the individual person may enjoy. Keyworkers had monthly one to one meetings with people to involve them in their own care planning and to review and discuss any changes they wanted.

• We observed staff respecting people's privacy and dignity by knocking on doors before entering and asking permission before supporting them with care tasks. For example, we heard one staff member say to a person, "Hi [person's name] is it alright if I come in and help you get changed."

• The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to. Care plans and confidential information were stored securely, which only staff had access to.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People were supported to live their lives in accordance with their own choices. Care plans were detailed, person centred and people were involved in regular reviews of their care and support.
• Care files provided staff with clear guidance about people's specific needs and how these were best met. These included people's personal care needs, nutritional support and social interests.
• Staff demonstrated that they knew people well and had a good understanding of their history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One staff member said, "I feel I know people well and what they each like."
• People had access to a range of activities, but most told us they preferred solitary pursuits. For example, people liked to sit and read newspapers, to listen to the radio and to do knitting and art work. People often went out into the community independently to pursue their own leisure activities, but staff were available and offered support when needed.
• Although most people were able to fully communicate with staff, visual aids and verbal prompts were used to support people to understand information. For example, one person had pictures on their wardrobe and drawers to assist them to remember what was inside and to aid their independence.
• The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way that they could understand. The registered manager was aware of the accessible information standard and ensured people with a disability or sensory loss were given information in a way they could understand.

Improving care quality in response to complaints or concerns:
• The service had a complaints procedure which was made available to people they supported.
• The people we spoke with knew how to make complaints. They felt confident that these would be listened to. One person said, "I can tell staff anything and it gets sorted straight away."
• People were asked about their views in individual meetings. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have.
• The registered manager and staff regularly engaged with people and observed them so that any low-level concerns could be addressed quickly.
• Feedback was sought through annual questionnaires sent to external professionals, staff and people living at the service.

End of life care and support:
• At the time of the inspection, nobody living at the service was receiving end of life care. However, people's care plans identified any end of life wishes they had. This gave details of people's preferences, including considerations to cultural and religious preferences.
• The service had an end of life policy and the registered manager told us that they would continue to work

closely with external healthcare professionals to provide people with the care they required at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The service has systems that ensured people received person-centred care which met their needs and reflected their preferences.
• Staff were confident about raising any concerns with the registered manager.
• The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
• The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the registered manager was visible about the home and had a good understanding of people's needs and backgrounds.
• There was an open and transparent culture within the home. The provider's previous performance rating was prominently displayed in the hallway of the service.
• People told us they enjoyed living at Summerhouse and felt the service was run well. One person said, "The manager, yes she's good, I like her."
• The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager was clear about their roles and responsibilities. There was a deputy manager who also took responsibility for management of the service when the registered manager was not there. The service operated an on-call system so that staff could get support from the management team when they needed it. A staff member said, "We can always get additional support if needed, the manager and deputy are on call."
• Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, expressing sexuality, whistleblowing, complaints and infection control.
• Effective communication between the registered manager and staff team supported a well organised service for people.
• The registered manager and provider completed quality assurance processes, which included audits of care plans, cleaning records, medicine administration, environmental audits, and night time spot checks.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics:
• Staff told us they felt supported in their role. One staff member said, "The manager is very supportive." Another said, "The manager is very approachable, I can say what I need to and make suggestions."
• Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.
• People's individual life choices and preferences were met. The registered manager was clear how they met people's human rights. For example, supporting people to attend religious services and to maintain their independence in the community.
• Staff were kept up to date through handover meetings between shifts. Discussions included information in relation to people's physical and mental health, any professional visits and if people had declined support.

Continuous learning and improving care:
• The provider kept up to date by monitoring information from organisations such as the National Institute of Care Excellence (NICE) and the Health and Safety Executive (HSE) and held regular meetings for the registered managers of their services. Information about the latest guidance and best practice was shared with the registered manager, which enabled them to consider ways to improve people's care experiences.
• The provider sought feedback from people through annual quality assurance surveys. In addition, people told us they had monthly meetings with staff to review their care plans and feedback any changes or concerns to the registered manager. People also told us they could speak with staff if there was anything they felt unhappy about.
• The registered manager told us they felt supported by the provider, who visited monthly. They said," I love my job, and feel very supported."

Working in partnership with others:
• The service worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as G.P's, community nurses, falls prevention team and mental healthcare professionals. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.
• The service had links with other resources and organisations in the community to support people's preferences and meet their needs.