

Staffordshire Care Limited

# Sunningdale Nursing Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Sunningdale Nursing Home is a residential and nursing care home in Tamworth, providing personal and nursing care to 36 people at the time of the inspection. The service was registered to support up to 42 people. The service accommodates people in one adapted building across different wings and floors.

### People's experience of using this service and what we found

People's experience of using the service was overall very positive. However, we found improvement was required with regards to safety checks, record keeping, which included the planning of person-centred care, and governance. The provider and registered manager were responsive to our feedback and addressed the issues.

We note that we found that overall this was a very good service with some particularly positive aspects. However, we needed to see these in the context of the whole inspection. This means we balanced findings within different areas of improvement needs including those that could put people's safety at risk. This was particularly when considering whether the service was caring, responsive and well-led. This is reflected in the individual ratings of questions and the overall good location rating.

We found a truly positive, inclusive, warm and welcoming atmosphere throughout our inspection. People using the service, relatives and staff often laughed together, which reflected the "family like" feel we heard about from those we spoke with. The service was particularly centred around the needs and quality of life of people and their families within an at times remarkably caring service.

The provider and managers promoted a culture of continuous improvement. The service particularly stood out with its significant investment into activities that involved people, provided stimulation and reduced isolation. One person said about the activities staff, "They are amazing. [Name] seems to know what I need before I do." We heard many examples from people and relatives that showed just how particularly caring staff were. What was remarkable was the humility and matter-of-fact approach with which staff did this, as staff told us, "It is just what we do." Everyone we spoke with talked highly about the service, its managers and provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We highlighted some improvement needs when people's capacity might fluctuate.

People felt safe living at Sunningdale Nursing Home. Together with their relatives and staff they were actively involved in the design and delivery of the service. There were enough staff to meet people's needs and staff felt supported and acknowledged as part of a well-working team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Sunningdale Nursing Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Sunningdale Nursing Home 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with twelve members of staff including the provider's director, who is the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, the deputy manager, senior care staff and nurses, care workers, activities staff, domestic staff, the maintenance person and kitchen staff. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including surveys, safety and quality checks, as well as procedures were reviewed.

Following the inspection

The provider sent us information to confirm outstanding safety checks had been completed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant that some aspects of the service were not always safe .

### Assessing risk, safety monitoring and management

- Some safety checks had not been completed or not been completed regularly, such as water temperature checks. Following our inspection, the provider sent us evidence these checks had now been completed and hot water temperatures were safe for people to use.
- We identified improvement needs to the recording of wound and pressure sore management with the registered manager. We were satisfied that for the example we checked care had promoted wound healing. However, this record-keeping issue needed to be addressed to ensure safe and effective monitoring.
- People had personalised assessments of risk to their health and safety. These were reviewed and updated regularly.
- The provider was continuously investing in upgrades to the service's premises and equipment.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Sunningdale Nursing Home. One person told us, "I do not know how it could be any safer really."
- Relatives echoed this and one told us, "I can go home and know that [relative] is ok."
- Staff understood safeguarding responsibilities and procedures. They told us they had full confidence in managers to listen to and act on any concerns.

### Staffing and recruitment

- There were enough staff to meet people's needs and people overall did not have to wait a long time to be assisted. We saw from figures, and staff told us, that staffing numbers had continuously increased.
- The service had not used any agency staff since 2016, which helped with the consistency of care. The provider had employed staff in specific roles to make the service more responsive.
- The service continued to recruit new staff using appropriate checks.

### Using medicines safely

- Medicines were overall managed safely and people told us they got their medicines on time.
- We discussed some considerations to make recording clearer of prescribed thickening agents that were used for people with swallowing difficulties.
- We found that protocols for people's 'as required' medicines at times could be clearer. The registered manager addressed this straightaway.

### Preventing and controlling infection

- The service was clean, hygienic and bright. Refurbishment was ongoing, for example to replace old

carpets and furniture.

- The service had been awarded the highest rating for food hygiene at their latest relevant inspection.

Learning lessons when things go wrong

- The registered manager composed a monthly overview and analysis of incidents and accidents. This helped to identify causes and prevent reoccurrence.
- We discussed examples of how the service had learned from events, such as identified health concerns, and how this could be developed further.



# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we made a recommendation for the provider to seek advice to assess people's capacity in relation to specific decisions. At this inspection we found the provider had done this and improvements had been made.

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 when this is in their best interests and legally authorised under the MCA.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw examples of improved decision-specific mental capacity assessments that the registered manager had completed. However, we discussed that these needed to be more robust when people might have fluctuating capacity.
- We saw and heard examples of people's life decisions being respected, particularly about receiving treatment at the end of their lives or instructions to attempt resuscitation.
- Appropriate applications had been made to the local authority and the registered manager liaised with social workers regarding any questions about these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We received some very positive feedback from a healthcare commissioning body about the service's

ability to meet people's complex care needs.

- The service worked with a large variety of health professionals to achieve positive outcomes for people. Staff ensured identified health concerns were referred to relevant professionals appropriately, so people saw a doctor or other professional when needed.
- We discussed some updates for the service with the registered manager in line with best practice. This included health related assessment tools, as well detailing proactive approaches around behaviours that challenge in related care plans.
- We discussed the need for at times more robust record keeping around health interventions, to ensure information was up to date and supported effective monitoring.
- Relatives praised how well staff communicated with them. Staff used handovers and handover sheets to support effective communication about people's changing needs.

Staff support: induction, training, skills and experience

- Staff felt well supported by managers and received regular training and supervision.
- Relaxed "coffee, cake and care certificate mornings" provided additional support to help staff with the completion of their induction. The care certificate is a recognised set of standards for those working in health and social care.
- Staff were also able to attend additional training they had asked for.

Supporting people to eat and drink enough to maintain a balanced diet

- People using the service and their relatives told us the food was good and there was plenty of it. People were supported to choose a meal or ask for any alternative they wished for.
- The provider had employed a 'fluid champion' who encouraged people in personalised ways to stay hydrated and ensured good record keeping.
- An overview of people's dietary needs and preferences was available to kitchen staff. This included updates the service had made following referrals to dieticians or speech and language therapists. We discussed some small updates needed to this with the registered manager.

Adapting service, design, decoration to meet people's needs

- The provider was continuously updating and refreshing the service, which gave opportunities for development, such as a more dementia-friendly environment in line with best practice.
- We saw some orientation aids and equipment to make the service accessible for people. Information about activities had been displayed in large print with supporting pictures.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We heard many examples of how staff went out of their way to ensure that people using the service, as well as their relatives, were remarkably well cared for. Staff were humble about these actions and they were matter-of-fact, as staff said, "just what we do." Below are just a few examples to illustrate this.
- A family member of a person using the service was fearful about returning home after visits. For several weeks, one staff member took the relative home every day, in their own time, to provide support and safety.
- We also heard how staff went out of their way, including choosing to come in on a day off, to ensure people received personal care from someone they trusted at times when this was difficult.
- For their birthdays, people were offered a choice of entertainer. These, alongside celebrations, were arranged by the service, to really lift people's sense of self-worth on their special days. One person told us, "They had arranged the most beautiful birthday party for me and I had to suddenly go to hospital. They waited with the celebration. When I came back out of hospital, everyone was standing in the lounge waiting for me and sang – it was very lovely and emotional."
- We read many thank you cards from relatives for the support staff offered not only to people living at the service, but their family members. For example, staff had surprised the relative of a person living with dementia with a bunch of flowers on their wedding anniversary. Staff wanted both to know that their special day had not been forgotten.
- Such sensitivity and care was especially extended to relatives of people who were receiving care at the end of their life. Family members told us, "They moved everything around and made sure we were able to stay here as much as we need to. They look after us [the relatives] all of the time, making sure we have plenty to eat and drink."
- When a person who lived at the service died and had no family, staff arranged their funeral service. The staff who attended were the only people at the funeral and they composed a speech for the vicar from knowledge of the person and their life story.
- We found many examples of how managers and the provider led this particularly caring culture, through role modelling and showing sensitivity, support and care towards people, relatives and staff.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- The provider had created a staff role solely to encourage and support people to have baths and showers. Staff explained this helped to personalise support, as well create a more relaxing experience. A staff member said, "This way, we make it a real pampering experience."
- Since acquiring the service, the provider had already significantly reduced the number of double-

occupancy rooms and was continuing to do so, to provide greater comfort and privacy for people. When people were offered to share a room with someone, this was done in consultation with people as much as possible, or their relatives where appropriate, as well as commissioners.

- Everyone we spoke with talked well about the staff and their kind, respectful approaches. We observed staff ensuring people were offered choices and supported to remain as independent as possible.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider recognised the importance of meaningful activities and promoted people's wellbeing and quality of life through involvement, stimulation and reduction of isolation. They had significantly invested into the activities on offer with a remarkable 167 hours provided weekly. This meant there were at least two activities coordinators available for large parts of each day, often there were more than two.
- Activities offered included a variety of group sessions, but also individual and personalised support, including for people who were nursed in bed. People went onto trips out into the community, to places of interest, several times a week.
- External entertainers came into the service frequently and were much enjoyed by people.
- All of the people we spoke with talked extremely positively about the activities staff. One person said, "[Name] is a real gem. I am not sure what I would do without them. They seem to know what I need even before I know it."
- We heard examples of how activities staff had creatively managed to connect people who needed to remain in their bedrooms with group activities taking place in lounges.
- We also heard how activities had been developed based on people's unique life stories and backgrounds, for example arranging regular visits by the police force to someone who had worked in the field.

#### End of life care and support

- The service worked very closely with a local hospice to continuously develop how they cared for people at the end of their life. A palliative nurse visited weekly to provide development support to staff and together keep a 'planning ahead' register. This helped staff to proactively identify deterioration in people's health and plan next steps to be able to respond quickly.
- We saw examples of advance care planning discussions the service had completed with people and their families, to record their wishes and needs near the end of their life. This was in line Gold Standard Framework, which is a recognised set of standards for end of life care. The registered manager explained this was an area for further development.
- Staff also ensured that family were well looked after and provided them with a specially put together box. This contained things that they may need, such as essential oils on cotton wool, bamboo sticks, different creams with different smells, to give hand massages, as well as soft music, a bible and book of poetry.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint, but felt they had no reason to. No complaints had been recorded in 2019. People and relatives felt listened to and praised the provider for acting on what they said or suggested.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person-centred care plans, which the registered manager had rewritten to be clearer. These included people's life stories and backgrounds and were reviewed regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans that explained how to best support them. The registered manager was planning for staff to take sign language lessons to further develop staff's support to people.
- A service user guide was displayed in everyone's room, which included important information, such as the complaints procedure. The registered manager explained this could be made available in different formats to make it easier for people to read and understand.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We considered there were some improvements needed with regards to record-keeping in different parts of the service, to ensure effective monitoring of people's safety.
- The registered manager and provider were also open and honest about the fact that audits had not identified some gaps in safety checks and records. However, they were very responsive to these issues, addressed them and made arrangements to prevent reoccurrence .
- The registered manager had notified us of specific events in line with legal obligations and ratings from our last inspection were prominently displayed by the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We heard very positive examples of how the service promoted and embraced people's diversity and equality.
- The provider, registered manager and deputy manager were highly spoken of by everyone. We heard many examples of how they were very supportive of their staff, demonstrating caring leadership.
- There was an open culture of continuous improvement and ongoing investment by the provider which focussed on developing people's experience of the service. We heard this when speaking with people, relatives and staff and saw it in information the provider gave us.
- A relative summarised this in their complimentary letter. They stated that Sunningdale would not be what it was without the provider and their constant investment to benefit the residents and staff, which contributed to a better standard of care.
- The atmosphere was warm and welcoming, and this was confirmed by people and relatives. We heard people, relatives and staff laughing together often and recognised the family like, "home from home" feel those we spoke with talked of.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager gave us an example of how they had met with family members to give an explanation of something that had happened, given an apology and taken measures to prevent reoccurrence.

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

### characteristics

- People, relatives and staff spoke highly of the provider and manager's responsiveness. The provider and registered manager acknowledged and rewarded staff's hard work through regular gifts and special bonuses.
- Staff told us how well they worked together as a team and that they felt appreciated. One staff member said, "It is really warm, everyone is really chatty, everyone is very helpful, anyone would take the time to answer any question you might have."
- People living at the service, relatives and staff were kept involved in the development of Sunningdale Nursing Home through regular meetings. The service had a monthly newsletter that included people and welcomed everyone to contribute.
- The provider carried out six-monthly surveys for people using the service and staff. We saw that the results of these were overall very positive. Comments from people about things they liked about the service included, "Happiness of the way Sunningdale is run", "Not being left alone and everybody is happy" and "Friendly staff who make me smile."

### Working in partnership with others

- The provider completed regular compliance reports for commissioners to update them on the service's continued progress. We received highly positive feedback from a commissioning body about the quality of the service's care their confidence in it.
- The provider also completed external healthcare professional surveys. We saw the most recent results were overall positive. Professionals praised the service for always putting people using it first and liaising very well with other visiting professionals.
- Managers were part of different networks to support learning from and sharing of best practice.