

Somerset Care Limited

Sunnymeade

Inspection report

Helliars Close
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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

This inspection took place on 6 February 2018. It was unannounced.

Sunnymeade 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.

Sunnymeade is registered to accommodate and provide personal care to up to 50 people. At the time of the inspection only 44 rooms were in use and 43 people were living there. The home specialises in the care of older people. The building is divided into five smaller units each with their own kitchenette and lounge diner. All accommodation is located on the ground floor.

The registered manager has recently left the home. A registered manager from another home owned by the same provider is currently managing Sunnymeade and has applied to change their registration to this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who were well trained and competent in their roles. People told us staff were kind and caring and treated them with respect.

The provider has systems which minimised the risks of abuse to people. People told us they felt safe at the home. One person said, "The staff are really good to me. Yes I feel safe."

People's care and support was discussed and planned with them and they received personalised care. People were able to mix with other people or spend their time in the privacy of their rooms. One person told us, "I have no interest in joining in with things. They [staff] help me when I ask for it but they respect my privacy."

Staff worked in partnership with other professionals to ensure people's healthcare needs were effectively met. Staff assisted people to see doctors and district nurses if they were unwell. One person told us, "They are very good at getting the doctor. If I don't feel well I tell them straight away and they sort out a visit."

People were supported to keep in touch with friends and relatives. Visitors were always made welcome and staff helped people to stay in touch with friends or family who were not able to visit. Some visitors told us they went to the home every day and were always made to feel welcome.

There were effective quality monitoring practices in place which made sure people received a good standard of care in a safe environment. People's feedback was listened to and acted upon where possible.

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 remains Good.	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service has improved to Good	Good ●

Sunnymeade

Detailed findings

Background to this inspection

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

This inspection took place on 6 February 2018 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 16 people who lived at the home, five visitors and five members of staff. The manager and operations manager were available throughout the day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included three care and support plans, records of complaints, records relating to health and safety checks and quality monitoring

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe at the home and with the staff who supported them. One person said, "The staff are really good to me. Yes I feel safe." Another person told us, "I do feel safe. I have no worries." A relative commented, "I've no cribs about the safety."

The provider had systems and processes in place to minimise the risks of abuse to people. The provider checked all prospective staff thoroughly before they began work to make sure that only suitable staff were employed. Staff told us they had not been able to commence work with people until all checks had been carried out.

To further minimise risks all staff received training on how to recognise and report any suspicions of abuse. Staff we asked were clear about what to do if they had any concerns. One member of staff told us, "I would definitely report anything. I'm confident it would be looked into. If it wasn't I would go higher." We noticed there were posters around the home giving contact details for the provider's operations manager if people or staff wished to share their concerns with them.

There were adequate numbers of staff available to meet people's needs and ensure their safety. People said staff were always available when they asked for help. One person who liked to spend time in their room said, "You just ring the bell and they're here." Another person told us, "You don't have to wait very long, usually quite quick, they're very good." The new manager told us that since beginning work at the home they had analysed staffing levels and were making some adjustments. Some new staff, including an additional activity worker, had been offered jobs and they were waiting for all recruitment checks to be carried out. One visitor told us, "That [staffing levels] has improved in the last couple of weeks."

People received their medicines safely from senior staff who had been trained to carry out this task. There were adequate storage facilities to make sure people's medicines were stored safely. The home used an electronic medicine dispensing system with hand held devices which helped to ensure people received their medicines at the correct times. One person told us, "They bring my tablets every morning, they're very good." A visitor commented, "I'm impressed with how they do the medication here."

Some people were prescribed medicines, such as pain relief, on an 'as required basis. We heard staff asking people if they needed any pain relief and administering according to people's wishes. Some people were prescribed medicines which required additional storage and recording. We checked a sample of these medicines and found the correct procedures were being followed and recording was accurate.

Risk assessments were carried out to ensure people could make choices and retain their independence. For example some people choose to sleep with their bedroom doors open and risk assessments had been carried out to make sure this was safe for each individual. One care plan we looked at showed the person liked to make their own hot drinks and a risk assessment had been carried out to enable them to do this

safely.

The provider learned from incidents and accidents and made sure any lessons were shared throughout the company to ensure improvements were made for people. All accidents and incidents which occurred in the home were recorded and these records were regularly analysed. This ensured any trends could be identified and changes made to practice if required. Records showed that where a person had a number of falls action was taken such as contacting the person's GP or increasing observation. One person told us, "Before I moved here I had lots of falls. Since being here I haven't fallen at all. I have my frame and the bell and there is always someone to help me."

To minimise the risk of the spread of infection all areas of the home were kept clean. One person commented that they thought the standard of cleanliness was not good but this view was not shared by other people. On the day of the inspection all areas were clean and odour free. Care staff used personal protective equipment such as disposable gloves and aprons and there were hand washing facilities throughout the home.

Is the service effective?

Our findings

People continued to receive effective care and support.

The building was divided into five small units which helped to create a homely feel. All units had communal areas which included small kitchenettes to enable people and their visitors to make hot and cold drinks at any time. People ate breakfast and tea in the small units and there was a large dining room where most people chose to eat their lunch. In response to the changing needs of people who lived at the home there were plans to make two of the small units 'dementia friendly.' This would mean the units would be decorated and equipped in accordance with best practice and research for environments for people living with dementia. This would help to support people to maintain their independence and provide a safe environment.

People received effective care and support because staff received training and supervision to make sure they had the skills and knowledge needed to effectively meet people's needs. When new staff began work they undertook induction training to make sure they had the basic skills to provide safe care to people. To make sure people received care and support in accordance with up to date good practice and legislation staff received regular refresher training. One member of staff said, "I had a really good induction and other training I've had has been excellent too."

In line with the changing needs of people all staff had received specialist training in person centred care for people living with dementia. Staff were very enthusiastic about the training they had received with one member of staff saying, "It was fantastic. I will be so much better at recognising signs and making sure people get the help they need."

People were very happy with the care they received. One person told us, "I can wholehearted say that since moving in I have a feeling of contentment." Another person said, "I am a hard person to please but I'm very pleased with everything here."

The provider called their specialist dementia care service Petals to reflect the values and actions of; person-centred, empowerment, trust, activities, life history and stimulation. In readiness for the change two Petals champions had been identified and they were receiving additional training and support in this area. We spoke with one of the identified champions and found them to be very knowledgeable and passionate about providing a high standard of person centred care for people living with dementia. They told us they were looking forward to sharing their knowledge at the next staff meeting and putting some of their ideas and learning into practice.

People had their needs assessed before they moved to the home to make sure it was the right place for them. Once people moved in care plans were developed to show how their needs would be met and to make sure staff had the information they required to effectively support people. One person told, "[Manager and deputy manager's names] came to see me in hospital and asked me about all the things I wanted from living here."

People's nutritional needs were assessed and they received meals in accordance with their specific needs and preferences. The provider had a corporate menu which had been designed to ensure a balanced healthy diet. At lunch time we saw people were offered a choice of food in a way that was meaningful to them. Some people were verbally asked and other people were shown different meals to help them to make a choice.

People were generally happy with the food served at the home. One person said, "You get a choice and there's certainly enough to eat." Another person told us, "The food varies but I've gained over a stone since I've been here so it can't be bad." A visitor commented, "When we have joined [person's name] for lunch it's been lovely." One person said they would like there to be more pudding choices for people with diabetes. We passed this onto the manager who told us they would make sure people knew what choices were available."

The home worked in partnership with other professionals to make sure people's health needs were met. People had access to range of healthcare professionals to make sure they received the right care and treatment to meet on-going healthcare needs and acute illness. One person told us, "They are very good at getting the doctor. If I don't feel well I tell them straight away and they sort out a visit." Another person said how good staff had been when they had been unwell. They said, "They couldn't have done more. They got the doctor on the phone so I could speak to them." When we asked one person if they thought their healthcare needs were met they replied, "Oh yes, when you need the optician or chiropodist. I'm on his list and he'll come in. If I want anything in between then you just ask."

The home was visited weekly by a complex care doctor who was able to monitor people's well-being and offer pro-active advice and support to the staff and people who lived at the home. They liaised with people's own GP's to make sure people received treatment and medication in line with their needs. This service aimed to keep people well and reduce hospital admissions which could be distressing for people.

The majority of people at the home were able to make day to day decisions about their care and support. People said they were always asked for their consent before staff assisted them. One person said, "They usually say are you ready." Another person commented, "They ask me do you want a wash now or later."

Where people lacked the capacity to make decisions staff worked in accordance with the principles of The Mental Capacity Act 2005 (MCA) to make sure people's legal rights were protected. The 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.

Staff had knowledge of the MCA and told us they made every day best interests decisions for some people. One member of staff said, "Just little things like [person's name] tends to stay in their room but when I know there is something going on that they enjoy I encourage them to come out in their best interests." Another member of staff said, "We would talk to families about what choices they think they would have made in the past."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were being cared for under this legislation to keep them safe. Where people did not have someone to represent their interests independent advocates had been appointed and were involved in meetings and decisions about the person's care.

Is the service caring?

Our findings

People continued to receive a caring service.

People spoke highly of the staff who supported them saying they were always kind and caring. One person told us, "They are all very kind and very thoughtful." Another person said, "Staff here are alright. They are very kind and I can't see they could do anything better than they do." A visitor said the management of the home were, "Kindness itself, they have been absolutely wonderful." Another visitor said, "They have some extraordinarily good staff here. But they are all lovely, kind and caring."

Staff were understanding of people's needs and supported them in a compassionate way. One person told us, "They're always patient with me, they know my problems." Another person said, "When I've got the door open they say 'Hello [person's name] alright', it means a lot that you're not on your own all the time."

Staff supported people in a way that made them feel valued and special. The home had recently created a wish tree where people could place their wishes and staff would attempt to make them come true. Some people had wished to go to a musical and this had been arranged. One person wanted to see their tractor again and staff arranged for a relative to bring it to the home. Photographs showed how happy this had made the person. One person had wished to go out for dinner with their spouse to celebrate their birthday. On discussion with the spouse they did not feel able to do this so staff were arranging an intimate dinner for two, with waitress service, at the home. One person had just wished to go shopping and this had been arranged. The person told us, "I went out with two of the girls. We had some laughs and we built a real bond between us."

People were helped to maintain contacts with friends and family. Visitors were always made welcome at the home and some people went out with friends or family members. The staff assisted some people to keep in touch using methods that acknowledged and respected their abilities. For one person, who had a hearing impairment, the staff assisted them to set up skype calls with subtitles. Staff kept one relative, who was deaf, up to date with news by text messages.

One member of staff supported a person to visit their spouse on a weekly basis to enable them to continue to spend time together. During the inspection one person asked to use the phone to speak with a relative and a member of staff assisted them.

Some people had made friends at the home and spent time together. One person said, "There are four of us who sit together at lunch." Another person said, "I've made some friends and renewed a few old acquaintances." One person told us that staff always supported them to go to the dining room at lunch time. They said, "I can have a natter up there."

Each person who lived at the home had a single room which they were able to personalise to their own tastes and preferences. Rooms were very individual which helped people to feel at home. One person said, "I just love my room." People were able to see visitors in their private rooms or in communal areas. People told us their privacy was respected and they were able to spend time alone whenever they wanted. One person

told us, "I have no interest in joining in with things. They [staff] help me when I ask for it but they respect my privacy."

People received support with personal care in a manner that was respectful. One person said, "In the mornings they help me wash, they let me have a towel and cover me." Another person commented, "They make sure the door is closed so nobody is overlooking."

Throughout the inspection we saw kind and caring actions from staff. One person appeared anxious in a particular situation. A member of staff quickly noticed this and gave them their arm and then introduced them to another person who they happily chatted to. When staff assisted people to move around they showed patience and no one was rushed. One person said, "You never feel a burden, that's a nice thing about here."

People or their representatives were involved in decisions about their care. Some people had signed their care plans to show they had been discussed with them. One visitor told us, "We've done the care plan together." One person told us about a review meeting that had been arranged with staff from the home and their social worker. They said, "They do seem to listen." A visitor told us they were always kept informed of anything significant. They said, "They had a couple of falls, they phone me and tell me, they keep me informed."

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs.

The home used an electronic care plan system and printed paper copies that could be shared with people. Each care plan we read gave a history of the person and information about what and who was important to them. This made sure staff knew about people's likes and dislikes and their lifestyle choices which helped them to provide personalised care. One member of staff said, "It's so important to know about people. It helps you to understand them better."

People were able to express, and have recorded, the care they would like to receive at the end of their lives. This helped to make sure people would be cared for in accordance with their wishes. Information included whether or not people wished to be admitted to hospital, any spiritual needs and preferences, who they would like involved in their care and if they wished to be resuscitated.

The format of care plans was not always easy for everyone to read and the provider was looking at ways they could be made more user friendly by adding colour and pictures where appropriate. They hoped this would assist some people to be more involved in planning their care.

People's needs were monitored and reviewed to make sure they received care that met their up to date needs. Where people's care exceeded the level of support the staff were able to provide they involved other professionals such as district nurses. In some instances people were assessed as requiring full time nursing care and they were supported to move to a more appropriate setting.

There were some organised activities which people could choose to join in with if they wanted to. Feedback about activities was mixed with some people saying they thought there was plenty to do and others saying they felt it was a long day because there was not a lot that interested them. During the day we saw that people who chose to join in with organised groups appeared to enjoy the activities on offer but people who liked to stay in the small units had limited social stimulation. The new manager had also identified this and in response, a second activity worker was in the process of being appointed to provide additional support.

In addition to care staff the home also employed care support workers who carried out domestic tasks but were also able to provide some care functions. In units where care support workers were based we noticed they had an excellent rapport with people and provided good social interaction and stimulation. We saw people laughing and joking with care support workers and in one instance a person was telling the staff their life story and they were enjoying a good chat and lots of smiles.

People were able to continue to practice their faith even if they were unable to go out to religious services. On the day of the inspection a community church group visited the home to lead a service with anyone who wished to attend. One person said, "I don't get out to my church now so I like the service here."

The staff at the home had made good links with the community including links with a local councillor who

had helped them to make contact with a pre-school group. This was in response to a television series which showed the benefits of inter-generational activities. Children from the pre-school group had begun visiting to share activities on a weekly basis and we were told this had been extremely well received by people. Various activities had taken place including story reading and playing with the home's pets. Other activities such as an Easter egg hunt with the children were planned. One person who had very limited verbal communication smiled and told us, "I like the little ones." One member of staff said having the young children in the home made everyone happy.

People could be assured that any complaints made would be dealt with in accordance with the provider's policy. Where complaints had been made these had been investigated and action had been taken where shortfalls were highlighted by investigations. Actions taken had included meeting with the person or their relative and providing additional support and supervision for staff.

Most people said they would be comfortable to make a complaint. One person said, "I don't have any complaints but would talk with a supervisor if I did." Another person commented that they didn't think they would ever make a complaint but told us, "They would definitely want to know if you weren't happy because they would want to put it right."

The complaints procedure was displayed around the home but the print was quite small and may not have been easy for everyone to read. We discussed this with the manager who immediately took action to make the notice larger and easier to read.

Is the service well-led?

Our findings

At the last inspection we found that improvements were needed to make sure the paper copies of care plans contained adequate information to provide care and support to people if the computer system was unavailable. At this inspection we found improvements had been made and paper copies of care plans contained all the information required for staff to provide care to people or to contact friends and relatives if needed.

People benefitted from a provider who made sure there was clear leadership and management of the home. The registered manager had recently left the home. A registered manager from another home owned by the same provider was managing Sunnymede and had applied to change their registration to this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a home where the management team encouraged a culture of putting people who used the service at its centre. One member of staff told us, "All our routines are now based around people's routines and wishes." The new manager had taken steps to familiarise themselves with people and to let people know who they were. They had placed photographs around the home so people could recognise them. Since taking up their post at the beginning of the year they had also held meetings with staff and relatives to introduce themselves and seek feedback on the service. To enable them to consistently monitor practice the manager 'walked the floor' regularly which enabled people to get to know them and for them to constantly monitor standards.

The manager was supported by a competent deputy who had an excellent knowledge of people who lived at the home. People and staff told us the management of the home was very open and transparent. One member of staff told us, "The new manager is brilliant she is all about the people that live here." A visitor said about the manager and deputy, "They are an excellent team. They are both caring and practical and the whole atmosphere of the place has changed."

The manager had begun to make links with community groups to enhance people's social opportunities. On the day of the inspection some people attended an activity day in the local town. They worked in partnership with other organisations, such as the complex care doctor and district nursing team, to make sure people's health was monitored.

The manager had a commitment to continually improving the care and support people received. They had carried out an initial audit and had put an action plan in place to make sure actions identified were addressed. One visitor told us "They [manager] have identified where there are problems and is sorting them out." The actions included responding to feedback from people such as planning more outings, changing the supper menu, introducing talking books for people with sight loss and improving the WiFi coverage throughout the building. This demonstrated the manager listened to people's views and where possible put

suggestions into action.

The provider had quality monitoring processes in place which supported the manager to put changes into practice. An operations manager regularly visited the home to carry out quality monitoring and make sure people received a good standard of care. They told us there were no major outstanding actions which needed to be implemented but they were working with the manager to maintain high standards and respond to changing needs.

There were systems in place to make sure people lived in a safe environment. Regular checks of equipment, such as the fire detecting and lifting equipment took place. A fire risk assessment had been completed and where necessary people had personal emergency evacuation plans in place.