Somerset Care Limited

Sunnymeade

Inspection report

Helliers Close
Chard
Somerset
TA20 1LJ

Tel: 0146063563
Website: www.somersetcare.co.uk

Date of inspection visit:
15 January 2016

Date of publication:
09 February 2016

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 14 and 15 January 2016.

Sunnymeade is registered to provide care and accommodation to up 50 people. The home specialises in the care of older people. The building was divided into five small units which each had a communal area including a small kitchen. At the time of the inspection there were 35 people living at the home.

The last inspection of the home was carried out in August 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

All care plans for people were stored on a computer system with hard copies of some information. On the second day of the inspection the system was not available due to some technical difficulties. This highlighted that improvements were needed to make sure staff always had access to up to date information about each person. We have recommended that the provider reviews the information kept in paper format.

People were cared for by staff who were extremely kind and caring. Comments from people and our own observations showed staff treated people with respect and dignity at all times. A visiting relative said "Kindness goes such a long way and they really do show kindness. It gives us great peace of mind to know they are being so well looked after." People told us staff often went the extra mile to make sure they received the care and support they needed. One person told us "I can't fault anything. The way they speak to you and treat you is beyond any standard I have ever encountered."

People received effective, safe care from staff who had the skills and experience to meet their needs. There was a staff structure that meant people always had access to senior staff and less experienced staff were always supervised.

People felt safe at the home and with the staff who supported them. The provider had systems in place which minimised the risks of abuse to people. This included a robust recruitment procedure and training for staff on how to recognise and report abuse.

Staff monitored people's health and well-being and sought advice from healthcare professionals when they had concerns about a person. People's nutritional needs were assessed and monitored to make sure people received a diet in line with their needs and wishes.

People were able to make choices about all aspects of their daily lives. Staff encouraged people to make

choices and maintain their independence. One person commented "There are no times to do things. I go to bed when I want to and there's always staff to help." Where people did not have the mental capacity to make a decision staff knew how to make sure people's legal rights were protected.

People knew how to make a complaint and said they would be comfortable to do so. All complaints made were fully investigated and action was taken to improve practice if a complaint highlighted shortfalls in the service.

The provider had a quality assurance system which included seeking people's views. When people made suggestions about the running of the home action was taken to make changes if appropriate to do so. For example some people had said they did not know who their keyworker was. In response to this leaflets had been made for people with a photo of their keyworker and information about the keyworker role.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were adequate numbers of staff to keep people safe.

People received their medicines safely from staff who had been trained to carry out the task.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People knew how to make a complaint and said they would be

comfortable to do so.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements were needed to make sure staff always had access to up to date information about each person.

People benefitted from a registered manager and staff group who worked as a team to make sure people received the care they needed.

There were ways for people to share their views and make suggestions about the running of the home.

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 14 & 15 January 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 18 people who lived at the home, three visitors and five members of staff. We also spoke with one visiting healthcare professional. The registered manager was available throughout the inspection.

We spent time observing 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 staff personnel files, minutes of meetings and records relating to the quality monitoring within the home. On the first day of the inspection we attended a handover meeting between staff working in the morning and those working in the afternoon.

The home used an electronic system for care planning and unfortunately this system was not available on the second day of our inspection. We therefore looked at four hard copies of care plans although these did not contain all the information contained within the electronic system.

Good

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "I feel safe with the staff because they are so nice." Another person said "I'm well looked after and safe here."

Risk assessments were carried out to make sure people received care with minimum risk to themselves or others. This included assessing the risk of pressure damage to people's skin. Where people were assessed as high risk appropriate equipment, such as pressure relieving mattresses and cushions were in place.

The risk of people falling was minimised where possible. If anyone had a fall this was recorded and the provider analysed records on a monthly basis. This enabled them to monitor people's well-being and seek support to keep them safe. After one fall a person had been seen by their GP to review their medication and another person had been provided with a pressure mat in their bedroom. This mat was linked to the call bell system and alerted staff when the person was moving around. This meant staff could attend to them promptly and minimise the risks of further falls. Throughout the inspection visit we saw and heard staff reminding people to use their mobility aids which again minimised the risk of falls.

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection visit we saw people received care promptly when they asked for help. People had access to call bells to enable them to summon assistance when they needed it. One person said "If you ring they come quite quickly." The provider monitored response times to call bells as part of their quality assurance. Records showed when responses were sampled over a 24 hour period, all calls had been answered within four minutes.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out.

Staff were aware of how to recognise and report abuse. All said they would not hesitate to report any concerns to the registered manager and were confident action would be taken to make sure people were protected. There were posters in the home giving details of who to contact if for any reason people felt unable to raise their concerns within the home.

Where concerns had been raised with the registered manager they had notified the appropriate agencies and worked in partnership with them to ensure full investigations were carried out. Actions were taken to make sure further risks were minimised.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. The home used an electronic administering system which had a hand held device which

recorded when medicines were required and when they were administered or refused. People said they got the right tablets at the right time. One person said "I get my tablet before my breakfast just as I should."

People's medicines were securely stored. Each person had a lockable cupboard in their bedroom where medicines were administered from. There was suitable storage available for medicines that required additional security and appropriate records were kept in relation to these. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. These were offered to people regularly to make sure they remained comfortable. One person said "They always ask you if you want anything for your aches and pains." One person, who's first language was not English, had a pictorial chart which helped them to tell staff when they were experiencing pain.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said "The staff here are all very good and extremely helpful." A visiting relative said "I can't fault the staff they are amazing."

All new staff completed an induction programme which ensured they had the basic skills to care for people safely. New staff were also able to shadow more experienced staff which enabled people to get to know them and allowed them to learn how individuals liked to be supported. One member of staff said their induction had included basic health and safety training and shadow shifts. They told us "The induction was good and it gave me confidence. They check with you that you are OK too. You can always ask for extra support if you need it."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. The provider kept staff skills under review and arranged training to make sure it continued to meet the needs of people using the service. Due to an increase in the number of people living with dementia further training had been arranged for all staff in how to care for people with dementia. One person said "The staff know what they are doing and you can ask them anything."

Staff monitored people's health and ensured they were seen and treated for any acute or long term health conditions. The handover meeting we attended showed how staff noticed changes in people's well-being and contacted appropriate professionals to make sure they received treatment. For example staff had noticed one person was 'not their usual self' and a doctor's call was arranged. One person told us "They keep a good eye on you and get the doctor or whoever if you need it." Another person said "The nurse visits me every week. They've sorted all that out, I don't have to worry about it."

The home was part of a pilot project aimed to reduce hospital admissions for people. The project involved a GP visiting regularly to 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. As part of the project the registered manager kept a monthly record of all calls to the emergency services (999) and medical advice service (111.) They told us that since the project had started there had been a significant reduction in these calls demonstrating people had fewer medical emergencies.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition staff sought support from professionals such as GP's and speech and language therapists. One person was receiving a nutritional supplement. They told us "They worry about my weight and what I eat. They fuss a bit but I think it's with the best of intentions. They are very kind and caring."

At lunch time we saw people were able to choose where they ate their meal. Some people chose to eat in

the main dining room whilst others preferred their rooms or the communal areas of the units. Everyone we spoke with was very complimentary about the food served. Comments included; "Food is nice. You always get a choice," "Food is always good. There's definitely no shortage of food" and "All the meals are lovely."

People who required support to eat received this in a dignified and discreet manner. Staff chatted to people as they supported them which made it a sociable occasion. However we saw one person, who chose to eat in their room, had some difficulty eating their meal. We discussed this with the registered manager who told us they would reassess the person's needs to see if there were any specialist aids which may assist them whilst maintaining their independence.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said "Everything is up to you. They don't force you to do anything."

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. The application procedures for this in care homes and hospitals are 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 were being met. Applications had been made for people to be cared for under this legislation and all staff were aware of who was subject to these restrictions. Staff had received training in how to protect people's legal rights and all knew about the need to involve other people when making decisions in a person's best interests. One member of staff said "We try to offer everyone choice. It depends how able they are how we do it. Sometimes we show people things to make it easier to choose. If someone really couldn't make a decision about something we would talk to people who knew them well." This demonstrated staff were working in line with the MCA.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them with their care needs. Everyone was very complimentary about the staff who worked at the home. One person said "Staff are kind and caring. They are always gentle with you." Another person said "They are always kind. I really like it here."

Many people said they thought staff went out of their way to help them. One visiting relative told us "They go beyond their duty and do lots of extra things." Another relative said "Kindness goes such a long way and they really do show kindness. It gives us great peace of mind to know they are being so well looked after." One person said "The way they speak to you makes you feel so welcome. Nothing is ever too much trouble."

Throughout our inspection visit we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged everyone. They complimented people on their appearance and ensured people were comfortable. One person was unsettled and a member of staff sat with them to offer reassurance. They offered tea and biscuits and stayed with them until they appeared more content. We saw one member of staff making toast in one of the units and they told us about a person who had not eaten their lunch. They said "I thought I would just try to tempt them with some toast."

People were treated with respect and dignity. When people required support with personal care this was provided discreetly. One person told us "Nothing is ever embarrassing because they are so respectful." Another person said "I can't fault anything. The way they speak to you and treat you is beyond any standard I have ever encountered." A visiting relative said "They could not be cared for by nicer people."

Each person had their own bedroom which they could access whenever they wanted. Some people chose to spend time alone in their rooms whilst others liked to socialise in communal areas. Staff respected people's choices about how and where they spent their time. One person said "They would never dream of just barging in. They are so polite."

There were ways for people and their representatives to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Hard copies of care plans had been signed by people to show they had been consulted about their care.

One person who had not been at the home long said "They did all the care plan with me. Everything was my decision and I really felt they were listening." Another person told us "They write everything down so you know you will get help how you want it."

The staff provided care to people at the end of their lives. They supported people to do as much or as little as they wished at this time. During the inspection one person was receiving palliative care. Staff told us sometimes the person liked to stay in bed and other times they liked to get up and dressed. One member of staff said "It is completely up to them. We just make sure they are always comfortable and pain free." We

visited this person, who at the time of the inspection was being cared for in bed. They were comfortable and warm and watching TV. When we asked if they had everything they needed they smiled and gave a 'thumbs up' sign.

The staff had received a number of thank you cards from relatives of people who had lived at the home. One card thanked the staff for their "Kindness and consistent cheerfulness." Another said thank you for the "Compassion and attention you gave [person's name] in their final days."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way. The home used an electronic system for care plans and this was password protected to ensure confidentiality. Hard copies of care plans were securely stored.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they were able to decide when they got up, when they went to bed and how they spent their time. One person said "They wouldn't dream of telling you how to live your life. It's not that type of place. Obviously you have to fit in with meals and things but I think that could be negotiated if it didn't suit." Another person commented "There are no times to do things. I go to bed when I want to and there's always staff to help."

People only moved into the home if staff were confident they could meet their needs and expectations. Senior staff carried out pre admission assessments which enabled them to meet people and discuss their needs before they made a decision to move to Sunnymeade. It also enabled people to learn more about the home to ensure it was the right place for them. Once a placement had been agreed a care plan was created to meet their specific needs and wishes.

Care plans contained personal histories of people to ensure staff understood their lifestyle choices and personal preferences. Staff had a good knowledge of the people who lived at the home and adjusted care accordingly. One member of staff said about a person "They have always been very independent and private so we try to respect that now even though they need support to do things."

One person's first language was not English and staff used pictures to help them communicate. In the person's room there was a list of common phrases in the person's language to support staff to understand and speak with them. They also assisted this person to visit a local café run by a person from their native country to help them to stay in touch with their community.

The staff responded to changes in people's needs. One person told us "I used to walk with a frame but now I need a wheelchair to go to the dining room. I still like to go up with everyone so they take me in a wheelchair. It doesn't seem to cause a problem for them." Before lunch we heard a member of staff asking this person if they were ready to go up for their meal. When they said they were staff took them in a wheelchair.

At handover meetings staff discussed each person and made sure staff coming on duty knew about any changes in people's needs. The staff also discussed people's personal circumstances which may affect the support they required. For example one person had very recently suffered a bereavement and staff were conscious of giving additional support and reassurance to this person. Staff told us handover meetings kept them up to date with everything in the home and they felt communication was good.

Staff arranged for people to be reassessed if they felt they were no longer able to meet their needs. People's families and representatives were involved in re-assessments and if people did not have a personal representative the registered manager arranged for independent advocates to support them. One person, whose needs had increased significantly, was in the process of moving to a new care environment. The registered manager was liaising with other providers to ensure a smooth transition to the most appropriate

setting.

People were supported to maintain contact with friends and family. Visitors were always welcome and people were able to meet with them in their personal rooms or communal areas. Some people had private telephone lines in their rooms or mobile phones which helped them to keep in touch with people who were important to them. There was a computer with skype facility available for people to use and WiFi was available throughout the building. Visitors told us they were able to visit at any time and always felt welcome. One visitor said "I come and go as I please. The staff all know me and I feel part of the place really. It's [person's name] home so that's how it should be."

People were able to take part in a range of activities according to their interests. An activity worker was employed to provide organised activities and care staff provided social stimulation to people in the small units. One person said "It's all very nice. We have breakfast and tea in the unit. There's lots of chatter and we have a laugh as well." A member of staff told us "We have time to spend with people, especially in the afternoons."

Although the activity worker was off work at the time of the inspection people seemed happy with the social stimulation they received. One person said "I like to do little tasks like laying the tables and washing up. It keeps me busy." Another person said "We talk a lot and laugh a lot."

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You said, we did' system. This ensured people who made suggestions had them responded to. It showed the staff listened to people's views and took action where appropriate. One person had made a comment about the evening meal served at the home. In response the working hours of kitchen staff had been adjusted and the menu had been changed. Staff had said they required an additional computer to help them with completing care plans and this had been provided.

People said they would be comfortable to make a complaint and felt any concerns raised would be taken seriously. One person told us "You can speak up for yourself. You just see [registered manager's name] if you aren't happy and she would sort it." Another person said "When I wasn't happy about something I wrote a little note. They did take notice."

The home had a complaints policy and records were kept of all complaints made. Records seen showed verbal and written complaints were fully investigated and responded to. The registered manager told us they saw complaints and suggestions as an opportunity to look at how they did things and make improvements.

Requires Improvement

Is the service well-led?

Our findings

about each individual. On the second day of our inspection we were unable to access care plans on the computer due to a technical issue. This showed that improvements were needed in the information stored in hard copies. Without access to the computer there were no personal details about each person such as contact details for important people. This meant that if someone was unwell or admitted to hospital staff would be unable to contact relevant friends or relatives to support them.

Daily records for each person were also stored electronically and with no access to these staff were unable to record significant events or changes. Care staff recorded when they had assisted people to apply prescribed creams and lotions in the daily records and were therefore unable to record this. Hard copies of care plans contained information about reviews of care and stated when changes had been made to people's care or treatment. However full copies of the care plan were not routinely reprinted meaning the paper care plans were not always reflective of people's up to date needs and wishes. This could potentially place people at risk of not receiving care in line with their current needs.

The registered manager had the skills and experience to effectively manage the home. The staffing structure provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy and a small team of care supervisors and team leaders. This meant people always had access to experienced senior staff. It also ensured less experienced staff were always supervised and able to seek advice and support at all times.

The registered manager was very visible in the home and we observed people and staff were comfortable and relaxed with them. Their office was at the front of the building and visitors and people were able to speak with them easily. People said the registered manager was open and approachable and they would be comfortable to discuss any issues with them. One person said "She's not bossy although she's the boss. You could always talk to her, she listens." A member of staff told us "The manager and supervisors are part of the team. We all work together."

People benefitted from a registered manager who kept their knowledge up to date and made sure people were cared for in accordance with up to date legislation which protected their rights. They attended training and meetings with other managers across the provider group. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager attended some conferences to make sure they were up to date with local issues which may have an impact on people's care.

The registered manager carried out on-going informal monitoring of care practices. There were more formal quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. The provider carried out themed conversations with people which enabled people to share their views on selected issues. One person had commented about food and this had been shared with the home's cook.

Part of the quality assurance system involved a specified number of phone calls to relatives or representatives each month to gauge their satisfaction. Records of the last phone calls showed a high level of satisfaction.

Audits undertaken at the home were overseen by the provider to make sure where action to improve the service needed to be taken this happened within the specified timescales. The last audit highlighted that staff appraisals needed to be carried out and this work was underway.

There were meetings for staff, people and relatives. This enabled people to share their views and for improvements to be made in accordance with suggestions. At one meeting for people who lived at the home some people had said they did not know who their keyworker was. In response to this leaflets had been made for people with a photo of their keyworker and information about the keyworker role.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

We recommend that the provider reviews the information kept in paper format to make sure staff always have access to up to date information about each person.