

# Woodland Healthcare Limited

# Sunnymede

## Inspection report

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Date of inspection visit:  
12 June 2017  
13 June 2017

Date of publication:  
07 September 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Sunnymede is a care home which provides accommodation, nursing and personal care for up to 34 older people. At the time of our inspection 27 people were living at the home.

This inspection took place on 12 and 13 June 2017 and was unannounced.

At the last inspection, the service was rated good.

At this inspection we found the service rated as requires improvement. This was because shortfalls were found relating to incomplete and missing records. Care plans were not always current and up to date relating to parkinson's and changes to fluid intake. Where people were at risk of their skin breaking down the care provided was not always being recorded.

Medicines were stored and administered safely although records relating to medicines administered and topical creams were incomplete and missing.

People had mixed views about their meals and choices. Snacks were not always provided in line with people's specific dietary requirements. People did not always have access to adequate tables to eat their meals from.

Systems and audits in place did not always identify shortfalls found during this inspection.

Staffing levels were safe to meet people's needs although we received mixed views from people.

People's care plans confirmed if people were unable to make decisions relating to their care and treatment. The principles of the Mental Capacity Act were being followed. Where people had restrictions on their liberty authorisations were in place.

People's care plans were personalised and included important information relating to their wishes and personal preferences. Feedback was sought from people and relatives.

The staff team were trained and received support from the management. Staff were knowledgeable about how to safeguard people from abuse.

People had access to an outside patio and garden area. This had various plants and flowers that people could enjoy. Some areas of the home had been updated including the tables and chairs in the dining area.

The service had a complaints policy in place. People and relatives felt able to raise any concerns with the registered manager.

People's health needs were met and people benefited from support from staff relating to all medical and well-being appointments.

Staff were kind and caring. Positive feedback was received about the registered manager from people, relatives and staff.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People had their medicines administered by nursing staff.

People who had bed rails were not always set to recommended guidelines.

People were supported by enough staff during the inspection although people and staff gave mixed views on staffing levels.

People felt safe and were supported by staff who were able to demonstrate what action they would take if concerns to people's safety was raised.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People had mixed experiences with the meal choices. Snacks were not always being provided in line with people's care plans.

Furniture people used to eat their meals from was not always adequate to their individual needs.

Staff received training and support to meet people's needs and consent was sought in line with legal requirements.

**Requires Improvement** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

The service was not always responsive.

People did not always have an individual support plan in place and records did not always confirm care provided relating skin care.

People had access to a complaints policy.

**Requires Improvement** ●

People were able to access to various activities that they could participate in if they wished.

### **Is the service well-led?**

The service was not always well-led.

Shortfalls within the service, found during the inspection, were not always being identified by the provider by their audit and quality assurance process

The provider's Medicines policy was not always being followed and required updating guidance to covert medicines.

Staff, people and relatives felt the management were approachable and accessible.

People had their views sought through resident meetings and questionnaires'.

Notifications were made when required.

**Requires Improvement** ●

# Sunnymede

## 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 checked 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 comprehensive inspection was carried out on the 12 and 13 June 2017 and was unannounced. The inspection was carried out by one inspector on both days, a specialist advisor and an expert by experience. A specialist advisor attended the first day of the inspection and their specialism was a nurse. The expert by experience also attended the first day and they had experience of caring for an older person.

During the inspection we spoke with 10 people and five relatives. We also spoke with the registered manager, and four staff. We looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and three care plans. Following the inspection we spoke with one health care professional about their views of the service.

Before the inspection we reviewed the information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us. We had not asked for a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

The service was not always safe.

People received their medicines from nurses. We observed the administration of medicines and found people were administered their medicines as prescribed. All medicines were stored securely and systems were in place to request the collection of drugs no longer required.

People who had specialist equipment had information available in their rooms. For example, people who had pressure relieving mattresses had records confirming what setting they required. This is important as people required their own individual assessment to be undertaken that considers all their individual care needs. We reviewed where people had a bed rails fitted to their bed some were lower than the recommended height. One bed was not safe. We raised this with the registered manager. They confirmed following the inspection the bed had been changed due to the bed not meeting requirements.

People's care plans had information relating to their moving and handling needs and risks of falls. Risk assessments identified concerns and measures in place to reduce this risk. We found where people required assistance from staff with equipment, this equipment was being shared. For example, people were sharing the use of slings. We raised this with the registered manager as people should be individually assessed for a sling that is suitable for their own individual requirements. Following the inspection the provider confirmed all slings are laundered regularly. Equipment that is shared and not washed between people has an increased risk of passing infections. People should have their own individual sling suitable for their own requirements.

People were supported by staffing numbers to meet their needs. Although feedback from people and relatives was mixed. People told us, "Sometimes I have had to wait, especially calling the help line, although it has been better lately." One relative told us, "There are good staff around when [Name] needs help." During the inspection we observed staff were not rushed and responded promptly and compassionately to people's request for support. The registered manager shared with us the staffing arrangements for the home. They said this had increased recently as there was care staff, nursing assistants, laundry staff, cleaning staff and an activities co-ordinator. Most staff felt happy with the staffing numbers although one staff member felt at times people could be left waiting for care staff to return. They told us, "Sometimes people are left on the toilet, they then have to wait for staff to return." Other staff comments included, "There is enough staff, on the whole." Another member of staff told us, "Safety is maintained at all times. People have call bells for assistance. We judge it day by day". We shared this fed back to the registered manager so they could take any action needed.

People, staff and relatives felt the home was safe. One person told us, "I do feel safe." One relatives told us, "I do feel [name of resident] is safe." Staff were able to demonstrate their understanding of abuse and who they would go to. They told us they would go to the manager or the Care Quality Commission if they had any concerns. Staff told us, "Yes", I feel people are safe here. Another member of staff said, "Any problems I would go to the manager or raise higher".

The service had a fire policy in place and an overview of who required support in the event of a fire. However, there was no detailed individual personal evacuation plans for people. An individual personal evacuation plan states what specific support the person needs relating to their communication, support and equipment in an emergency situation. We raised this with the registered manager who confirmed they would action undertaking an individual personal plan for people in the service. Staff ensured visitors signed the visitor's book. This is important as it keeps a record of who visited and who is in the building. There were completed gas, electric and portable appliance tests in place and records showed this.

The service recorded incidents and accidents. There was an overview of the incident what had occurred, any injuries and the immediate action taken.

People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files included checks undertaken relating to criminal records, proof of identification and references.



# Is the service effective?

## Our findings

The service was not always effective.

During the inspection we found people could be at risk of not having their nutritional needs met to ensure they received a diet in line with their individual needs and wishes. For example, we found one person was not receiving snacks as advised by a health care professional. We observed them having been given biscuits which were not in line with their assessed modified diet. Their care plan had identified the risk and guidelines staff should be following. The member of staff confirmed the person was on a modified diet. The provider following the inspection confirmed the person had chosen to have this biscuit and they were able to make this decision. Their risk assessment had no record of what staff should do if the person chooses to eat foods they might choke on.

People were supported by staff during their mealtimes. People's nutritional needs were identified and recorded in their care plan but they had mixed views about the choice of meals available to them. During the inspection we observed people benefited from various drink options including hot and cold drinks although people were not always being given different meal and pudding options. Staff gave limited responses when people asked what other options were available. One person told staff, "Are the sausages pork as I don't eat pork". Another person asked what are the pudding options. The staff member replied, "Treacle sponge with vanilla sauce". The person replied, "What if I don't like it." They were then told, "You can have just custard." Another person was observed asking for an omelette because they did not like the meal they had started to eat. They were provided this alternative choice after asking. On speaking to the chef they knew people well and were able to confirm who had specific dietary needs, including people's likes and dislikes. They followed a weekly set menu and confirmed they adapted this to people's individual needs and wishes. They said where one person did not eat pork they would make them an alternative meal. Minutes of a recent residents meeting recorded various different options staff could offer people at each meal. The registered manager also said people had access to various meal and pudding options. They told us they would remind staff again of those options. The registered manager also agreed an up to date folder would be placed in the kitchen containing information relating to people's individual dietary requirements.

People had access to a garden and patio area. During the inspection people sat outside and enjoyed the flowers and plants within this area. The building was over three floors. There was a main staircase at the front entrance which had a stair lift and a main lift so people could access the first floor. The registered manager confirmed there were plans to make improvements to the building and soft furnishings. Improvements already undertaken included, new dining room table and chairs. The home had two lounges where people could relax and watch the television. The main lounge had various chairs and adjustable tables that people could use for their drinks and meals. These tables could be adjusted to get close to people so that they could eat their meals easily. In the front lounge people had access to coffee tables. We observed these being used for people to eat at during lunch. People who used these coffee tables were seen trying to eat their meals awkwardly as the tables did not get close enough. This was due to the coffee table design being round and it not being able to get any closer to people. We raised this with the registered manager who said people had their own adjustable tables in their rooms. They would action staff bringing

these down in the day. They also confirmed following the inspection they were reviewing if additional adjustable tables could be purchased for this room.

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity and best interest decisions had been considered. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The correct guidance had been followed and applications made when required.

Staff were supported through group and individual supervisions. Individual supervisions had a set agenda and were an opportunity to meet one to one with their manager. The set agenda included topics such as training, development and any issues the staff member maybe experiencing. Staff confirmed they had access to staff meetings and were able to raise any concerns with the registered manager. They told us, "[Name of registered manager] is good, Yes I do feel that I can go to her". Another member of staff said, "I have gone to [Name of registered manager] with issues. I don't tend to go to staff meetings but we have a hand over meeting every day". The registered manager was at the time of the inspection undertaking appraisals for all staff and records showed this.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included safeguarding vulnerable adults, equality and diversity, first aid, manual handling and health and safety. Records confirmed this. One staff member told us, "I have received training in fire safety, health and safety, moving and handling, equality and diversity, safeguarding, mental capacity, best interest and deprivation of liberty safeguards and control of hazardous substances." Staff had access to additional training which was tailored to people that staff supported. For example, staff had received training in relation to supporting people at risk of developing pressure sores. The registered manager shared with us training that had been planned. This included diabetes care, catheter care, end of life and dialysis.

People had access to health and social care professionals. For example, social workers, occupational therapists and GP's visited when required. Records confirmed appointments and any outcomes. One health care professional told us, "They always get in touch if they need to. The doctor visits once a week and when needed the home has sorted out an optician's appointment".

## Is the service caring?

### Our findings

People were supported by staff that were kind and caring. One person's told us, "Staff are very good". Another person said, "I need help to stand up but they do it very well and kindly." One relative told us, "We have only ever seen residents treated kindly".

People were supported by staff who treated them with dignity and respect. Staff gave examples of how they supported people to maintain their dignity. For example, they knocked on people's doors, sought permission before providing help, placed towels over people, and shut people's doors when providing personal care. During the inspection we observed people's door shut whilst they were receiving care. Staff also spoke with people in a respectful and polite manner. For example people were asked, "How are you?", "Would you like a drink?" and "What would you like your gravy poured onto?". One health care professional told us, "Staff always talk to people nicely, never had any concerns".

People were supported to make decisions and choices about their care and support. During the inspection people made choices about how they wished to spend the day. Some people spent time in their room, or in the communal areas of the home. One person told us, "I just watch TV. I do come down to eat but then watch TV." Another person told us, "I don't get up I choose to stay in bed".

People were supported by staff who promoted people's diverse needs. The registered manager confirmed the support arrangements within the home for people's religious needs. The home had a 'churches united' service once a month. A catholic service every fortnight with the option of communion if people wanted it. The registered manager confirmed how important it was to support people and their individual needs.

No one at the time of the inspection was on end of life care. Where people had expressed their end of life wishes these were recorded in their care plan.

## Is the service responsive?

### Our findings

The service was not always responsive.

People's care plans were not always accurate and up to date. This meant people could receive care that is not what they required.

For example, records were not always current and up to date relating to people who required support with their skin care, Parkinson's and medicines. For example, people who had additional skin care needs had a care plan in place that set out their support need. However people's repositioning charts were not always recording what care had been provided. This is important as complete records record what care people have received, by who and when. This can then be reviewed against their care plan to check they had the care they required. The registered manager said that the nurse undertook daily checks on people who were at risk of their skin deteriorating. There were records in place to show checks were completed. Staff were able to tell us who required support with their skin care. We fed this back to the registered manager who confirmed they would take action.

People who required support with their parkinson's had no specific support plan in place. This is important as staff require guidelines that set out the person's individual support. The nurse was responsible for supporting people with their parkinson's. They confirmed what support they provided with people's parkinson's. We fed this back to the registered manager who confirmed they would take action.

One person's care plan required updating following a change to their fluid intake monitoring. The person's care plan confirmed their required monitoring with their fluid intake. No records were available on what fluids the person was receiving. The registered manager confirmed the person was no longer having their fluids monitored. This meant the person's care plan had not been updated to reflect the change to their care needs.

People had access to a complaints policy. People and relatives felt able to raise concerns with the registered manager however two people and one relative raised various aspects of their care with us during the inspection. We shared this with the registered manager who confirmed they would review the concerns through the homes complaints procedure. Where complaints had been received they had been resolved with records confirming actions taken.

People had care plans which contained information relating to people's individual likes and dislikes, their daily routines and their life history. For example, care plans contained people's work occupation, if they were single or had been married and if they had children and siblings. Care plans were evaluated each month. Records confirmed this. By staff having access to information in people's individual care plan's it meant people received care that was personal to their individual wishes and preferences.

People had choice about what activities they attended. Activities included, singing to music, exercise

classes, gardening, animal therapy, skittles, and outings. During the inspection we observed people attending a singing group. People tapped their feet and sung along to the music. Other people spent time outside in the garden enjoying the sunny weather. One person told us how much they had enjoyed planting tomatoes out in the garden. They pointed at them through the window. This started a conversation with another person they were sat with and they enjoyed talking about their childhood of growing up in a large garden and what fond memories they had of this.

## Is the service well-led?

### Our findings

The service was not always well-led as we found shortfalls during the inspection relating to inaccurate and missing records.

A registered manager was in post at the time of our inspection. 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 home is run.

The registered manager undertook and kept records of regular checks of the environment, bedrails and window restrictors. Regular audits were also in place for medicines management, care plans, incidents and accidents. Not all shortfalls had been identified prior to this inspection. For example, where people were receiving support with their skin care missing records had not been identified. We also found care plan audits had failed to identify missing support plans relating to Parkinson care and specialist equipment.

Although the home had received an external audit, shortfalls relating to missing topical cream charts, and guidance relating to the administration of covert medicines had failed to be identified. For example, Some Medicines Administration Records (MARs) had no record of the medicines being administered or refused. For example one person had two missing entries where there was no record of their medicines being administered. This meant it was unclear if they had refused or were administered their medicines. We fed this back to the registered manager for them to address.

A recent external audit undertaken in May 2017 identified shortfalls relating to how medicines were being recorded. For example, when people had changes made to their medicines records it was not always clearly recorded who authorised the change and who wrote the changes on the MARs. The audit also identified some shortfalls with how medicines were being recorded daily. The registered manager confirmed following the inspection action they were taking to address this shortfall following the completion of the audit and our feedback.

The provider's medicines policy was not always being followed. For example, the medicines policy stated there should be a protocol available for when to give medicines as required (PRN). It stated the protocol should include any symptoms, what to do if it is ineffective and when a further dose could be given. We found protocols were not always in place for people who had 'as required' medicines prescribed. The provider's medicines policy also contained a cream application form which should be completed by staff when people had creams applied. These charts were not being completed. This meant there was no record of people having creams applied, when and by who. We fed this back to the registered manager for them to take necessary actions.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider's medicines policy had no instructions of what should be in place when people required their medicines to be administered covertly. Medicines administered covertly is when the medicines is concealed within food or drink and then given to the person. One person at the home had their medicines administered in this way. Records confirmed the home had followed the 'managing medicines in care home guidance'. This included involving health and social care professionals in decisions made. We fed this back to the registered manager who confirmed following the inspection the medicines policy had been updated.

We received positive feedback about the registered manager. One person said, "The [registered manager] does pop in to see us. She was in today to say hi." One relative told us, "The [registered manager] is often seen on the floor, she is very approachable, we would be happy to talk to her". One health care professional told us, "The manager is always approachable, whenever I suggest anything it is never a problem".

Staff felt happy working at the service. They told us, "I enjoy my job. I like the people they are lovely. The management of the home is fair and just. If I want to speak to the manager she will always listen to me". Another member of staff told us, "I am happy yes. I feel I can go to [name of registered manager] if I need to".

The provider's statement of purposed confirmed, 'The home was committed to providing a high level service and environment for those residing with us'. We want everything we do in our home to be driven by the needs, abilities and aspirations of our residents, not by what staff, management or any other group would desire'. The registered manager felt it was important that people living at the home were happy, well looked after and that the home supported their rights, dignity and respected people as individuals. This was confirmed by the provider's statement of purpose. Which said, 'The overall aim of the service was to respect people's civil rights, privacy, dignity, independence, security, choice and fulfilment'.

Systems were in place to gain feedback about the quality of the service. The provider sent yearly questionnaires to people, relatives, professionals and staff. Where people had made comments the service had taken action. For example, people were unfamiliar with the service user guide so a member of staff had read the guide to people so they knew what they could expect of the service.

Prior to the inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection and found we had been notified as required. This meant that we are able to build a full and accurate picture of incidents that had occurred in the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	We found records were not always accurate and up to date relating to people's individual care needs.
Treatment of disease, disorder or injury	