

Franklin Homes Limited

Sunningdale House

Inspection report

103-105 Franklin Road
Harrogate
North Yorkshire
HG1 5EN

Tel: 01423569191
Website: www.caretech-uk.com

Date of inspection visit:
09 August 2021
16 August 2021

Date of publication:
06 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sunningdale House is a care home for up to 13 people with mental health issues some of whom had additional needs due to their learning disability and/or autism. When we inspected 11 people lived in the service.

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

Staff were not consistently recruited in line with the provider's policy and legislative requirements. Staffing levels did not enable staff to have quality time with people to develop skills and promote independence. People did, however, provide positive feedback about staff.

The provider's system of audits and checks had not been effective in identifying issues which could compromise the quality of the service. When issues had been raised these had not always been addressed in a timely manner. For example, there were long-standing concerns with the environment which had started to be addressed shortly before this inspection. Improvement had not been driven.

Staff understood the requirements related to the use of PPE (personal protective equipment) and visitors to the service were screened on arrival. Elements of infection and prevention control practices required addressing, including ensuring robust cleaning.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. There was limited evidence that people who used the service were involved in the approach and development of the service. Staffing levels did not promote person-centred care and the service model was not in line with best practice. People were, however, free to move around the service and not restricted from leaving.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 January 2019).

Why we inspected

We had concerns relating to potential environmental risks at the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance and recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunningdale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector undertook the inspection with support from an Expert by Experience who telephoned people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sunningdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with us. A new manager had been appointed and had started the process to register as manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and the second day arranged in advance.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who worked with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the manager, support workers, senior support worker, locality manager and the director of operations for the north.

We reviewed a range of records. This included two people's care records, specific documents for two other people and multiple medication records. We reviewed three staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including policies and procedures were reviewed.

After the inspection

We requested recruitment information and continued to seek clarification from the provider to further explain and validate evidence found. This included health and safety information and confirmation of actions taken. We received feedback from professionals who worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not recruited new staff in line with their organisation's policy or legislative requirements.

We found no evidence that people had been harmed, however the provider had failed to effectively establish and operate recruitment systems. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider used a dependency tool to guide as to the minimum staffing levels required. This did not consider people's one to one hours, the layout of the building or tasks which sat outside of directly supporting people. This was therefore not an effective tool.
- Staff told us, and we observed, that staffing levels did not enable staff to have quality time with people to develop skills and engage in meaningful activities. One staff member told us, "It's important for staff so they have the opportunity to do things with people outside of the basics."
- People were observed to be comfortable with staff and generally spoke positively about the support they provided. For example, one relative stated, "Always been happy with the staff; I always ask [person's relative] and they are happy with the staff."

We recommend the provider review their staffing levels and the tools used to determine these, to ensure person-centred care in line with best practice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was using PPE effectively and safely.

Cleaning schedules were in place and staff undertook cleaning. Some parts of the service were unclean, including bedrooms, and rooms and furnishings were not deep cleaned. Testing arrangements were in place, however there was not a robust oversight of these. We have signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Refurbishments had commenced shortly prior to the inspection. Parts of the service were tired and in significant need of refurbishment, some of which could have compromised people's safety.
- People told us they felt safe.
- Risk assessments were in place for areas of identified risk.
- There were few incidents happening within the service, the last been over 12 months ago. Appropriate actions had been taken in response to this.

Using medicines safely

- People received their medicines as required.
- Elements of the medicines recording was not in line with the provider's policy including handwritten entries not been counter-signed.
- A medicine's trained member of staff was not always on shift and there were informal strategies to manage this. We found no evidence of impact to people and it was agreed all staff will undertake training.

Systems and processes to safeguard people from the risk of abuse

- There were very few safeguarding incidents within the service. When issues arose, these had been reported appropriately.
- Staff understood how to report concerns of abuse.
- The provider had an up-to-date safeguarding policy and information about safeguarding was available throughout the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider's system of audits and checks had not been effective in identifying and responding to the issues found during this inspection. This presented a risk to people who used the service.
- Issues which had been raised were not always addressed in a timely manner, to ensure the safety and quality of the service. A staff member told us, "I think the staff do care and do as much as they can to provide for people, but the organisation with it all could be improved."
- People's roles and responsibilities were not consistently understood.

We found no evidence the above points had impacted people who used the service, however the concerns constituted a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider and manager had started to address their governance framework, recognising some of the improvements that were needed having learnt from previous events.

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

- The provider's aims and objectives for the service was to empower people to be independent and help them to achieve their goals whilst moving to more integration in the community. As previously noted, staffing levels did not enable person-centred care and it was not clear how people were being supported to achieve their aspirations.
- People who used the service, relatives and staff were aware of who to report their concerns to.
- A key worker system was operated, and one person described their key worker as "exceptional."

We recommend the provider reviews their service model and delivery to ensure this is in line with current best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and staff were not consistently asked for their feedback about the service to ensure they were included in the development and improvements.
 - Staff worked in collaboration with health agencies, to ensure people received the support they required.
- We received positive feedback from an organisation about the communication and support provided.

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 Regulation 17 HSCA RA Regulations 2014 Good governance. The provider failed to operate effective systems to assess, monitor and improve the quality of the service and maintain complete and contemporaneous records. 17(2)(a)(c)(e)(f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed. The provider had failed to operate an effective recruitment system. (1)(a)(3)(a).