

HICA

Sunningdale Court - Care Home

Inspection report

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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	

Overall summary

This unannounced inspection took place over two days on 3 and 4 September 2015. The last inspection took place on 31 May 2013. At that inspection we found the registered provider was compliant with all the standards we assessed.

Sunningdale Court is a residential care home that provides accommodation for up to 20 people with a

learning disability who require support with personal care and all aspects of daily living. At the time of our inspection 12 people were permanently living at the service and three people were using the service for respite.

The service is designed into two bungalows. The first, smaller bungalow is used by staff and contains the

Summary of findings

administrator's and manager's office, staff room, medication room, laundry and kitchen. The second larger bungalow is separated into three areas for the people using the service. The first area named Bluebell View has four en-suite bedrooms, a bathroom, kitchen, dining room and lounge.

The second area, Lilac Mews accommodates eight people and provides en-suite bedrooms, an open plan lounge, kitchen and dining area, toilet and bathroom. The final area is Daisy Cottage. This part of the bungalow is currently being used for people taking respite at the service. At the time of our inspection there were three people using the respite facility. This area also offers all en-suite bedrooms, bathroom, lounge and kitchen dining area. The outside of the building has a car park to the front and large grassed and paved areas to the rear of the property.

The service had 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.'

During our inspection we found that staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people. Staff had a good knowledge and an understanding of the needs of the people who used the service. Staffing levels

were adequate and there was a full training programme in place which ensured staff were equipped with the knowledge and skills required to carry out their role effectively.

Medicines were managed safely; the service had policies in place that provided guidance on the safe ordering, storage, administration and disposal of medication.

We saw that staff spoke in a positive way to people and treated them with respect. We observed positive interactions between the staff and the people who used the service and people participated in a range of activities and days out.

Assessments of people's health and social care needs had been completed and were used to develop personalised support plans that informed staff how to care for people using the service in the least restrictive way.

Relatives and carers were welcomed into the service at any time and people using the service were encouraged to maintain relationships with the people they cared about. Staff were supported through regular supervisions and staff meetings. Staff and relatives told us the registered manager was approachable, listened to them and had an open door policy.

A programme of quality monitoring took place which consisted of audits, checks and questionnaires. Regular relatives and in house meetings were held to collect the views and opinions from people who used the service and their families.

Summary of findings

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 safe.

The service had policies and procedures in place to guide staff in how to safeguard people from abuse and harm.

Safe recruitment practices had been followed and people's needs were met by sufficient numbers of suitably trained and experienced staff.

We found that medication was stored, recorded and administered as prescribed.

Good



Is the service effective?

The service was effective.

Peoples were given choices of food and drink in line with individual dietary needs. People also had good access to health care services.

People's rights were respected and care was only provided with their consent or if the person lacked capacity then this was done in line with the Mental Capacity Act [2005] and we saw best interest decisions had been made.

Staff received supervision and appropriate training to ensure they had the skills and knowledge to support the needs of the people who lived at the service effectively.

Good



Is the service caring?

The service was caring.

There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy.

Staff demonstrated a positive and caring approach in their interactions with people who used the service.

People were treated with dignity and their independence was promoted as much as possible.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's individual needs and people's care records were person centred.

People had access to a range of activities and were supported to access the community as much as possible.

A compliments and complaints policy was in place to enable people to raise any concerns they had. This document was also available in alternative formats to ensure it was accessible to everyone.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Honesty and transparency were promoted within the service and staff said they felt supported and could approach the registered manager to discuss any concerns or issues.

The service had quality assurance system in place which included gaining feedback from people who used the service, relatives and other professionals. This led to service improvements where required.

The registered manager was aware of their responsibilities had made statutory notifications to the Care Quality Commission in a timely manner.

Sunningdale Court - Care Home

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 registered 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 unannounced inspection took place on 3 and 4 September 2015. The inspection team consisted of one 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. At this inspection, the expert-by-experience was knowledgeable about supporting people with a learning disability.

Before the inspection, we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form which we ask the registered provider to complete to give us some key information about the service, what the service does well and

improvements they plan to make. We also checked our records to see what notifications had been sent to us. This provided us with information about how the registered manager had dealt with incidents that affected the people who used the service. We also contacted the local authority safeguarding and contracts and performance monitoring teams.

During the inspection we spoke to the registered manager, four support staff and five people who used the service. Following the inspection we also spoke by telephone to one relative.

We spent time observing the interactions between people and the staff in communal areas and during mealtimes. We looked at all areas of the home including people's bedrooms [with permission], registered manager's office, kitchen, bathrooms, staff areas and the gardens.

We spent time looking at records which included three care plans, three staff recruitment files, staff rotas, training records, medication administration records [MARs], policies and procedures in place at the service and records relating to the management of the service.

Is the service safe?

Our findings

The people we spoke to told us they felt safe living at the service. One person told us, “I feel safe here, the staff look after me” another told us, “I’m as safe as houses.” A relative told us, “It’s a great service; they do their best and go out of their way to make the people living here happy.”

We found the registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse [SOVA]. The staff we spoke to were confident in identifying possible signs of neglect or abuse and they knew the procedure to follow if they needed to raise a safeguarding concern. All the staff we spoke with had received SOVA training and were familiar with the external agencies to contact and report possible abuse to.

The registered manager was aware of their responsibilities in referring any incidents to the local authority safeguarding team and Care Quality Commission. One staff member told us, “I wouldn’t hesitate to speak to the manager or the authorities if I thought someone here was being harmed, I wouldn’t stand for it, no way.”

We spoke with the registered manager about how they monitored risk, including accidents and incidents within the service to help prevent them reoccurring. The records we looked at showed that accidents and incidents had been documented. These were also checked regularly by the registered manager. Any incidents were then evaluated and assisted the registered manager to identify any reoccurring patterns or staff training needs. This demonstrated that the service were learning from these events and working to make improvements.

We saw that individual risk assessments were in place for specific issues that related to the health and welfare of the people who used the service. These included moving and handling, falls, nutrition and health issues such as diabetes. Risk assessments were also in place for the use of equipment such as hoists, bed rails and wheelchairs.

We saw that the service had a business continuity plan which informed staff of what to do in an emergency. The service also provided the contact details of the registered manager, area manager and person on call so that staff knew who to contact out of office hours if they required guidance, advice or support. Each person living at the

service had a personal emergency evacuation plan [PEEP] which detailed how staff should support individuals to move out of the building safely and quickly in any emergency situation.

We reviewed the maintenance records at the service and they demonstrated that service contract agreements were in place and equipment had been regularly checked and repaired when required. Checks ranged from daily, weekly, monthly and annually and included fire alarm, nurse call, moving and handling equipment including hoists, slings and wheelchairs, window restrictors and gas and water systems. These checks helped to ensure the safety of the people using the service.

The staff we spoke to could describe the organisations whistleblowing policy and said they would not hesitate to challenge and report bad practice to, “Keep the people we support safe.” One staff member we spoke to said they had used the whistleblowing procedure in the past and said, “It wasn’t a nice thing to have to go through but it had to be done and I got the support I needed.”

We looked at the recruitment files of three support staff and we saw that safe recruitment practices had been followed. The files contained completed application forms, face to face interview notes, references and Disclosure and Barring Service [DBS] checks. A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults.

We found there were sufficient numbers of staff on duty to support people. Each shift had a minimum of two support staff and a team leader. There were also two staff on duty during the night. The registered manager told us staffing was increased depending on how many people were using the service. A staff member we spoke with told us, “It would be lovely if we could have more staff to help out and maybe do more things in the community but we manage and everyone’s needs are met which is the main thing.” We spoke to a person living at the service who told us, “The staff are always here to help me if I need them; they take me out and help me have a wash.”

We looked at how people’s prescribed medicines were managed at the service. Each person had a medication file which contained their name, photograph, date of birth, GP and any known allergies. The medication administration records [MARs] were used to record when medicines were given to people. We saw that medicines were stored safely

Is the service safe?

in a locked room and ordered in a timely way so that people did not run out of them. We found that medication was administered at the advised times and disposed of in an appropriate way.

The records we looked at showed that staff checked the medication room temperature and the fridge used to store medication in on a daily basis. The records also told us that the temperatures were within the required range for safe storage. The service had a medication policy which all the staff trained for administering medications adhered to. The registered manager conducted regular medication checks and the supplying pharmacy had recently audited the medication practices of the service without any problems.

One person using the service was prescribed controlled drugs, we saw this was stored separately from other medication and was appropriately documented in the

correct way. Some of the people who used the service had limited verbal communication and we asked staff how they would know if people were in pain and required pain relief. Staff told us, "We know the people who use the service. We look at their posture, facial expressions and the majority of people can point to the area that is causing them pain."

The service was clean, tidy and well-presented throughout. We noticed that part of the flooring in the dining room on Bluebell View had started to lift and would make it difficult to clean as well as presenting a tripping hazard. We also saw that part of the kitchen worktops in Lilac Mews and Daisy Cottage had heat damage and was stained. We spoke to the registered manager about this who said they would report it to the organisation's estates department to have them repaired. We will monitor this at our next visit to the home.

Is the service effective?

Our findings

Our observations showed that staff had a good knowledge and understanding of the needs of the people living at the service. We saw that people received effective care from appropriately trained staff. One person who used the service told us, “The staff are kind, they look after me.” A relative also told us, “The staff are good, they look after them well and there always happy to assist.”

We looked at the staff induction programme and saw that all new employees are enrolled onto the organisations SHINE academy programme. The SHINE initiative is describe as aspirational scheme that underpins our organisational commitment to continuous improvement and a personal pledge to ‘make a difference’. This programme covers a range of training, assessments and workbook sessions covering areas including whistleblowing, safeguarding, person centred care and communication, health & safety, risk assessments and learning disability awareness. This induction programme contributes to staff gaining the care certificate qualification.

A staff member we spoke to told us, “When I got the job I completed mandatory training, then shadowed for approximately one week with experienced staff members before they let me to do the job on my own”.

During our inspection we saw that staff were patient and had the appropriate skills and attitudes when supporting vulnerable people. Staff had the skills to communicate effectively with the people using the service. Staff could describe people’s non-verbal communication methods and could also explain what gestures, noises and facial expressions meant.

We saw people had communication passports within their care records. These were designed in an easy read format and included photographs, pictures and symbols so they were accessible to the people who used the service.

We saw in the care records we reviewed that people who had capacity were involved in decision making and had given verbal and written consent for things including permission for staff to contact medical professionals. We saw that decision-making processes had involved relatives, staff at the service and relevant others. We also saw that

mental capacity assessments and best interest meetings had been held for people who lacked capacity to ensure decisions were being made in the best interest of the individual.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. DoLS are part of the Mental Capacity Act 2005 [MCA] legislation and are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority. We checked the care records and saw that one person who used the service had an authorised DoLS in place which was valid until January 2016. This helped to ensure people received care and support in the least restrictive way.

The staff we spoke to understood the principles of MCA and DoLS. Training records showed that out of a staff team of 29 all but four members of staff working at the service had up to date Mental Capacity Act and DoLS training which had been completed within the last two years. The four staff whose training had expired were booked onto the course to complete the refresher training within the next month which the registered manager showed us evidence of. The staff training records also showed that staff had also received up to date training in first aid, infection control, challenging behaviour, dementia and health and safety awareness. One staff member told us, “The trainings good, we cover all different subjects either face to face, completing a workbook or watching a DVD.”

The service operated a non-restraint policy and the staff we spoke with all confirmed this. The people who used the service each had their health needs and conditions documented within their care records. We saw evidence in these records that individuals had input from local healthcare professionals when required. A relative told us, “We’re always invited to appointments regarding [relative’s name] health. If we can’t make them were always kept updated with what’s gone on.”

All visits or meetings with GP’s, district nurses, wheelchair services and social workers were recorded in the individual person’s records with the date and reason for visits and any

Is the service effective?

further actions needed. This showed us that the service involved necessary professionals and welcomed interventions from outside agencies to ensure people received an effective service.

Staff told us they felt well supported and received regular supervision with either the registered manager or team leader. One staff member said, "I get regular supervision and feel supported. I get to discuss any issues or worries I have and I always feel listened to." The registered manager confirmed that staff received supervision approximately every three months which is in line with the organisation's supervision policy which states that staff should receive a minimum of four supervisions per year. We looked at three supervision records which all confirmed staff had received regular supervision which was documented. The records we reviewed also confirmed that staff received appraisals on an annual basis.

The registered manager told us that the service offered hot meals on an evening and sandwiches, soups and salads were available at lunchtime. Menu choices and meals were discussed at each resident meeting as a way of collecting the views and wishes of people living at the service. The registered manager told us they use a company named *Apetito* who deliver freshly prepared but frozen meals on a weekly basis. The meals are then oven cooked on the premises and served. The registered manager explained that people using the service were consulted over the introduction of these meals and taster sessions were held before they were introduced. People were also asked for

feedback at each resident meeting. People using the service told us, "I like the food, it's nice", "Meals aren't too bad, we always get what we choose" and another person gave us the thumbs up when asked.

A relative told us, "We were consulted over the meals being changed and bought in. I'll be honest we weren't overly keen at first but (relative's name) seems to like them, there's a good choice and they always smell good when we're visiting at dinnertime."

A staff member told us, "I'm not keen on the idea of serving frozen meals, although they do look appetising and the residents seem to like them. Personally I don't think you can beat fresh, home cooked food." We spoke to the registered manager about this who told us, "Overall the response from the people we support has been positive they all seem to like the meals. We are constantly evaluating feedback and we will be reviewing the choice of meals being served in the future."

We observed lunchtime and saw that people were shown a choice of sandwiches, cake, fruit and yogurt and staff encouraged people to choose what they wanted. We saw staff asking people what drinks they would like and we saw people being shown a choice if they were unable to verbally communicate their preference. Some people chose to eat with others in the dining areas while some preferred to eat in the comfort of their bedrooms. We observed the lunchtime experience as positive and saw that people enjoyed being together and were supported appropriately by staff when required.

Is the service caring?

Our findings

A relative told us, “The staff are caring and from what we see, will do anything for the people who live here.” We asked one person if the staff were kind and they nodded and told us, “They are, I love them.”

We observed positive interactions between the staff and people who used the service. Staff were considerate and responded to people’s requests for food, drinks or support promptly. During our inspection we saw that call bells were answered quickly and staff were always present if people needed assistance. The service operated a keyworker system which enabled staff to get to know the people they supported.

The service displayed details about local advocacy support services and we saw evidence in people’s care records that advocates had been used when required. The registered manager told us, “Those who have families are supported by them but there are a lot of people who don’t have family support so we use advocacy services when necessary.”

Staff told us families were welcome to visit their relatives at any time. One relative told us, “We’re always made to feel welcome when we visit to see my [relative’s name]. Staff always greet us and offer a cuppa, which is nice.”

The care records we looked at contained evidence that people were consulted about decisions that involved them and changes within the home. Staff told us how they supported people to make choices about what activities they wanted to do, what they wanted to eat and which clothes they would like to wear. One staff member told us, “We always try to involve them and encourage them to make the decisions. It’s not always easy but we try our best.” Staff told us they promoted people’s independence and encouraged the people using the service to do as much for themselves as possible. One person told us, “I can get a shower but staff help me wash my back.”

The care records we looked at were person centred and contained key areas of where support was needed, previous history profiles and individual’s likes and dislikes.

One care record detailed that a person using the service liked to enjoy a beer with their evening meal. We saw evidence of the beer in the fridge and the person’s keyworker told us, “We go to the supermarket and buy the beer for (name). They enjoy it so why not.”

We found staff had a good understanding and knowledge of people’s personal likes and preferences and observed staff displaying kindness and compassion when interacting with the people who used the service. Staff spoke to people using their names and people were not excluded from conversations. We saw that staff took time to explain things and describe what was happening to people, when they carried out care tasks and daily routines within the service. One relative told us, “Staff are always well mannered and are laughing and joking with people. There’s always big smiles all round.”

We observed staff supported people to maintain their privacy and dignity. Everyone had their own bedroom and each person had a key for their room which they were encouraged to keep locked when they were not in them. People’s bedrooms were personalised with items that were precious to them. One person took great pride in showing us their room which contained all their soft toys, family photographs, pictures of celebrities, perfumes, CDs and DVDs. The relative’s feedback we looked at from the quality assurance questionnaire from February 2015 showed that all relatives asked felt that people living at the service were offered choices and were treated with dignity and respect. A relative also told us, “They have worked really hard in supporting (relative’s name). They’ve made so much progress and staff are so patient it’s lovely to see the progress and how much they’ve come on.”

We saw staff knocked on people’s doors prior to entering. We observed people were appropriately dressed for the weather and people told us they were supported to choose what they wanted to wear. We spoke to staff about their understanding of what ‘dignity and respect’ meant to them. Staff described knocking on people’s doors before entering, keeping people covered up during personal care tasks and giving people space when they requested quiet time.

Is the service responsive?

Our findings

The three care records we looked at were person centred and personalised to each individual and their assessed needs. Records contained communication and hospital passports which had been produced with the involvement of the people who used the service. These documents are used to effectively communicate with people who may have limited verbal communication and to encourage consistency when people need to visit hospital.

We saw that assessments had been completed and individual's needs were identified prior to people moving into the service. This ensured that the service was suitable for the individual and could meet people's needs appropriately. People's care records contained one page profiles which included likes and dislikes, how to support them and previous history. Key information including next of kin, involvement of health professionals and medical history was also present within the records. Individual support plans were in place which contained more details of how to support people in areas such as health, nutrition, personal care and mobility. This meant that appropriate information was documented for staff to follow and ensure people were supported effectively.

We saw that care records were monitored and updated on a regular basis. Reviews were held every six to 12 months but more frequently if required. Staff told us people who used the service were encouraged to attend and be involved in their reviews. People were encouraged to maintain relationships with their family and friends. We saw families were included in meetings and decisions which involved their loved one. One relative told us, "I always get invited to reviews and meetings involving (relative's name). I try to attend whenever I can."

During our inspection we saw that one person had some one to one time and used this to access the community with the support of staff. When they returned the person told us, "I went to the pub for a drink, it was nice." We also saw that people had been for days out to the seaside and to visits to the local shops. One person accessed a local day care facility on a weekly basis and lots of in house activities were facilitated by the activities co-ordinator at the service. People who used the service were encouraged to participate in a range of things including chair based exercises, baking, arts and crafts, music & drum sessions, singalongs and pampering sessions. Staff told us, "It's not always easy to get people participating and sometime to even leave the building but we try and try again."

One person told us, "At Christmas we have a party and a disco. We also have entertainment and activities here." We saw that a summer fayre had been held at the service recently and staff told us people who used the service were encouraged to take part in the organising of the event. Staff explained that one person had made beads and craft items for the fayre and sold them on the day. One staff member said, "When you see the people you support smiling and happy you can go home at the end of the day knowing that you have made a difference."

The service had a satisfaction and complaints policy which was displayed within the main entrance. A copy of this policy was also available in an easy read version with pictures for people who may find the information difficult to understand. We looked at the complaints file which documented copies of any complaints raised at the service. The file also contained any actions, outcomes and response letters regarding the complaint made.

Is the service well-led?

Our findings

The service was led by the registered manager who had been in post since 2014. People who used the service all recognised and knew the registered manager's name and she had a good rapport with them. The registered manager also knew the names of the people who used the service and was friendly and considerate in her approach. The registered manager leads a team of staff including team leaders, support workers, auxiliary staff, administration support, catering assistant and maintenance. Staff told us, "The manager is approachable and always has time to listen" another said, "As a new manager they are good, she is still learning the job but the door is always open."

We observed staff approaching the manager during the day to ask for advice and guidance and they always got a polite response. We found the registered manager was aware of their responsibilities and was knowledgeable about local authority safeguarding processes and ensured staff were aware of their responsibilities too.

Services that provide health and social care to people are, as part of their registration, required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager had appropriately notified the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken within the service.

The registered manager told us they operated an open door policy and would like to think staff could come and speak to them about anything. A relative told us, "The manager is good. She will always make time to speak with you if she's available and everyone seems to like her."

Staff told us they felt "well supported" by the registered manager however one staff member told us, "It would be nice to see the manager's presence more in the resident's bungalows." We spoke to the manager about this who said they always tried their hardest to be involved with the people who used the service but paperwork and meetings sometimes took over. The registered manager told us they would try harder to have more of a presence with the people who used the service.

We saw the organisation's statement of purpose which outlined the key values and mission statement which included; providing the very best care for the community,

in the community, your needs – our concern, creating a person centred culture and encouraging a safe and innovative approach to work. We found that the organisation encouraged good practice and had a scheme titled the shining star award which encouraged staff to be nominated for a shining star award if they have made a difference to someone's life.

We saw the system for reporting and recording incidents and accidents at the service was appropriately completed and a monthly data analysis was produced to ensure learning from these events could be made. Records showed us that regular audits of the environment, moving and handling equipment, care plans, risk assessment and electrical equipment were continuously reviewed and monitored to ensure the service remained effective and safe.

Monthly staff and house meetings with the people who used the service took place. This gave staff and people who used the service the opportunity to discuss issues or things they would like to see happening at the service. The service held meetings for families and carers however the registered manager explained that attendance at these meetings is generally poor despite inviting guest speakers, changing the days and times and trying to make them more appealing. A relative we spoke with told us, "We attend meetings and they also do a monthly coffee morning. Not many people turn up or support them which is a shame but the staff do try their best to encourage families to attend." The service also produces a newsletter which is displayed and given to families to keep them update which changes or events happening at the service.

Staff told us they worked well together as a team and would pull together to cover additional shifts in times of illness or holidays.

The service encouraged feedback from the people, relatives, staff and professionals. The service requests feedback throughout the year on a range of subjects including activities, food, dignity and care and organisation. We saw copies of these questionnaires and the analysis from them. The registered manager told us that the feedback was fed into an action plan for overall service improvements. The service works with health and social care professionals and sought intervention when necessary.