

Staffordshire Care Limited

Sunningdale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 January 2016 and was unannounced. This was the service's first inspection under the new management arrangements of Avery Care.

Sunningdale provides accommodation for up to 42 people who require nursing or personal care. At the time of our inspection 33 people were using the service.

There was 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 previous inspection, we identified concerns with how people were provided with dignified care and able to make choices. During this inspection, we saw improvements had been made. Staff were respectful and people chose how they wanted to be supported. People received individual support to eat and drink and staff spoke with people and included them in conversations during the meal time. People had a choice of what to eat and drink and specialist diets were catered for.

Improvements were needed to ensure people were provided with activities to meet their interests. There were limited opportunities for people to engage in activities and as the lift was not in operation, people were spending long periods of time in their room unoccupied and with limited opportunities for socialising with others.

Communication was not effective from the provider, and people, their relatives and staff were unsure of what was happening in the home and in the future. Meetings were held with people and staff but there was not an effective system in place to ensure people had up to date information about any changes or developments.

People's risks were assessed and there were sufficient numbers of staff to promote people's safety. However, some care records still needed to be updated to ensure they reflected current information about how people wanted to be supported.

People were confident that staff supported them in a manner which protected their welfare and they told us they felt safe. Staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. Where harm or abuse was suspected, the staff knew how to respond to protect people.

The staff had received training that enabled them to meet people's needs. Care was provided with kindness and compassion and people's independence and dignity were promoted. People's health and wellbeing were monitored and they received their medicines as prescribed. The staff worked with other professionals

to ensure people received medical, health and social care support when required.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people were not able to make decisions for themselves, they were supported to make decisions that were in their best interests with the help of people who were important to them. Where restrictions were placed upon people these had been assessed and applications made to appropriate authorities to ensure any restriction was lawful.

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?

Good ●

The service was safe.

Staff knew how to protect people from abuse and how to report any concerns to prevent further potential harm. People's risks were assessed and there were individual support plans in place to keep people safe. There was sufficient numbers of staff on duty to meet people's needs and medicines were managed safely to enable people to take their medicines at the right time.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent from people prior to providing care. They ensured people received support to make decisions in their best interests. Staff had received training which gave them the skills they needed to care for people effectively. People had access to health care professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People enjoyed the company of staff and they were kind and caring. Staff were interested in people and valued their company. Staff recognised people's right to privacy and promoted their dignity. Staff knew how people wanted to be supported and provided care in line with their preferences and wishes. Relatives felt supported by staff and could visit whenever they wanted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received care in accordance with their wishes although they were not protected from the risks of isolation and boredom because there were limited opportunities to be involved with activities. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. The provider listened to and acted upon

feedback from people who used the service to improve care.

Is the service well-led?

The service was not always well led.

Communication between the provider with people and staff meant that they were concerned and unsure about the future of the home. The provider was monitoring aspects of the service and using the information to improve care when necessary. Plans had been developed to further improve the service to ensure positive outcomes for people.

Requires Improvement 

Sunningdale Nursing 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 provider was 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 20 January 2016 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with four people who used the service and three relatives, six members of staff and the area manager and one social care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, staff rotas, training records and staff recruitment files.

Is the service safe?

Our findings

When new people moved into the home, people's mobility was assessed to explore how they needed to be supported to move and what equipment needed to be used. One member of staff told us, "When people move in here, I come in and carry out the assessments. The good thing about this, is that people get assessed straight away so we can help them to move safely and I can advise the staff. I also look at which is the best sling and equipment to use. We have a variety of equipment so it's important we choose the right one." People told us they felt safe when staff supported them to move or when using moving equipment. One person told us, "The staff know what they are doing and never rush me, I can walk at my own pace." Staff told us that the training was designed around the needs of people who used the service. One member of staff told us, "It's much better now we have our own trainer. We look at how individual people need to be supported rather than just going through the general rules. This makes it so much better and if we have any questions then the trainer is there to answer them and help us."

People were supported by staff who understood how to reduce any risks to their safety and prevent harm. We saw staff supporting people to get safely from one area to another. This was done in an enabling way and the staff were seen to reassure the person and give them plenty of time. We also saw that when people needed to use specialist mattresses, these were set at the correct pressure and staff were aware of how to check these. Care records included information to reduce any identified risks and staff understood how to reduce the risk of harm to people.

People told us they were satisfied that the staff had time to support them and we saw there were sufficient numbers of staff to meet people's needs. The lift was not being used as there were concerns about its reliability; the provider had taken action to make repairs to the lift to ensure it was safe to use. One member of staff told us, "It will work sometimes but we are not prepared to take that risk with people. We've done what we can in the meantime and we're just waiting for them to come back out." One person told us, "It's been more difficult recently as I couldn't come downstairs but the staff have managed. It will be much better when it has been fixed." In the interim period the provider had arranged for a large empty bedroom to be used as a small lounge. Some people had chosen to spend time in their bedroom and although this impacted on how the staff were deployed, we saw people were supported and call bells were responded to promptly.

Two people were supported on an individual basis as it had been identified that they needed additional support to remain safe. We saw staff were always present and staff told us they were clear why people needed additional support. One member of staff told us, "We are always there for them but that doesn't mean we don't give them any space. [Person who used the service] doesn't want us standing over them but at the same time we need to be there for them. It's about getting the balance right and understanding how they feel too."

Staff knew people well and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with appropriately by senior staff. Staff told us they would have no hesitation in reporting any concerns and

were aware of whistleblowing procedures and how to use them. People were protected from harm because staff knew how to raise concerns about abuse and poor practice. One member of staff told us, "The safeguarding training here is one of the best. We all have the same trainer so we all know what we need to do. I'm much more confident in knowing what to look for and what to do than I've ever been." The staff were aware of their responsibilities in making safeguarding referrals to the relevant local authority and local safeguarding procedures including contact details were clearly displayed for the staff to refer to.

We saw that people received their prescribed medicines safely and at the correct time. Medicines were administered by nursing staff who demonstrated a good understanding why people needed their prescribed medicines and what they were for. We saw people were given time to take their medicines and were given a drink. One person told us, "I have my tablets every day. If I need more tablets when I have a pain, I only have to ask. They are very good." We saw that medicines were stored safely and there were processes in place to ensure medicines were recorded correctly to protect people from harm.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Is the service effective?

Our findings

Our previous inspection identified concerns with how people were supported to make decisions and were given choices. On this inspection, we saw that staff sought people's consent before they provided support and they were able to make decisions about their care. We spoke with one person who told us, "I tend to wake up at about six o'clock and the staff help me to get up. They ask me what I want to do and they know I like to get up at this time. I need help as I can't manage my personal care and they help me out when I'm ready."

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us that some people lacked the capacity to make certain decisions about their care. The new provider had introduced new records to support staff to record where mental capacity assessments had been completed and where best interest decisions had been made for people. Some people had restrictions placed upon them as they were unable to leave the home independently and staff told us they were not able to make decisions about their safety. Applications to deprive people of their liberty had been made to ensure this was in their best interests. Where applications had been authorised staff were aware of how this impacted on people and what these restrictions were. One member of staff told us, "It's about making people safe. It doesn't stop them going out but it means we have to go with them."

People received effective care and support from staff who knew them well. The induction training was delivered in the home and a member of staff told us, "It's important that we draw on all our skills and experiences and doing the training here means we can give the staff real training based on their needs." We spoke with staff who had recently started working in the service and they told us they were supported to do their job. One member of staff told us, "The training from Avery is very good. ELearning doesn't work for everybody and it's good they invest in people and give staff the training they need to skills to do the job." Another member of staff told us, "The trainer is very good at everything and especially safeguarding and moving and handling. It means so much more now and if there's anything I don't understand I can just ask them as they are here every day. What else is good is that we all get the same training from the same person. We are all very clear and work better as a team." Staff told us they were assessed to demonstrate practical competencies in areas such as moving and handling. We spoke with the trainer who told us, "It's important everyone has the same training, especially when helping people to move. I get assessed too to make sure I am competent and I am delivering the training properly."

Some people who used the service were living with dementia. The staff had received training to support people and we saw where the staff recognised people may have complex needs and needed additional support. One member of staff told us, "The dementia training was really good and made you think more about what things may mean to people. It's made me think about things differently. For example, if [person who used the service] sees a fire on the television, they think there's a real fire and can get upset. We have to take care and if we understand this we can help them to not get upset. Before I might not have understood what the problem was but now I look deeper and we understand more."

People told us they enjoyed the meals and were given choices. We saw people were enjoying their lunch which was well presented. One person told us, "The meals here are lovely and if I don't like something, I can have a something different." One member of staff told us, "We have had more training about food and meal times. Every have very strong views about what people's meal time experiences should be like. It is better for people now. We serve the meals individually and the tables are laid nicely with flowers and napkins. People can choose what they want to eat and drink. We have wine glasses now too. People can have a glass with their meal or even if people want juice we have the wine glasses we can use." We saw equipment was available for people to use to remain independent at meal times. Where people needed a soft diet, the food was blended separately. One member of staff told us, "It's so much better this way because people can taste the different foods. I wouldn't eat it if it was all mixed up together and we expect the same standards for people living here." A nationally recognised malnutrition screening tool was used to identify people at risk. People were weighed every month where there were concerns and we saw people had nutritional supplements prescribed. One person told us, "I have a choice of what flavour to have. There's always my favourite available and the staff explain why it's important for me to have it."

People were supported to access health care services including their GP, occupational therapist and chiropodists. People told us they also received nursing care from staff within the home to meet their needs. One person told us, "I have to be careful about infections too and if I need help or I get ill the staff help me and the nurse comes to check how I am." Staff confirmed that where they had concerns the nursing staff were available to provide advice or initial care. One member of staff told us, "It's good that we have the nurses here as it means people know who is helping them and that puts them at ease."

Is the service caring?

Our findings

During our last inspection we identified concerns with how people were provided care in a dignified manner. This meant there was a breach Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we saw improvements had been made. People told us they were treated with dignity and respect. One person said, "The staff shut the door and make sure the curtains are closed when they come and help me. When I'm having a shower they always put something over me when they help me to wash." Another person said, "The staff treat me like a lady and are very polite. They always look after me well." We saw staff were respectful when speaking with people. The staff discreetly and sensitively brought matters to people's attention, for example, if clothing needed adjusting or if they needed support with personal care. Each person was able to dress according to their preference and style.

People told us that they were treated with kindness and compassion and one person said, "The staff here are really lovely. One staff comes in here every morning and helps me with a big smile on their face." We observed positive interactions between people and staff. People were comfortable and happy around staff and there was laughter between them as they chatted. We saw that staff encouraged people to express their views and listened patiently to their responses.

Those people who were in discomfort were attended to with kindness. Staff gave the impression that they had plenty of time and spoke with people who were sitting so that they were at eye level with them. They interacted well with people who we saw were more withdrawn and talked with them about family members and recent events.

People were supported with making choices and decisions about everyday issues. We saw staff did not make assumptions about what people liked and disliked and gave them the opportunity or time to choose for themselves. One person told us, "The staff always ask me what I want to wear each day. I like to look nice and choose for myself." Where people were not able to make a decision one member of staff told us, "We must always assume that people can tell us. I ask people what they want and give two choices. You have to look harder. Sometimes people look towards one of the choices when they can't speak." Family members had been asked to support in the development of care records and bring photographs and details of important events. One member of staff told us, "We're trying to get a better picture about people and this will help us speak with people and know what matters to people so we can provide the right care."

People told us that their independence was promoted. One person told us, "The staff always make sure my stick is nearby so I can get around. I don't always like to bother people so I like to have everything around me." Where people needed assistance we saw staff offered reassurance and spoke with people so they were aware of what was happening and provided comfort to people.

People's religious and cultural beliefs were upheld and supported. Staff spoke knowledgeably about how people had chosen to practice their faith and recognised how people may choose to worship and the differences. There were had regular religious services and one person told us, "I'm Catholic and we had a service here yesterday. It's always a good service." Another person told us their religion was important to

them and they were able to take holy communion and continue to practice their faith.

Is the service responsive?

Our findings

The lift to the upper floor was awaiting repair and while the repairs were being made the provider had organised for one empty double bedroom to be made into a small lounge area. We spent time in this area and saw five people were using this temporary lounge. The television was on but we saw people were not watching the morning chat show. We asked one person if they liked what was being shown and they put their thumb down and shook their head.

Some people who used the service received individual support to ensure they were safe and staff told us that these people had opportunities to be involved in social activities. We saw other people had limited opportunities and we saw they spent most of their time on their own in their room. One person told us, "The carers are very good and try very hard. It is difficult with the lift being out but they do their very best. I have come downstairs today but there's no one here. I do have my newspaper and I'll read this but there's not much else to do." The activity records included information that health care visits were being considered as activities and there was little information to show how people had been provided with activities to engage with their hobbies and interests on a daily basis. External entertainers were provided on occasions including singers. One person told us, "It's good when the singers come in. I wish they came more often as they are really good."

Information within people's care records was not always clear. The new provider had introduced new records and people's care was being reviewed. Where the new records had been implemented there was clear guidance and information about what people wanted. Some people's care records had not been reviewed and there was misleading information. For one person, the records said they could consent to their care but another record stated the person did not have capacity to consent to medication. Another person had conflicting information about how they wanted to bathe. We spoke with two members of staff who told us they knew people well and could explain how to support people which matched what we saw being delivered. One member of staff told us, "I agree, this is confusing and they all need to be changed. You can see we are doing this at the moment and we need to complete this so it's clear how we support people."

People who used at the service and their relatives knew how to make a complaint and who to go to if they had concerns. One person told us, "They do listen. If anything is wrong I speak with the manager. I can see things are changing but they still have to make more improvements, especially because of the lift and what happens during the day." We saw the registered manager considered the circumstances of any complaint and provided people with a response to their concerns.

People were able to make choices about their accommodation. A member of staff told us, "We're looking at everybody having their own room unless they want to share." One person had requested to move to a single room and this was organised. We saw all the furniture was moved and one member of staff told us, "This will be so much better, they like their privacy so if we have a room people want to move to then we arrange it for them."

Is the service well-led?

Our findings

The service had a registered manager although they were not working at the time of our inspection. The provider had arranged for the deputy manager to work as the acting manager during this period of absence. People and staff told us that the management team were approachable and supportive but staff felt communication could be improved. One member of staff told us, "There's been a lot of change since the new provider, but there's so much we don't know. We would all feel better if we knew what was happening and when things are going to be fixed. We seem to be kept in the dark." We saw notices displayed misleading information about when the lift was to be mended and a relative told us, "The notice says it would be fixed in four weeks and that's been and gone." We saw evidence that action had been taken to order the parts and to carry out the work but this information had not been given to people or staff.

The new provider had assessed the home and a development plan was in place which identified where improvements to the environment were required. These improvements including modernising the bathroom facilities to enable people to have a choice of having a bath or a shower; reviewing the main lounge area to develop smaller communal areas and decorating the home. The area manager told us that negotiations were taking place with contractors to ensure this work was carried out and necessary improvements to the home were made. This would mean people had an improved home with enhanced facilities for bathing and meeting with others. We will continue to inspect this service against this development plan to ensure better outcomes for people who used the service.

The provider carried out quality checks on how the service was managed. These included checks on care and associated records, health and safety and incidents. Where concerns were identified, action was taken to improve quality and improvements were monitored and reviewed. One improvement was having door guards fitted to bedroom doors so people could chose to have their door open. We saw incidents were reviewed so any trends could be identified and addressed. Staff meetings were held to discuss what could be improved, people's experiences and views and the staff could make any comments.

The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. To ensure people know about the performance of the health and care services they use, providers must display our rating of their previous inspection. We saw the poster was displayed in the entrance hall to advise people of the rating and how they were performing. This meant that people were informed of how well the provider operated the service and where any improvements needed to be made.