Sunnymeade Quality Care Ltd

Sunnymeade Quality Care

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 22 September 2016. This was the first inspection the service had been inspected under the current registration.

Sunnymeade Quality Care is a care home which offers care and support for up to 40 predominantly older people. At the time of the inspection there were 36 people living at the service. Some of these people were living with dementia. The accommodation is spread across two floors and one area is specifically arranged to cater for those people with higher support needs. There are several lounge areas where people can choose to spend their time. There was a pleasant garden adjacent to the building.

The service had two full time registered managers in post with clearly defined areas of responsibility. 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.

There were enough staff to help ensure people's health and social needs were met. Staff were effectively deployed across the service and people's needs were met in a timely manner. Staff were friendly and compassionate in their approach to people. People commented; "They look after me very well" and "Staff are good."

Risk assessments were in place with information to guide staff on how to protect people from any identified risk. We observed staff supporting people in line with guidance. The assessments were reviewed and updated regularly to help ensure they reflected people's changing needs.

People told us they received their medicines as prescribed and systems for the safe storage of medicines were robust. We found the system for recording when medicines which were to be taken as required had been administered were not robust. We have made a recommendation about the management of these medicines in the report.

Staff received a thorough induction when they started working at the service. Training was regularly refreshed and staff told us it was effective. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure staff were suitable to work in the care sector.

Staff supported people to be involved in and make decisions about their daily lives. People chose where they spent their time, when they got up and when they went to bed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were protected from the risk of abuse because staff had a good understanding of the potential signs

of abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Care plans were well organised and contained information covering all aspects of people's health and social care needs. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

One member of staff had responsibility for overseeing the programme of activities provided for people. Activities took place both within the service and outside. As well as trips out for special occasions or events, people were supported to access the local community regularly to visit cafes and go on local walks.

The registered managers were well supported by the provider. They attended local forums to keep up to date with any developments in the care sector. They were supported in the day to day running of the service by senior team leaders. There were plans to introduce a key worker system to give members of staff responsibility for the oversight of individuals care plans.

People and their relatives were asked for their views on the service provided. This was done using a variety of methods including questionnaires, meetings and a suggestion box. People's suggestions were listened to and acted on if appropriate.

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 had received training in how to recognise and report the signs of abuse.

Risk assessments were in place to help ensure people were protected from any identified risk. Staff consistently followed the guidance contained in the assessments.

Systems for recording the administration of some medicines were not robust. We have made a recommendation about this in the report.

Is the service effective?

Good

The service was effective. New staff undertook a thorough induction programme.

Training identified as necessary for the service was updated regularly.

People had access to a varied and healthy diet.

Is the service caring?

Good

The service was caring. Staff were friendly and compassionate in their approach to people.

People's privacy and dignity was protected.

People's preferences were taken into account when planning and developing the service.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

There were opportunities for people to take part in organised activities.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the service.

The management team kept up to date with any developments in the care sector.

There were systems in place for gathering the views of people and their relatives.

Sunnymeade Quality Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22 September 2016. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider completed 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. We reviewed the PIR and other information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people who lived at the service. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the premises and observed care practices.

We spoke with the two registered managers, the provider, seven members of staff, a relative and a visitor. We looked at care documentation for three people living at the service, medicines records, staff files, training records and other records relating to the management of the service. Following the inspection visit we contacted three relatives and an external healthcare professional to hear their views of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they considered Sunnymeade to be a safe environment. Comments included; "I feel very safe here", "They look after me really well" and "I'm reassured [relative] is safe here." An external healthcare professional also told us they considered Sunnymeade a safe service.

Care staff were clear about how to recognise potential signs of abuse and the process for reporting any concerns they may have. All staff had received training in safeguarding. There were leaflets displayed in the service outlining the process for reporting any safeguarding concerns to the local authority.

Care plans contained risk assessments for staff to refer to. The assessments were used to highlight any identified risk and guided staff on how to minimise or avert the risk in order to keep people safe while not overly restricting them. Assessments were in place to cover people's individual needs. Where an issue had been identified there was clear guidance for staff on the action they should take to minimise the risk. For example, it had been identified that one person was at an increased risk of falls. Their assessment stated staff were to support the person with all transfers and were to remind the person to use a walking frame when moving around the building. The information clearly stated what equipment was needed when supporting the person and how many members of staff were required. Another person required a specialist cushion to protect them from the risk of developing pressure sores. Staff responded when they noticed the person was not using the cushion. They encouraged them to stand using the appropriate equipment, so the staff member could put the cushion in place. Throughout the process they spoke kindly and ensured the person was comfortable. This demonstrated staff were aware of the actions to take to protect people from identified risks.

Some people could behave in a way which meant staff might need to make physical interventions in order to keep themselves or others safe. One person's care plan read; "Can become very physically and verbally aggressive." Staff had not had any training to support them in this. They told us the support required by individuals had been discussed and they were confident they could meet people's needs. We discussed the lack of training in this area with the registered managers and provider. They said they would look at the possibility of introducing this in the future.

People and relatives told us there were enough staff to help ensure people's needs were met. During the inspection people's requests for assistance were met quickly. We heard call bells ringing and these were responded to in a timely fashion. Rotas for the past two weeks showed the staffing levels identified as necessary for the service were routinely met. As well as care staff there was a team of domestic and kitchen staff and a maintenance worker. This meant all aspects of the service were attended to. A relative commented; "There always seems to be lots of staff on duty."

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service looked after people's personal money for them if required. Staff signed to verify any expenditure and receipts were kept. A sample of people's money was checked and the amounts held tallied with the records and receipts.

Medicines Administration Record (MAR) charts were completed to show people had received their medicines as prescribed. Some people had medicines prescribed to take only when needed, to help them when they became distressed. We checked the records for one person in respect of this particular medicine. The records did not indicate how much of the medicine had been carried forward from the previous MAR chart. The amount of medicines in stock did not tally with the amount recorded as administered. The registered manager told us this was probably a recording error; we could not verify this or establish when the error had occurred, as staff only recorded when the medicine had been given. Although the discrepancy was minor it is important systems for recording medicine administration are robust.

We recommend that the service seek advice and guidance about the recording of the administration of medicines.

Some people had been prescribed creams and these had been dated on opening. This meant staff knew when the cream had been opened and how long it could be used before it was out of date and had to be replaced. A dedicated fridge was on site to store medicines which required cold storage. The temperature was monitored daily and was within the safe range. Staff responsible for administering medicines had all received the relevant training. We observed a medicines round and saw people had their medicines administered sensitively. Staff stayed with people until they had taken their medicines and ensured they had water available. One person told us; "They are never late with my medication, my medicines are important to me."

The environment was clean and well maintained. Relatives commented: "The upkeep of the home is very good" and "It's a lovely clean environment." Regular repairs and maintenance work were carried out. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. There was a system of health and safety risk assessment. There were smoke detectors and fire extinguishers in the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

Personal Emergency Evacuation Plans (PEEPs) were in place for everyone living at the service. These outlined what support individuals would need to leave the building in an emergency. 'Grab bags' were available which contained equipment which might be required in such an event, such as torches and drinking water.

Good

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. A relative commented; "Staff have a better rapport with [relative] than I do now." An external healthcare professional stated; "Staff appear to be well informed about the care needs of the residents."

There was a robust system in place to help ensure training in areas identified as necessary for the service was updated and refreshed regularly. Staff appeared competent and confident in these areas. For example, many people required support from staff when moving around or changing position. We observed several examples of this occurring and saw it was done safely and using the correct techniques and appropriate mobility aids. Staff told us they had good access to training opportunities and were supported to complete relevant courses. The member of staff with responsibility for overseeing activities had received training in reminiscence activities to help meet people's specific needs.

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the service's policies and procedures and completing the Care Certificate. This replaced the common induction standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff or 'buddy' until such a time as the worker felt confident to work alone. One new employee told us; "The training was really in depth, absolutely fantastic."

Staff attended a face to face supervision meeting within six months of starting employment. After this they completed 'performance assessment records' to rate their performance regarding various aspects of their roles. The areas covered included; attention to detail, attitude towards residents, kindness and understanding of people's needs. Staff told us they felt well supported by management and were able to raise any issues they might have at any time. All staff received annual appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for DoLS authorisations had been made to the local authority appropriately. Some people were subject to DoLS authorisations and all the relevant paperwork was in place. One person's DoLS had a condition attached that stated they should be given opportunities to take part in activities regularly. Staff were required to record what activities the person had been offered and whether or not they had agreed to it. We looked at the records and found this was not being consistently carried out. Although staff

recorded when the person had taken part in an activity they did not always record when they had declined to do so. We discussed this with the registered managers who assured us they would remind staff of the importance of adhering to the conditions of the DoLS.

Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Mental capacity assessments and best interest discussions had taken place when necessary and in accordance with the legislation.

The premises were pleasant and had been arranged to meet people's needs. There were quiet areas for people to relax in and more social sitting areas where we saw people chatting with each other, staff and visitors. Part of the building was used by people whose health needs were higher and the security arrangements in this area were more stringent in order to protect people from harm. Corridors were clear and free from clutter for people to move around as they chose. A medium sized garden had plenty of seating and we observed people enjoying the sun. The garden was well maintained and attractive. There was a lack of signage throughout the building to help people find their way around independently. Clear signage can aid people living with dementia to orientate themselves in their environment and help them maintain a level of independence.

People had access to refreshments at all times. The kitchen was open 24 hours a day so staff could meet people's requests for snacks or drinks. Throughout the day people were regularly offered drinks. We observed the lunch being served and noted the food looked appetising. One person had chosen a different meal to the one on the menu. Staff were available to provide people with any support they needed with their meals. People told us they enjoyed the food and had a choice of what they had to eat. One person told us; "I like it all but if I wanted something different they [staff] would get it." Themed food days were held and there had recently been a Mexican Day. People had enjoyed the chilli and had asked for it to be regularly included on the menu. When people first moved into the service their food and fluid intake was recorded to ensure they were having sufficient to eat and drink. Once this had been established people were no longer monitored unless there were any concerns about their health and well-being. The Food Standard Agency had completed an inspection the previous week and awarded the service a 5 star rating.

People had access to external healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Records showed external professionals were consulted when people's health care needs changed.

Good

Is the service caring?

Our findings

Not everybody was able to verbally communicate with us about their experience of care and support at Sunnymeade. The people we did speak with were complimentary about the care they received. One person told us; "It's very good here, I wouldn't want to live anywhere else." Relatives were highly complimentary of the staff team. Comments included; "Staff have such patience with her", "I've never seen anyone of them with a long face", "The girls are lovely, they're just like friends" and "At times [relative] doesn't recognise me but she recognises staff. I think she sees them as her family now." An external health care professional told us; "I observe staff treating residents with respect and kindness."

People's privacy and dignity was respected. People's confidential information was protected. Care records were stored in an office on the ground floor which was locked when not in use. There were systems in place to ensure people had any equipment they had been prescribed, such as hoists and slings, for their sole use. The laundry was well-organised and people told us their clothes were returned to them promptly.

Throughout the day we heard staff chatting with people and there was plenty of gentle teasing and laughter. When staff spoke with people they knelt down beside them in order to establish eye contact. Staff made appropriate physical contact with people and were compassionate in their approach. A relative told us; "Sometimes I sit and listen and I've never heard them [staff] make a derogatory remark or a sarcastic comment."

People were able to make day to day decisions about how and where they spent their time. There were various areas of the building where people could choose to sit watching the television, listening to the radio, taking part in activities or sitting quietly with a newspaper. Other people chose to spend most of their time in their rooms. Staff regularly checked on these people to check on their general well-being and health.

A new bath had been installed which could be raised to allow staff to support people in it effectively. There was equipment in place which could be used to transfer people with mobility problems into the bath, safely and comfortably. The registered manager commented; "It's more relaxing than having a shower. Some people really prefer it and this means they can have one." This demonstrated that what was important to people was taken into consideration when developing the service provided.

People's bedrooms were decorated to reflect their personal tastes and preferences. People had photographs and personal mementos on display and some had chosen to bring their own furniture into the service. The registered manager told us bedroom walls were painted a neutral colour but people were able to request a particular colour for the walls if they had a preference.

Staff recognised the importance of family relationships. People told us their relatives were able to visit whenever they wanted and were always made to feel welcome by staff. One person's relatives lived abroad and staff supported them to keep in touch by letter. Some people did not have any family and arrangements were in place for them to have access to independent advocacy services when decisions about their care and future were being made.

People's religious and cultural beliefs were respected. For example, one person had been a regular church goer before moving into the service and this was recorded in their care plan. Staff were guided to ensure the person was aware when the local vicar was in to give communion and given the choice to attend.

Good

Is the service responsive?

Our findings

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, daily routines, mental health and medicines. The information was well organised and easy for staff to find. People's needs were identified and there was clear guidance for staff on how to support the person well and in line with their needs and preferences. The care plans were regularly reviewed and updated to help ensure they were accurate and relevant. Staff told us they found the care plans useful and informative. Relatives told us they had been involved in the development of care plans and information specific to their family members needs was sought out and included.

When people moved into the service they and their relatives were asked to help staff develop a pen picture of their life history. This information is important as it can give staff an understanding of what events have made the person who they are today and help them to engage in meaningful conversations. The information gathered from this was used to help develop people's care plans. For example, in one person's care plan there was a description of their morning routine which stated the person liked to get up early due to habits formed in their working life.

Staff demonstrated an in-depth knowledge of people's individual needs and preferences and we observed people being supported in line with their care plan. There were systems in place to help ensure staff were up to date with any change in people's needs. There was a staff handover meeting at each shift change. We observed a handover and heard staff discussed each individual, their general health and mood. Daily records were also completed for each person.

Information in the PIR and records in the service indicated there was a high number of falls occurring at the service. We discussed this with the registered managers who told us one person's health had declined and a lot of the falls recorded were for this one individual. Action had been taken to protect the person which included a medicines review with the GP, a referral to the falls clinic, the introduction of a falls alert alarm and increased one to one support. They told us the number of falls had decreased significantly since the introduction of these measures, particularly the additional staff support. This showed action was taken to address people's changing needs.

People had access to meaningful activities both in the home and outside. An administrative worker had responsibility for overseeing the activity programme and they produced a weekly activity poster. Activities on offer during the week of the inspection included baking, bingo, board games and a movement to music session. Outside entertainers visited weekly. A poster in the porch advertised an organised Halloween event. The registered manager told us people were able to get involved in planting hanging baskets and tending the garden if they wished. There was a bar in one of the lounges which was used when celebrating people's birthdays or any festivals. There was a mini-bus which could seat 14 people which was used for trips to local attractions and for accessing the local community. The registered manager told us trips were planned to meet people's interests and preferences. For example, one person had been involved in amateur dramatics and they were supported to attend any local productions.

The management team worked to establish links with the community. Pupils from local schools visited periodically throughout the year. There were also visits from representatives of a nearby church and a local group of bell ringers.

Residents meetings were held regularly and records showed these were well attended. Minutes demonstrated any suggestions raised at these meetings were acted on. For example, ideas for trips out or changes to the menu. Staff visited those people who preferred not to attend meetings individually to gather their views and suggestions. The registered manager told us; "The home is run by the residents, not the staff."

There were no on-going or recent complaints in progress at the time of the inspection. Information on how to make a compliment or complaint was available in the service in an area used by people and visitors. There was also a suggestions box in the porch way. People told us they had not had to make a complaint but would approach staff with any worries or concerns. An external healthcare professional stated; "I have never had a problem at Sunnymeade but feel confident that if I did it would be taken seriously by the management team and attended to promptly. I would feel happy to raise any problems that I might have and clear about how to do this." Relatives told us they would be confident approaching any members of staff with any concerns they had. One told us; "Anything I've asked for has been honoured."

Good

Is the service well-led?

Our findings

There were clear lines of accountability and responsibility within the service. There were two registered managers in post who were supported by senior team leaders. The registered managers had clearly defined roles. For example, one had oversight of staff training needs. Staff told us the team leaders were approachable if they needed any support or advice. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. There were plans to introduce a key worker system to give members of staff responsibility for the oversight of individuals care plans. The registered provider visited the service regularly and was known to the staff team.

People and staff told us the registered managers were easy to talk to and friendly. Staff were positive about the support they received and told us they felt valued. There was clearly mutual respect throughout the staff team. The registered provider told us the two registered managers worked well together and complimented each other. Staff were enthusiastic about their work, comments included; "I love working here" and "It's like a family here."

There was a friendly atmosphere in the service and throughout the day we heard staff and people sharing a joke and laughing together. One of the registered managers told us; "It's a people home, not a care home." An external healthcare professional told us; "The home is well run" and "Staff are always willing and enthusiastic to implement suggested improvements." Relative's comments included; "The place is excellent, they're on the ball" and "Management are extremely helpful and approachable."

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. Senior team leaders also had regular meetings. The registered managers told us they were well supported by the registered provider and had regular supervisions. They also valued the support they were able to give each other. Both sometimes worked in the service providing care and supporting staff. This meant they were aware of the culture of the service at all times. One of them commented; "It's important, it means we know what's going on and we know the people we support."

The registered managers attended a range of events and forums in order to keep up to date with any developments in the care sector. For example, they attended a local Dignity in Care Forum which hosted speakers from a variety of organisations including CQC and the NHS. One of them told us this was an effective way of sharing experiences and ideas with other providers in the local area. In addition they subscribed to appropriate journals and were signed up to email lists which provided them with relevant information and materials.

Checks were completed on a weekly or monthly basis as appropriate for fire doors and alarms, emergency lighting and Legionella checks. Hoists and slings were regularly serviced to ensure they were fit for purpose.

There were systems in place to gather the views of people and their relatives regarding the service provided. Annual questionnaires were circulated twice a year to formally document people's responses. In addition family members were invited to review meetings where appropriate.