

**HICA**

# Sunningdale Court - Care Home

## Inspection report

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Date of inspection visit:  
19 October 2017  
24 October 2017

Date of publication:  
30 November 2017

## 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

The inspection took place on 19 and 24 October 2017, and was unannounced.

Sunningdale Court Care Home is registered to provide personal care for 20 adults with a learning disability, or who are on the autism spectrum. It is located in Ashby, near Scunthorpe. Accommodation is provided in three bungalows; Lilac Mews, Bluebell Cottage and Daisy Cottage.

There was a registered manager in place. 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.

At our last inspection the service was rated as Good. At this inspection we found the service remained good.

People were safeguarded from potential harm and abuse. Staff undertook safeguarding training. Issues raised were fully investigated. The service was homely and was maintained to make sure it remained a safe and pleasant place for people to live.

Care and treatment was planned and delivered to maintain people's health and safety. During the inspection people's needs were met by sufficient numbers of staff. Recruitment processes remained robust. Medicines were dispensed by staff who had received training to undertake this safely.

Staff were provided with training to help them care for people. They received supervision and appraisal, which helped to develop the staff's skills. People's dietary needs were known and if staff had concerns people were referred to relevant health care professionals to help to maintain their well-being.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

Staff supported people with kindness, dignity and respect. People were supported to undertake a range of activities at the service and in the community.

People received the care and support they required and their needs were kept under review. End of life care was provided at the service.

People were asked for their views about the service, feedback received was acted upon. The registered manager, staff and senior management team undertook checks and audits of the service. Investigations of incidents and accidents occurred and any learning from these issues was implemented to help to maintain or improve the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# 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 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 inspection took place on 19 and 24 October 2017 and was unannounced. An adult social care inspector completed the inspection and was accompanied by an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of learning disabilities.

Prior to our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We also spoke with the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the service. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served in one dining room. We observed a member of staff giving out medicine. We looked at a variety of records; this included three people's care records, risk assessments and medicine administration records (MARs). We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, three members of staff's training, supervision and appraisal records, as well as recruitment documentation.

We spoke with the registered manager, regional manager, quality assurance manager, estates manager,

administrator, three staff and cook. We also spoke with four people who used the service, a visitor and a visiting health care professional. The expert by experience also spoke with two relatives by phone.

Some people living at the service could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported by staff and provided us with evidence that staff understood people's individual needs and preferences.

# Is the service safe?

## Our findings

At this inspection, we found people continued to be supported in an safe way. The rating for this domain remains good. People told us they felt safe. We received the following comments; "I feel safe living here" and, "I feel quite safe here. I get support from the staff, a lot of support actually." Relatives also said the service was safe. One said, "I have nothing to worry about." Another said, "I feel the staff do a good job for my relative."

During our visit we observed there were enough staff provided to meet people's needs in a timely way. Some people said there were enough staff, others said, "I don't think there are enough staff on all the time. Sometimes there are, but other times we have to wait longer for help" and "Being honest, I don't think that there are enough staff on. I think we need more members of staff, so that we can do more activities." A relative said, "They do sometimes seem short staffed. Although there is generally staff that they can call on when they get very busy. There are staff members who seem to float between all the houses, helping out where necessary in each bungalow." We discussed staffing with the registered manager who informed us the staffing levels were kept under review and were increased for activities, outings and when people had heightened care needs. There was also a dependency tool in place which was used to help the registered manager monitor the staffing levels required. Staff we spoke with and staff rota's that we looked at confirmed this occurred.

There was a safeguarding and whistleblowing policy in place which informed staff about the action they must take to protect people from harm and abuse. Staff were aware of the different types of abuse that could occur and said they would report issues immediately. One member of staff told us, "I would report safeguarding issues straight away." We found safeguarding issues were reported to the local authority and were acted upon, at the time of the inspection one safeguarding issue was being investigated.

We saw people's care records contained risk assessments which identified potential risks present which may impact on their health or safety. For example; the risk of falls, choking, the prevention of skin damage due to immobility and potential hazards to people's wellbeing when going out in the community. Risks to people's wellbeing were monitored and reviewed to help keep people safe. We observed staff understood the risks present for each person in their care and they were able to tell us about the action they would take to reduce the risks present.

The medicine systems in operation at the service were robust. We looked at how medicines were ordered, stored, administered, recorded and disposed of. People's medication administration records (MAR) contained their photograph to aid identification. Allergies were recorded to inform staff and health care professionals of any potential hazards. They checked people's identity and stayed with them until their medicine was taken. Staff undertook training and were assessed to make sure they remained competent. Two further staff were about to undertake medicine administration training.

We saw staff were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control. Advice was sought from infection control specialists to protect people's

wellbeing.

During our inspection we undertook a tour of the premises the bathrooms and laundry required cleaning. We raised this with the registered manager who ensured this was completed to a high standard. Some maintenance work was required to be undertaken; wall fittings on a shower seat required covering, pipes behind a bath required boxing in so they could be cleaned more effectively. A corridor carpet required a deep clean and some window restrictors required fitting. All of these issues were acted upon straight away by the management team to ensure the service remained a safe and pleasant place for people to live. One person said, "I find the place is generally clean and tidy and the cleaners do a good job." A relative said, "The home is usually clean when we visit and there are often cleaners around."

## Is the service effective?

### Our findings

At this inspection, we found people continued to be supported in an effective way. The rating for this domain remains good. People we spoke with confirmed this, they said they were given choices and the food provided was good. One person said, "Staff listen to me and they are kind. I enjoy the food and I get a choice of meals." Another said, "The staff support me in my decisions. I can make choices about the things I do. I enjoy my food, very much so. There is enough food and I can say if I don't like something." A relative said, "[Name of person] enjoys the food, she's never had any complaints on that front! She has a good appetite and they do provide other options if she doesn't like what is on the menu on a given day. When I've been there at meal times the food has always looked very appetising actually."

We reviewed the training matrix that showed staff were provided with and completed mandatory and specialist training. For example; first aid, moving and handling, fire safety, nutrition, food hygiene, safeguarding, the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], learning disabilities and autism. Training provided helped to develop and maintain the staff's skills. New staff had to complete a period of induction and undertake the fifteen elements of the care certificate [a nationally recognised training programme]. Staff received supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss any performance issues or training needs.

We observed staff understood they had to promote people's human rights. Staff told us they asked people to consent to their care. This was done by verbal communication or through the use of body language. We saw staff understood each person's unique way of communicating. We found staff gave people choices to and supported them to make decisions for themselves. A member of staff said, "I know the residents very well, I know their way's and habit's."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS. The registered manager was aware of their responsibilities in relation to DoLS. Two people had a DoLS granted, and 15 applications for DoLS were awaiting authorisation by the local authority. Where people had been assessed as lacking capacity to give consent to their care and make their own decisions, care was provided in their best interests.

People's nutritional needs were assessed. People's special dietary needs, preferences and allergies were recorded. We observed lunch; the food served looked appetising and nutritious. Staff helped and encouraged people to eat and drink and adapted crockery and beakers were used to promote people's independence. Staff monitored people's dietary needs and relevant health care professionals were contacted, if there were any concerns.

We found people were supported by a range of health care professionals, such as GP's, district nurses, speech and language therapists, physiotherapists, chiropodists and dentists. We found as people's needs changed their care was reviewed and health care professionals were contacted for help and advice.



During our inspection we observed staff supporting people in the communal areas of the service. We saw staff understood people's likes, dislikes and preferences for their care. People's independence was encouraged, even if there were some risks attached to this and their wellbeing was monitored by the staff.

The service was maintained and we found there was level access to all areas. People's bedrooms were personalised and decorated to people's individual taste. Bedrooms were set out to ensure staff had enough room to use equipment, for example hoists. Pictorial signage was provided to help people find their way around and find toilets and bathrooms. Bedroom doors were numbered and some had pictures on their door to help people locate their room.

# Is the service caring?

## Our findings

At this inspection we found people continued to be supported in caring way by staff. The rating for this domain remains good. People we spoke with and their relatives told us the staff were kind and attentive. We received the following comments; "The Staff are kind and they listen to me" and, "Some staff are kind and some aren't, and some listen more than others." During our visit we saw people were treated with dignity and respect.

Information was provided about the service in formats suitable to meet people's needs. We saw inspection reports, local advocacy information and dates of resident and relatives meetings were displayed to help keep people informed.

We observed the staff understood people's preferences for their care and support. Staff understood people's personalities, interests and preferred routines. Staff were seen to be attentive and they offered help and assistance to people, when required. Friendly banter took place between people and the staff. We saw staff attended to people straight away if they were anxious or upset and comforted them in a gentle and kind way, made sure people were alright and ask if they needed anything. We saw staff dealt with people's anxiety in an extremely empathetic and considerate way.

Staff communicated well with people and treated them with compassion. People's individual communication needs were understood and staff gained good eye contact, bent down or used appropriate touch to aid communication, help to reassure people or let them know they were there. We saw staff listened to and acted upon what people said.

Staff told us they enjoyed working at the service and looking after the people who lived there. One member of staff said, "This is a lovely little home. The residents are lovely." Staff covered each other's holidays and absence to provide continuity of care to people.

People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names. One person we spoke with said, "They treat me with dignity and respect and they knock on doors before they [staff] come into our rooms."

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

End of life care was provided at the service. Relevant health care professionals helped to meet people's needs at this time.

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act.

## Is the service responsive?

### Our findings

At this inspection, we found staff continued to be responsive to people's needs. The rating for this domain remains good. People we spoke with told us the staff were responsive. We received the following comments; "The staff listen to me", "I can make choices about the things I do and the staff support me in my decisions", "They [the staff] look after me very well", "When I had a fall I was checked over by the GP" and "The staff get me checked over if I say I am not feeling very well."

Relatives told us the staff were responsive and they were contacted by staff if their relation was unwell. One relative said, "Staff rang when [name] had a health problem, they rang to discuss a flu jab. They keep me well informed. I am very happy. I have no concerns."

We found people's needs were assessed before they were moved to the service, which helped staff understand their needs. Individualised care was planned for people. Information about people's care and support was recorded in care plans and risk assessments. People's specific communication needs were recorded. Behavioural support plans [information about how to reduce challenging behaviour in people with learning disabilities and autism] were in place and were being reviewed and enhanced.

If people had to attend hospital they were escorted by relatives or staff. People had 'hospital passports' to take with them to inform the hospital staff about their specific needs. This helped to maintain people's wellbeing. A health care professional we spoke with said, "Staff are doing everything I have asked them to do. They would get in touch if they were worried."

Staff were provided with a handover of information between shifts. This included information about people's physical, psychological and emotional condition as well updates from visiting health care professionals so staff were aware of people's changing needs.

People who used the service told us they enjoyed the activities provided within the service and in the community. People enjoyed socialising with their friends, going out shopping, to the pub and to the cinema. There was an activity co-ordinator provided who knew people's preferences. During our inspection we saw a lot of activities taking place. Recently, the service had taken part in a 'HICA in bloom' competition; the gardens had been enhanced for this competition by people living at the service and by the staff.

There was a complaints procedure in place. People we spoke with told us they would make a complaint if they needed to. We saw issues raised were investigated and the outcome was recorded and shared with the complainant. The registered manager used the complaints information and learning from this to improve the service.

## Is the service well-led?

### Our findings

At this inspection we found the service continued to be well-led. The rating for this domain remains good. People we spoke with and their relatives told us that they were happy with the service provided and thought highly of the manager. One person said, "He is easy to talk to and he has helped me." Another person said, "Yes, I do know the manager, I've forgotten his name but I see him around a lot." A relative said, "I have no concerns about Sunningdale. The manager and the staffing team do their best by the people that they are looking after. I can talk to the manager and he does seem to try and sort out anything that I mention."

We found the registered manager and management team were open and transparent. They worked well with us and with the local authority. We saw there was an open door policy in place and feedback about the service was welcomed by the management team at any time.

People's views were sought through speaking directly with them or through resident and relative meetings. We found feedback received was acted upon, for example suggestions of food to be added to the menu or activities or places to visit.

We saw staff meetings took place, which enabled staff to give their opinion about the service. Staff we spoke with told us they could speak to the registered manager or management team at any time and did not have to wait for meetings to air their views. Minutes of the meetings were provided to help staff who were unable to attend to keep informed.

We found quality monitoring checks and audits were in place. These covered areas such as; people's care and medicine records, accident and incidents, staff files, and the environment. Information from the checks and audits undertaken were shared with the provider. We saw the senior management team helped and supported the registered manager; they visited and assessed the service on a regular basis to look at how improvements could be made. Learning from safeguarding investigations, accidents and incidents was implemented to improve the service. The registered provider supported the service by ensuring best practice information was shared with the registered manager and staff. We found notifications were submitted to the Care Quality Commission as required by law.