

Woodland Healthcare Limited

Sunnymede

Inspection report



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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service:

Sunnymede is a care home that provides personal and nursing care for up to 34 older people. The service is provided in accommodation over three floors. At the time of the inspection, 24 people were living at the home.

What life is like for people using this service:

Since our last inspection, improvements had been made to the management of people's medicines, although shortfalls remained. We found further shortfalls relating to the reporting of incidents that affected the health, safety and welfare of people, accuracy of records, storage of records, person-centred care, infection control, staffing and quality assurance.

People were not always protected from the risks of infection, because staff did not always follow published infection control guidance.

People were not always safeguarded from abuse because incidents such as unexplained bruising were not reported to the local authority.

Sufficient numbers of qualified staff were not always deployed to meet the needs of people who needed support, for example, with pressure ulcer management and catheter care.

A range of quality monitoring checks were completed. However, they did not always identify shortfalls, so actions were not always taken to mitigate risks and make improvements.

Whilst there were improvements in the personalising of people's care records that provided guidance about how they wanted to be cared for, there was a lack of opportunity for people to participate in meaningful activities.

People who used the service and relatives spoke positively and told us they felt safe in the home.

We have made a recommendation with regard to staff recruitment practices.

People were supported to access a range of health care services and regular visits were undertaken by the GP.

People's dietary needs were assessed, and actions taken when people lost weight or their nutritional needs changed.

We have made a recommendation that the provider ensures that all people have access to the most

appropriate equipment to help them eat and drink independently.

Staff were caring and respectful. There were good interactions between staff and the people they were supporting.

The service met the characteristics of Requires Improvement in the key questions, Safe, Effective and Responsive. The service met the characteristics of Inadequate in the key question, Well-led. The service met the characteristics of Good in the key question, Caring. Therefore, our overall rating for the service after this inspection has remained Requires Improvement.

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

Rating at last inspection: Requires Improvement (report published in March 2019). This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected:

Services rated "requires improvement" are re-inspected within one year of our prior inspection. This inspection was brought forward. This was prompted in part due to anonymous concerns relating to the quality and safety of care people were receiving.

We found evidence that the provider needs to make improvements. Please see the safe, effective responsive and well-led sections of this full report.

Follow up:

We have identified breaches of the regulations in relation to safe care and treatment, infection control, staffing, person-centred care and good governance at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Sunnymede

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Two inspectors, an assistant inspector and an expert by experience carried out the inspection 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 service. One inspector carried out the inspection on the second day.

Service and service type:

Sunnymede is a care home that provides personal and nursing care to older people. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced on the first day, so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager 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 also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke in depth with eight people who lived in the home and briefly with others. We spoke with five relatives. We observed how people were being cared for. We spoke with the operations

manager, the registered manager and eight staff. This included registered nurses, catering staff, laundry staff and care staff.

We reviewed a range of records that included five care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

We spoke with two health care professionals and obtained their views about the service. Their views have been incorporated into the report.

Is the service safe?

Our findings

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

At our last inspection in August 2018, this key question was rated Requires Improvement. This was because of shortfalls relating to the management and recording of medicines. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although sufficient improvements had been made to meet the legal requirements for medicines management, further improvements were needed.

This key question has remained Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Overall, the home was clean, and there were no persistent odours. There were infection control and cleaning audits in place. However, staff did not follow published guidance for the prevention and control of infections.
- Soiled items were removed from soluble bags which are designed to be placed directly in the washing machine. The items were hand rinsed in a sink in the laundry before being placed back in the soluble bag and into the washing machine. This increased the risk of the spread of infection. After we brought this to the attention of the registered manager, they confirmed, after the inspection, the actions they had taken to stop this unsafe practice.
- Staff did not always check people had been given the opportunity to wash their hands after using their commodes. For example, we saw a person was served food straight after using their commode. Two members of staff had attended the person and neither had checked this. We brought this to the attention of staff at the time.
- One person's catheter drainage bag was directly in contact with the floor. This is not in accordance with nationally recognised practice for catheter management.
- We brought each of the shortfalls noted above to the attention of the registered manager during the inspection.
- People with bed rails had protective padded bed rail bumpers. Some of these bumpers were not clean and were torn, with the internal foam exposed. In addition, a large armchair for one person had a large area of exposed foam on one of the arms of the chair. This meant the equipment could not be adequately cleaned.

Systems and processes to safeguard people from the risk of abuse

- There was a failure to consistently safeguard people. Potential abuse was not always reported appropriately.
- We saw records, for example, of unexplained bruising and a skin tear that had not been reported to the local safeguarding authority, in line with legislation. This was brought to the attention and discussed with

the registered manager on the first day of our inspection.

The failure to ensure there were effective infection control measures in place, and the failure to report incidents that affected the health, safety and welfare of people were breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe and appeared comfortable when staff were present. Comments from people and their relatives included, "The care staff are so good," and, "They do what you need."
- Staff were able to tell us how they would report incidents of abuse and they knew where to locate the relevant guidance. Comments included, "We have got safeguarding information, contact numbers downstairs, and I know we can contact CQC."

Staffing

- Sufficient numbers of suitably qualified staff were not always deployed to meet people's needs. One person told us, "Sometimes short, seem short at the moment," and a health professional had commented there was a "Lack of consistency of registered nurses." They also noted the 'managers' knew people well. However, the registered manager and the deputy manager were not registered nurses, so they could not provide or supervise nursing care.
- The staff we spoke with did not express concerns about staffing levels. They told us they were often asked to work additional shifts and they were aware the registered manager was actively trying to recruit additional care staff.
- Staffing numbers were assessed and determined according to whether people were funded to receive nursing or residential care. There was no individual assessment, other than a set number of hours for nursing care and a set number of hours for residential care. There was no calculation for the number of actual nursing hours people needed. This was particularly relevant because of the staffing arrangements for night duty.
- The registered manager told us they were 'piloting' the allocation of three care staff on night duty, with the support of an on-call registered nurse. The registered nurse left at 11pm if they were within a 10 minute travelling distance or they slept in the home. On most occasions, we were told, the registered nurse went home. We checked the rotas, and these showed, for a four week period, there were mostly two, not three, care staff on duty overnight.
- The registered manager told us they felt this was safe, because there were just 24 people living in the home. However, as noted in this and other sections of the report, there was a lack of consistent 'clinical nursing oversight' to promptly identify and act when people may need the support of a registered nurse. For example, for assessment and review of wound care, and the giving of medicines such as pain relief. There were no staff on duty overnight able to provide this clinical care, if it were needed. Care staff had not been trained to administer medicines, although a training programme was in place for four senior care staff.
- At weekends the registered manager said they operated on a 'skeleton staff'. The planned nursing and care staff levels were unchanged, unless there was staff sickness. However, the registered manager, deputy manager, housekeeping and laundry staff worked mostly, Monday to Friday. This meant the overall staffing levels were significantly reduced at weekends.
- The staff rotas did not accurately reflect the actual staffing on night duty. The code 'N' was used for night duty for nursing and care staff. Care staff night duty hours were 8pm until 8am. As noted above, the registered nurse for night duty, was not usually in the care home overnight, from 11pm. The registered manager told us a registered nurse was on duty each morning at 7am to administer the early morning medicines. This was not reflected on the rota which stated either 'N' or, for day duty 8-8.

We found no evidence that people had been harmed. However, the failure to demonstrate sufficient

numbers of suitably qualified staff were deployed at all times, to meet people's care and treatment needs, was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Recruitment

- The provider had systems in place for safe recruitment. Since the last inspection very few staff had been employed. Whilst most files were fully completed, for one member of staff, appropriate references had not been obtained on one occasion.

We recommend that the provider reviews their recruitment practice in line with legislation.

- DBS checks had been undertaken as required. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified

Using medicines safely

- At our last inspection, we found people did not receive their medicines safely. There were gaps in recording, so it was not clear if people had received their medicines as prescribed, and where people required medicines when needed, rather than at set times, protocols were not consistent. In addition, for medicines declined on a regular basis, there was no evidence of actions taken. Medicine storage was disorganised and there was insufficient recording to confirm that temperatures of the medicines storage were safe.
- At this inspection, whilst improvements had been made, further improvements were needed.
- On the first day of our inspection, 'time critical' medicines, prescribed to be given at 7am and 7.30am, were given over an hour later than prescribed. We were told this was 'a one off' because the registered nurse was late arriving for their shift. They did not record the actual time of the late administration on the medication administration records (MARs). They told us they would adjust the timings accordingly for the remainder of the day to make sure there was the appropriate length of time between administrations.
- On the second day, the registered nurse was on duty and gave the time critical medicines as prescribed. After the inspection, the registered manager contacted us to confirm the GP had reviewed and changed the timings of the early morning medicines noted above, to 8am.
- The MARs were pre-printed by the pharmacy supplier and provided instructions of the prescribed medicines with clear directions for administration. However, for one person the prescribed amount of insulin was not recorded. The instructions stated, 'as directed.' The amount had been hand-written by staff onto the MAR and was not dated or signed. This was rectified on the second day of inspection after it was brought to the attention of the registered manager on the first day.
- The staff administering the medicines were patient and kind. They checked that people were ready to take their medicines and provided the support people needed.
- Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security. Medicines for disposal were returned to the supplying pharmacy.
- Where people were prescribed medicines to be taken 'as required,' for example, for pain relief, the records provided details of the circumstances in which they may be needed. However, there were no staff trained to administer medicines between 11pm and 7am.
- Some people were prescribed topical creams that were to be applied to their skin. Most of the records we checked were completed to confirm they had been applied as prescribed. One record had not been fully completed to confirm the cream had been applied as prescribed.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls,

skin condition, choking, moving and handling, mobility, malnutrition and dehydration.

- However, we randomly checked a risk management plan and found this was not reviewed on a regular basis to make sure it continued to provide the safest option for the person. Their risk assessment and management plan was last reviewed in May 2018. We brought this to the attention of the operations manager at the time.
- People were provided with call bells in their bedrooms. We observed that people did not always have their call bells within reach. One person told us they would, 'scream,' if they needed help. We were concerned that people may not be able to access the care and support they needed, when they needed it. We brought this to the attention of the registered manager.
- People who needed support to move with hoisting equipment told us they felt safe when they were being moved. We observed staff supporting people to move and they provided reassurance and encouragement during the procedure. The details of the hoist and type and size of sling people needed was recorded in their care plans.
- Environmental checks were completed that included electrical, gas, legionella control and fire safety. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents.
- The registered manager reviewed accidents, incidents and falls each month. They recorded the actions taken on an accident summary sheet. However, the actions taken for people who sustained unexplained injuries, did not include referrals to the local authority safeguarding team.

Is the service effective?

Our findings

Effective-this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on available evidence.

At our last inspection in August 2018, this key question was rated Good. At this inspection, the rating for this key question has deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices: Delivering care in line with standards, guidance and the law

- Accurate and complete records had not always been maintained to ensure that people's care and treatment had been provided in line with their needs.
- For people assessed as at risk of skin pressure damage or deteriorating skin condition, pressure relief mattresses and chair cushions were provided. The care plans prescribed how often people needed support to change position, for example, 'two hourly' or 'four hourly'. However, the records of the care actually given sometimes stated 'repositioned regularly.' There was no record of the time the care was provided or that it was provided at the time intervals required for the person. This meant people may not have been provided with the care they needed to meet their needs. We discussed this with the operations manager and the registered manager during the inspection. They told us they would take action and make sure timings of care interventions were recorded.
- The care plans for people with a high risk of skin pressure damage or a history of having pressure ulcers, were incomplete, inconsistent and did not provide clear evidence that they had been provided with the care they needed. For example, the care records for one person noted, on the same day, their wound looked healthy and another record entry described the wound as 'sloughy,' which is not healthy.
- Records relating to wound care were kept in a number of different folders, in different places within the home. There was no 'signposting' to advise and guide staff about this system. It was therefore difficult to obtain an accurate, concise, consistent and up to date account of how wounds were progressing, or actions taken when concerns were identified. We brought our concerns to the attention of the operations manager and registered manager at the time. The operations manager said they advised that all care records should be kept in one place.
- The care plans provided guidance for staff about how to recognise and respond to possible urinary tract infections. There was not sufficient guidance to make sure the needs of people with urinary catheters was fully addressed. For example, for one person the day and night records stated the catheter was not working properly and that it was 'bypassing.' There was no written evidence that this was promptly reviewed, or if the person had experienced pain as a result of this. We discussed this with the operations manager and the registered manager. They told they were planning to introduce new records for catheter management.

The failure to maintain complete, accurate and up to date records of people's care and treatment was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives spoke positively about the care they received. A relative told us, "When she came in she was very skinny, sunken eyes, when saw her last Thursday looked really well."

Staff support: induction, training, skills and experience

- Staff told us they were provided with opportunities to discuss and receive feedback about their individual performance and development. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The expectation of the provider was that each staff member received a supervision four times a year. They told us one of these meetings may be a group meeting, one may be an appraisal and two should be one to one meetings with staff.
- The supervision and appraisal matrix did not record that annual appraisals had been completed for the current year. The registered manager told us their planning year ran from April to May and all supervisions and appraisals would be completed in accordance with the provider's policy.
- Staff received training through the provider's training programme which included safeguarding, fire safety, food hygiene, mental capacity act and moving and handling training. Training to help meet people's basic care needs such as oral health training had not been undertaken by all care staff, although guidance was available in people's care records. The provider's training matrix did not show that continence and catheter care training had been provided. The operations manager told us this was provided as part of the induction programme for care staff.
- Training specific to people's needs such as diabetes and caring for people living with dementia had been provided. Recent additional training had been provided for falls, SEPSIS, accident and incident procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were offered enough to eat and drink. Comments included, "We are very lucky, food is nicely presented, can eat in room or dining room," and, "Food suits me, very nice, nicely cooked. Choice of main course and can ask for other things. Breakfast, I normally have downstairs but waiting for bath so had upstairs (today)."
- People were offered meal choices and staff told people what the meal was when they were being served. Staff provided people with clothes protectors when needed, and people were encouraged, supported and assisted to eat their meals as needed.
- Some people who ate meals in their rooms or in armchairs in the communal areas were provided with 'over-bed' type tables. When they needed replacement, lower round small coffee tables had been purchased. We saw people struggling to reach their meals and their ability to eat independently from these lower tables, was reduced.
- Where people had specific dietary needs, these were recorded in their care plans. For example, for people who had textured foods. Staff were aware of people's dietary requirements. People's risk of malnutrition was assessed, using a nationally recognised screening tool, and when people lost weight this was recorded, and actions taken. The registered manager checked on a regular basis and from the weight records they showed us, very few people had lost weight in the last six months.
- The chef told us how they were made aware of people's likes, dislikes, needs and preferences. They were provided with information for each person and updated when there were changes. They gave examples of how they fortified foods with additional butter and cream. They told us they also visited people in the communal areas or in their rooms to seek feedback and to obtain peoples' views.

We recommend the provider ensures that all people have access to the most appropriate equipment to help them eat and drink independently.

Supporting people to live healthier lives, access healthcare services and support

- People living in the home had access to external healthcare professionals. This included speech and

language therapists (SALT), district nurses and tissue viability nurses (TVNs). They also received regular visits from their GP.

- People's comments and feedback included, "District nurse comes to bandage legs," and, "Just ask to see doctor if needed."

Adapting service, design and decoration to meet people's needs

- Since our last inspection, works had been undertaken to enhance the environment. This included carpeting in communal areas, and enhancement of the laundry to enable a clear dirty to clean workflow.
- People's bedrooms had been personalised with small pieces of furniture, photos and other personal items.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act. We heard staff asking people before they provided the supported needed.
- Mental capacity assessment and best interest decisions had been completed when necessary. These were decision specific and involved relatives and advocates as appropriate.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. Five people currently had an authorised DoLS in place and applications for a further six people had been submitted to the local authority for processing.

Is the service caring?

Our findings

Caring-this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection in September 2018, this key question was rated Good. At this inspection, the rating for this key question has remained Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People looked comfortable with staff and told us staff were attentive to their needs. Comments about the staff included, "They are lovely, got me up about 9 o'clock. Have to have hoist, (the staff) do it well," and from a relative, "Very good, very friendly, they will do anything."
- Throughout our inspection, we saw staff demonstrating acts of kindness and thoughtfulness. For example, one person called out as we passed and said they were waiting to be helped to get washed and dressed. As we chatted, a member of care staff came along, with the equipment needed to help the person. They sat down with the person, gave them a gentle reassuring hug and asked the person how they were, and if they were ready for their care.
- We read cards that were complimentary about care provided for loved ones. These included, "On behalf of (brother) and myself, I would like to thank you for the care and love you gave our Mum," and, "Thank you for all your time, and support you gave to my Gran. Always grateful."

Supporting people to express their views and be involved in making decisions about their care

- The records showed that people had been supported to make decisions about their personal care. A 'quick guide to preferences' noted the preferred times people wanted to get up and go to bed, their preferences with regard to the gender of staff who supported them with personal care, where they would like to spend the day and what they would like to be called.
- Whilst being supported to eat and drink, we heard staff asking people, "Would you like to sit here?" and, "Would you like an apron?" Although staff were busy during the day they were calm and spoke nicely to people. They took care when supporting people to move to different areas around the home. They checked they were comfortable, talked them through things and ensured they were settled, before they moved on.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was maintained. Comments included, "Very kind staff," "Very good, very friendly, they will do anything," and, "Staff are excellent, especially after previous experience, very friendly."
- One person told us how staff tried to encourage them to partly wash themselves. They told us they had difficulty doing this, but staff continued to encourage and prompt them.
- A member of staff told us they, "Promote independence, safe living environment. Mainly we are focusing on making people happy and make it homely."

Is the service responsive?

Our findings

Responsive-this means we looked for evidence that the service met people's needs.

At our last inspection in August 2018, this key question was rated Requires Improvement. This was because people's needs were not always met. At this inspection, whilst some improvements had been made, there were continued shortfalls. The rating for this key question has remained Requires Improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were limited consistent opportunities for people who required staff support to leave the home and, although people were supported to go out occasionally, they did not have regular access to the local community. People who went out regularly, were usually taken by their relatives.
- People and relatives comments included, "TV is usually on, can knit," "What do we do all day? Sit down a lot, chat. People come and go, staff and patients," "Read, get occasional entertainment. They come and play and sing. Do a little bit of painting sometimes. No trips, go out with family. The days go quickly," and, "She said she did some cooking, flapjacks, and they do exercise to music."
- The activity coordinator showed us an activity folder that contained information about each person's past life, their family, work, likes and dislikes, hobbies etc. The folder had a log of activities the person had taken part in and recorded their feedback.
- Whilst it was clear the intentions were to provide a good and varied programme of activities, it was also evident, from the records and from discussion with the activity coordinator, that activities provision was inconsistent. This was due to other work commitments of the activity coordinator, who also worked in reception, as a senior care worker and as the deputy manager. They told us they had not been able to provide the activities people needed, or keep the record of activity provision over the last month or so, up to date, because they had been preparing for the CQC visit, which they knew was 'imminent.'
- People who chose to spend most of their time in their rooms were not always provided with regular one to one time, although the activity coordinator told us they tried to fit in visits to people's rooms when they could.
- Twelve hours were allocated each week for the planning, provision and recording of activities. The registered manager told us they were reviewing the activity provision, with the aim of providing additional dedicated hours.

People were not consistently supported with opportunities for meaningful activities that met their preferences and ensured their needs were met. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Improvements had been made to the personalising of care plans that reflected people's individual personal care needs. There were real examples of good practice in the records we saw. However, this was

not consistent and as we have reported in earlier sections of this report, there were gaps and inconsistencies in the recording of, and responding to people's care needs.

- A social assessment and living eulogy provided details of people's personal, likes, dislikes and preferences.
- The people and relative spoke with were positive about the care they received. One person showed us their diary as they wanted to check the date. They had 'bath' written every Wednesday and said they had had one that morning. They told us "Can ask for more," and that, "Staff are very good, very obliging." Another person commented they would like a bath more often than once a week but didn't really like to ask.
- A suggested bath list showed that everyone in the home was allocated a shower or bath once a week. A member of staff told us, "We usually give them a choice. They have a set day, and we ask if they want shower or bath."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The records showed how people communicated and expressed their views. A section of the care plan was entitled 'How I wish to communicate and have access to information.' The registered manager told us they were able to provide information in picture form or in large print as needed.

End of life care and support

- No one in the care home was receiving end of life care at the time of our inspection. The registered manager told us how they had supported people and showed us thank you cards from loved ones of people who had died in the home.
- People's records included end of life plans in records entitled, 'How I perceive my health status and what I would like at the end of my life' and, 'All about me and saying goodbye.'

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident staff would take action to address their concerns. People told us their complaints were resolved quickly. Where the service had received a complaint, this had been investigated and responded to in line with the service policy. One complaint that had led to a safeguarding enquiry, was on-going, and was being investigated, at the time of our inspection.

Is the service well-led?

Our findings

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

At our last inspection in August 2018, this key question was rated Requires Improvement. This was because the provider's quality assurance systems had not always identified shortfalls and actions had not always been taken to make improvements. This was a repeated breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection.

We found that although the service had undertaken steps to improve its governance, these were not sufficient to ensure all shortfalls were identified and rectified. There was a repeated breach, for the third time, of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating for this key question has therefore deteriorated to Inadequate.

This meant the service was not well managed or well-led. Leaders and the culture they created did not promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to plan and take action to provide a consistently high-quality service. Sunnymede was rated Requires Improvement following comprehensive inspections in June 2017 and August 2018. The provider sent us action plans identifying improvements they would make.
- Whilst there were improvements relating to medicines management, there were additional shortfalls, and breaches of the regulations relating to safe care and treatment, infection control, staffing, accuracy of records and person-centred care. These are reported on in the safe, effective and responsive sections of this report.
- Records relating to people's care, that included monitoring records, topical cream application records, daily care notes and handover records were stored in an open cupboard in one of the lounges. The cupboard door was broken and could not be closed or locked to maintain the records securely. This was only rectified after we brought the fault to the attention of the registered manager.
- The registered manager and deputy manager completed a range of audits. However, they were not registered nurses, and there was no senior 'clinical lead' role in the home, to proactively identify and act in response to shortfalls in the 'nursing' aspects of people's care and treatment. Risks associated with people's care and treatment, for example, wound care and catheter care, were therefore not consistently mitigated.

The failure to ensure good governance to mitigate the risks and make consistent improvements relating to the health, safety and welfare of people was a continuing breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, the failure to store records securely was a further breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications had not always been made in line with current legislation to allow the Care Quality Commission to monitor the service. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it.
- Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The provider understood their legal obligation to notify CQC about certain events that happened within the service. However, we had not received notifications in relation to safeguarding referrals made by external agencies. The operations manager told us at the time this was a misunderstanding and they would ensure all notifications were sent as required in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt included and able to express their views. However, staff did not always feel their views and opinions were listened to or acted upon. They said they had not been asked about the replacement coffee tables, which they noted were not suitable for people to eat their meals from. Staff shrugged when we asked why they had not expressed their views. One member of staff commented, "The owner thinks they look better".
- The provider sought people's views by asking people and relatives for feedback on various aspects of the home. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.
- There had been one resident, one relative and one staff meeting in 2019. However, the registered manager told us that people and their relatives often popped in to see them. Whilst some of the people we spoke with were not sure who the registered manager was, they told us they, "Would go to office about things" if they needed to. The registered manager told us they also used staff training sessions as opportunities to meet with staff and share information.
- Staff spoke positively about the support they received from the registered manager. Comments included, "Yes, she's really good, she listens," "She's very welcoming. Yes, we have good communication," and, "She's a nice person and is supportive, if you've got a problem she's very helpful."
- When we asked staff if they would recommend Sunnymede as a good place to live, comments included, "No I wouldn't." A member of staff replied, "I'd rather not say," when asked why they felt this way. However, comments from people living in the home included, "Nothing wrong with this place," and, "I have been in several homes, this is the best one."

Continuous learning and improving care; Working in partnership with others

- The registered manager and senior staff attended networks with other care professionals to improve information sharing and knowledge. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- The registered manager and their team worked well with other health professionals. One visiting health professional commented, "There is good communication and they prepare for our visit. Lately there has been a lack of consistency of registered nurses so that can make the visit a little more difficult. The managers do know people well though."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People were not always provided with person-centred care that met their individual needs
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Effective infection control measures were not in place.
Treatment of disease, disorder or injury	
	Incidents that affected the health, safety and welfare of people were not always reported to relevant external bodies.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to mitigate risks and make improvements to people's health, safety and welfare.
Treatment of disease, disorder or injury	
	Records were not securely stored.
	Accurate records of people's care and treatment were not always maintained
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Sufficient numbers of suitably qualified staff were not always deployed, to meet people's

Treatment of disease, disorder or injury

assessed care and treatment needs.