

Sunnycroft Homes Limited

Sunnycroft

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

The inspection took place on 23 August 2016 and was unannounced. Sunnycroft provides accommodation and personal care for up to five people. People living at the home had a wide range of complex mental health and physical needs. There were four people living at the home at the time of our inspection. People had their own rooms and the use of a number of communal areas including a lounge and dining area and a garden.

We spent time with people who lived at the home and spoke with two people about the care and support they received. The examples we have given are therefore brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. 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.

People were supported by staff who understood their safety needs and took action to reduce risks. People were able to obtain support from staff promptly when they needed this. There were enough staff to care for people and staff knew what actions to take if they had any concerns for people's wellbeing or safety. People were supported to take their medicines so they would remain well.

Staff provided support to people so they would have enough to eat and drink in ways which helped to reduce risks to people's safety. People benefited from living in a home where staffs' skills were continually developed, and people were supported by staff who knew them well. People received help from staff to see health professionals so they would remain well. Staff worked with other organisations so people's rights to make decisions and their freedoms were protected.

People had built caring relationships with staff and enjoyed spending time with the registered manager and provider. People were encouraged to make their own decisions about their day to day care, where this was possible. People's rights to dignity and privacy was understood and acted upon by staff.

People's care was planned in ways which took into account their preferences and life histories and their current care needs. Staff took action when people's needs changed. People had opportunities to do things they enjoyed doing, both in the community and at the home, so they enjoyed an increased sense of well-being. People had not needed to raise any complaints about the service, but were confident action would be taken if complaints were made.

Staff provided support to people to make any suggestions about the care provided. People had opportunities to feedback about their experience of living at the home. Staff understood what was expected of them and were supported by the registered manager and senior staff to provide good care to people.

Checks were made on the quality of the care by registered manager and provider. Actions were taken to further improve people's experience of living at the home.

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.

There was enough staff to meet people's care and safety needs and people were supported by staff who understood risks to their safety. Staff and took action to promote people's well-being. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People rights were promoted and people were supported by staff with the knowledge and skills to care for them. People had access to health services and enough to eat and drink so they would remain well as possible.

Is the service caring?

Good ●

The service was caring.

People enjoyed spending time with staff and had built caring relationships had been built between people and staff. People's dignity and privacy was respected and people were encouraged to make their own day to day decisions.

Is the service responsive?

Good ●

The service was responsive.

People's care was planning taking their decisions and needs into account. People were supported to do things they enjoyed. Staff promoted people's awareness of how to raise any concerns or complaints at regular meetings.

Is the service well-led?

Good ●

The service was well-led.

People benefited from living in a home where checks were made on the quality of care and action taken to develop the home further. Staff were supported to understand their roles and supported to provide good care.

Sunnycroft

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 23 August 2016 and was carried out by two inspectors. The inspection was unannounced.

We requested information about the homes from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We also reviewed information we held about the home including statutory notifications which had been sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spent time with people in the communal areas of the home and spoke with two people. We spoke with the provider's representative, the registered manager, one senior staff members and four care workers. We also spoke with two people's relatives on the telephone.

We looked at three people's care and medicines records. We looked at the records showing how staff checked people were enjoying the best health possible. These included records showing when people had seen health care professionals. We also saw records showing how staff worked with health and social care professionals so decisions would be made in people's best interests.

We looked at records of staff training and two staff member's recruitment files. We also looked at information about how the manager monitored the quality of the service, minutes of meetings with people living at the home, minutes of staff meetings and complaint records.

Is the service safe?

Our findings

People told us they felt safe living at the home because they were comfortable to ask staff if they needed any help. One person said staff helped them to stay safe when they assisted them to prepare their meals. Another person told us staff talked to them about their safety. The person showed us the pendant they wore which explained which medicines they were allergic to. The person told us staff always helped them to remember to wear their pendant, and this made them feel safe when they spent time out in the community. The person said, "I am confident staff will look after me." Both relatives we spoke with told us staff knew their family members' safety needs well.

We saw people were comfortable with staff and relaxed in their presence. We also saw staff took time to check people had the support they needed and took action to reassure people when required.

Staff understood the types of abuse people were at risk of and explained how they would support people if they thought anyone was at risk of harm or abuse. All the staff we spoke with were confident plans would be put in place by the registered manager to help to protect people if any concerns were identified. One staff member gave us an example of the actions they had taken when they had discovered one person had some unexplained bruising. The staff member told us they had checked the person's care file and found this may be related to some treatment the person had recently had. The staff member explained this had been discussed with senior staff and plans were put in place to check how the person was recovering.

All the staff we spoke with knew how to obtain support from external agencies if they needed to do. We saw senior staff had worked with organisations which promoted people's safety and health specialists so plans could be developed to help to keep people living at the home safe. This included when people were out doing things they enjoyed in the community.

One person said told us they had lived at the home for many years and highlighted how well staff knew their care and safety needs. Staff told us they got to know about people's risks and how to support people to manage their risks by checking people's care plans. One staff member told us they understood the types of situations which may make people anxious. The staff member gave us an example of how they were able to take action to reduce the chance of people feeling anxious in such situations. Another staff member told us some people were at risk of self-neglect and self-injury. The staff member explained how staff followed the advice from mental health specialists to help to promote people's safety. We saw there were clear plans in place and people's safety needs were taken into account in the way staff cared for them. We also saw staff shared information about people's changing safety needs at regular meetings.

We saw the provider had obtained references for staff and checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care. By doing this, the provider and registered manager were assured staff were suitable to work with people living at the home.

People told us there was enough staff to care for them in a safe way and to support them to do things they

enjoyed. One person said, "There's enough staff, I never have to wait. There's always someone available." Both relatives we spoke with told us they felt there were enough staff to provide the care and support their family members needed.

All the staff we spoke with told us there were enough staff to support people. One staff member told us, "There's time to care for people and do things they enjoy doing, like playing scrabble. They (people) all get the one to one (care) they need." A further staff member told us they had time to support people outside of the home, doing activities people had planned. Staff we spoke with were confident additional staffing would be arranged if people's support needs changed. We saw staff spent time chatting with people and reduce the risk of people becoming anxious or isolated.

People were supported by staff to have the medicines they needed. Staff told us they were not able to administer medicines until they had received training and their skills had been checked. There were systems in place which gave staff clear guidance about people's medicines. Another staff member explained how staff worked with people's doctors and mental health specialists to review people's medicines. The staff member told us this had led to the reduction in the number of medicines one person needed, leading to a reduction in the risks to the person's long term health.

Staff explained regular checks on medicines were made by the registered manager and pharmacy so the registered manager was assured people received their medicines in safe ways. We saw staff supported people to take their medicines in the ways they preferred.

People's medicines were securely stored and staff kept clear records of the medicines administered to people. Staff understood what actions they needed to take if people chose not to take their medicines, and knew how to dispose of medicines where this was required.

Is the service effective?

Our findings

People said staff had the knowledge and skills required to meet their needs. One person told us the training staff received "Must be good", as staff were always "Cool, calm and collected." The person also told us staff knew what action to take so they received the support they needed in ways which helped them to maintain their health. Staff told us they were encouraged to develop the skills they needed so people would receive their support in the best way for them. One staff member we spoke with highlighted they had requested some specific training when a new person came to live at the home. The staff member told us, "I asked and I got it. We are encouraged to ask for training." The staff member told us the training they had done had supported them to understand the best way to care for people living at the home.

We spoke with three staff about the initial training and support they had received when they came to work at the home. Staff explained they had undertaken training in key areas, so they knew how to care for people in ways which helped people to stay as safe as possible and promoted people's rights. One staff member told us, "The courses here are good, and there's lots of them when you first start." The staff member said about the training they had done, "It's about helping people." Staff told us they had initially worked with more experienced staff as "extra" staff. Staff said this had given them time to get to know people's needs and the best way to care for them. One staff member told us, "I felt so confident giving them (people) their care, and people see this."

We saw the training staff had undertaken reflected the needs of the people living at the home. We also saw the registered manager had planned further training so staff would continue to develop their skills and knowledge for the benefit of people who lived at the home.

All the staff we spoke with told us they felt supported to provide good care, through regular meetings with their managers and through appraisals. Staff highlighted they could obtain support at the times they needed, so people would receive the best care possible. One staff member told us, "You've just got to ask."

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. We checked whether the service was working within the principles of the MCA.

People told us they were encouraged by staff to make their own decisions where possible, and their decisions were respected. We saw where people did not communicate verbally staff took time to see their body language to the choices offered. One staff member told us, "You know if [person's name] does not want to do something, because they just turn away." Another staff member explained how people were offered choices based on their known preferences, as staff recognised some people became anxious when they were offered too many options.

Staff we spoke with knew how MCA affected the way they were required to support people. We saw staff had

received training and guidance through discussion with senior staff so people's rights would be respected. We saw staff had assessed people's capacity to make some decisions about aspects of their care. Where it was assessed that the person lacked capacity, staff, had consulted with people's relatives and had worked with other health and social care professionals so decisions would be made in the person's best interests.

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 any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had a good understanding of DOLS and had submitted applications where necessary. We also saw the registered manager had systems in place so people's DoLS would be regularly reviewed. Staff we spoke with knew which people the applications related to and how this affected their care.

Some people enjoyed the independence of preparing some of their own drinks and meals with support from staff. One person we spoke with said, "I like to do some of the cooking with staff." We saw the person found pleasure in offering other people who lived in home drinks, with support from staff. Another person told us, "Staff know I like my coffee and if I want extra food staff will always get this for me." We saw staff gently offered some people alternatives to choose from when they asked for particular drinks, so they were able to choose from a range of options which benefited their health

All the staff we spoke with knew people's food and drink preference. Staff were aware of ways to reduce potential risks associated with people's meal times, for example, risks of choking. Another member of staff told us how one person had been supported to gain the weight they needed after they had been ill. We saw staff were provided with guidance on people's nutritional needs and that staff had sought input from external professionals, such as speech and language specialists, to people would be supported to eat and drink in the best way for them. We also saw people were encouraged to make their own food choices and let staff know if they had any food preferences, so staff would make these available for people.

People gave us examples of the ways staff supported them to remain as well as possible. One person told us, "If I am poorly, staff notice and arrange for me to see a doctor." Staff knew what care people needed to remain as well as possible. Staff gave us examples of the ways they supported people to see the range of health specialists they needed so they would remain well. These included consultants who specialised in areas of physical health, such as skin health and mental health, so people would continue to have the best health possible.

We saw staff regularly checked people's health and followed the advice given by health professionals so people would benefit from good health outcomes. We also saw examples where the support people received made a positive impact on their health and wellbeing. For example, staff had supported one person to regain their health after a recent operation. Staff had been given guidance on people's health backgrounds so staff knew what action to take to promote people's health.

Is the service caring?

Our findings

People told us they enjoyed the company of the staff who supported them. One person told us, "I don't have a favourite member of staff, because I get on with all of them." Another person told us they enjoyed spending time cooking with staff. The person said, "I like the staff." We saw people were pleased when staff offered to spend time chatting with them and doing things which interested them.

Staff spoke warmly about the people they cared for and demonstrated they valued the relationships they had built with people. One staff member told us, "You do get attached to people." The staff member explained how they had got to know a person who had come to live in the home. The staff member told us about some of the actions staff had taken to make the person feel at ease in their new home and for staff to build strong, caring relationships with the person. Another staff member told us because of the way staff were encouraged to chat with people, "We developed rapport quickly."

We saw people enjoyed being with staff and wanted staff to be involved in their lives. For example, we saw people smile when staff talked to them. We saw all staff consistently stopped and chatted with people and checked how they were. Staff listened to what people wanted to say and were patient, considerate and supportive when people needed regular reassurance. We heard staff providing people with reassurance in calm and comforting tones. We heard staff encouraging and motivating people when people sought this.

People were cared for by staff who knew their life histories and what mattered to people. One member of staff explained about one person's previous working life, and the things the person now enjoyed doing. We saw people had regular opportunities to do things which were important to them, such as music and exercise, playing board games and spending time in the community. People told us they really enjoyed doing these activities with staff. Another staff member we spoke with understood how important family connections were for one person they cared for. The staff member explained how they supported the person to have regular opportunities to see their family with support from staff. A further staff member explained how they supported a person with a hobby they had previously enjoyed doing with their family. We saw the person was going out into the community to do this. We saw the person when they came back and they told us they had really enjoyed their day.

People gave us examples of how they were encouraged to make their own decisions about their day to day care. One person told us, "I like to get up early, so I can have my breakfast at eight." The person told us staff supported them so they could do this in the way they preferred. The person told us they had been involved in decisions about their room and said, "I love my room, it's very nice." The person explained they had the equipment they wanted so they could listen to their music and watch television on their own when they wanted to. Another person told us, and we saw, staff involved them in day to day decisions about what they wanted to do. These included decisions the person had made to alter their life style and improve their long term health with support from staff, and how they wanted to spend their time.

Staff saw when some people needed extra support or time so they could make some of their own day to day decisions. We saw staff talked through different options to help people make informed decisions. For

example, we saw staff gave information to one person so they could make the decision about what time they wanted to do things they enjoyed.

One person told us they felt respected by staff as they were always asked by staff if they wanted to do things but were empowered to make their own decisions. The person said, "They (staff) ask me if I want to go to the shops and things, but will leave me in peace if I don't want to." The person also told us their relative was always made welcome by staff when they visited and said, "I can sit in my room so we can talk in private."

Staff told us about the actions they took so people dignity was promoted and their privacy respected. One staff member said, "People have their own room keys, and staff ask if we can go in." We saw this happened during our inspection. The staff member explained how staff managed people's information so people's rights to privacy were promoted. Two other staff members told us how people's right to dignity and privacy was promoted during their personal care. One staff member said, "If someone needs support, you are discreet. You don't announce it to the world."

Is the service responsive?

Our findings

People told us staff encouraged them to decide what care they wanted so plans could be put in place to meet their needs. One person we spoke with said, "Staff know what's important to me, and know the things I like to do." The person told us staff had "Talked to me about my allergies," so staff knew the best way to plan to help them to stay well. Another person told us staff understood how much they liked to cook, and said they had daily opportunities to do this.

Staff gave us examples of decisions people made about the way their care was planned. These included what daily routines they liked and how they liked to be supported with their personal care. A staff member gave us an example of a decision one person made to improve their health. The staff member told us steps had been planned with the person so they would be able to achieve their goal. We saw staff supported the person as they had requested throughout our inspection.

Staff members told us planning for people's care began before they moved into the home. Two staff members gave us examples of how they had worked with one person and the staff from their previous homes before they moved into Sunnycroft. By doing this, staff had begun to understand how one person's care needed to be planned, so the person's anxiety could be reduced and they would enjoy their initial time spent at the home more. One staff member explained how other people who lived at the home had met with the new person, and had the chance to get to know them through doing things they enjoyed together, before they moved in. Another staff member told us they spent time working with the person, so they could find out how they liked to live their life, and could adapt the environment at Sunnycroft so the person experienced a sense of well-being and familiarity when they moved in.

Where people had health problems long term plans were put into place to support them. We saw staff had developed plans and ways of working with external health professionals so people would be less anxious when staying in hospitals. We also saw one a plan had been developed with advice from health professionals, to support a person to recover as quickly as possible, after they had been in hospital. Staff had followed the advice given by health professionals and the person had quickly begun to recover. One staff member told us, "[Person's name] is getting stronger."

We saw staff kept up to date with people's changing needs at the start of each shift, so people would receive the care they needed. We saw people's care had been planned in ways which took into account their individual needs and preferences. People's risk assessments and care plans had been regularly reviewed so staff had clear guidance on the best way to support people.

People told us they had opportunities to do things they enjoyed doing. One staff member said, "It's about their (people's) choice. You offer them choice." We saw people were able to make choices about going to arts and craft groups, music and exercise groups and shopping and eating out with staff, and other fun and interesting things to do. Staff had arranged for one person to go fishing. One staff member we spoke with explained the person had enjoyed going fishing with their family when they were young, and was looking forward to their trip.

The registered manager told us how they supported people to go to college and said, "Our ethos is to get people out into the community." Staff we spoke with gave us examples of how the support people received from staff decreased as people's confidence and independence grew. Staff also recognised some people preferred to chat to staff and enjoy board games with them.

People told us they would feel comfortable to raise any concerns or complaints about the service but had not needed to. One person we spoke with told us if they ever had any concerns they would be happy to discuss these with any of the staff, and was confident the registered manager would take action to resolve any complaints they had. Staff understood what action to take to support people to make a complaint, if this was required. We saw people were encouraged to raise any complaints they may have at regular residents' meetings. We also saw systems were in place to investigate complaints and take action, so any lessons would be learnt. The records we checked confirmed no complaints had been made about the service in the previous six years.

Is the service well-led?

Our findings

People said they got on well with the senior staff and registered manager. One person told us, "[Registered manager's name] is very good, and he always finds time to talk to me." The person told us they also regularly saw the provider and were comfortable to talk to them about their life at the home and their care. All the staff we spoke with were positive about the way the home was managed. One staff member told us, "[Registered manager's name] is on top of things, and makes you feel at ease." Another staff member said, "I love working here, because it's about helping people. It's organised and fair."

One relative told us the way the service was managed meant communication between them and staff was good. The relative told us, "I'm always told if there's anything wrong with [person's name]." The relative went on to tell us staff were open about any concerns they had for their family member's well-being and said because of the approach of senior staff, "I have no fears, and know things are done in [person's name] best interests."

One staff member told us the culture of the home meant they were encouraged to try new ways of working with people. The staff member said the registered manager and provider supported people by providing the resources needed for people to try new things they might enjoy. Other staff gave us examples of how the registered manager and senior staff had encouraged them to reflect on the best way to provide care to people. Staff told us they were supported to introduce different ways of working to meet people's needs safety needs and to increase people's well-being.

Staff said there were clear expectations set and people's needs took priority. The staff member told us, "It's about people living their lives to the full." Another staff member said the registered manager and provider guided staff in ways which showed, "We're here to make their (people's) lives the best they can be." Staff we spoke with knew about policies which had been put in place to protect staff who wanted to raise concerns. One staff member gave us an example of how they had been supported by the registered manager and provider when they had raised a concern. The staff member said their concern had been addressed promptly.

People were supported to make suggestions about how the home was run by staff who knew them well. Staff gave us examples of how they supported people to make suggestions about how the home was run at regular residents' meetings. These included suggestions about how the home was decorated and how the garden was developed. We saw people were supported to make suggestions about how the home was run during regular meetings with staff. For example, what interesting things people would like to do and what menus people would like to choose from. We also saw staff used these meetings to check if people were happy with the care they received, and to promote people's understanding of their rights.

Staff told us they were also encouraged to make suggestions for developing the service people received further. One senior staff member gave us an example of the changes which had taken place as a result of their suggestion for improving support provided by the out of hours management team. The senior staff member gave us an example of how this had improved the support to people living at the home as all out of

hours managers had increased understanding of the needs of the people living at the home.

The registered manager was supported to understand their role and develop the service further by the provider. The registered manager said, "There's nothing I can't talk to [provider's name] about." The registered manager told us they had opportunities to share best practice with other local registered managers, and told us, "If I need any help at any time, there is always someone I can ask."

The provider and registered manager understood the care and support needs of the people living at the home, and used this information to develop the services people received further. For example, by recognising some people required support from a number of external agencies so their needs would be met, and taking action to ensure processes were in place to support this. One staff member highlighted the positive effect this had led to for one person. This was because senior staff had developed systems which had reduced the person's anxiety when being supported by external health professionals.

People, relatives and health professionals' views on the quality of the service were sought by the registered manager, through questionnaires. We saw the feedback had been very positive. The registered manager had developed an action plan to build on the positive comments received, so people would benefit from living in a service which continually developed.

The registered manager undertook regular checks to assure themselves people were getting the care they needed and the environment they lived in was pleasant and safe. We saw checks were made on how people's medicines had been managed, and reviews of any incidents and accidents, so lessons would be learnt. The registered manager told us how they alerted the provider if there were any concerns about people's safety and well-being, or the quality of care provided. The registered manager told us plans were being introduced for other local registered managers to complete checks on the quality of care people received, across the provider's homes. By doing these the provider would formalise the checks they regularly made and would be assured people were receiving their care in the best way possible.