

Staffordshire Care Limited

Sunningdale Nursing Home

Inspection report

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Date of inspection visit:
22 May 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 23 May 2016 and this was the first inspection visit under the new provider. We previously inspected this service in January 2016 and rated the service as Requires Improvement as people were not consulted about changes in the service and had limited opportunities to engage in activities according to their interests. We carried out this focused inspection as we had received concerns from the local authority about how people received their support and care. A full inspection will be carried out to ensure improvements are made in all areas.

Sunningdale provides support and nursing care for up to 41 people. There were 31 people living in the home on the day of our inspection.

The service had a manager who had applied to become the registered manager for this service. 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.

Systems were in place to assess and monitor the quality of the service. However, the provider had not identified that some people may not be receiving their care and in a safe and effective way; these concerns had been identified by the local authority. The care records did not always show how risks associated with catheter care and skin damage were managed to ensure people received the most appropriate care.

There were sufficient staff on duty who provided respectful care to people. On occasions, there were no staff available in communal areas due to the deployment of staff and managing staff breaks. This meant at those times, some people were not able to summon prompt assistance from staff.

Staff now understood the importance of safeguarding people and their responsibilities to report this. Staff knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised.

Following concerns identified by the local authority the medication system had been reviewed. The provider had made arrangements for a different pharmacy to dispense all the medicines and provide support to ensure people received their medicines as prescribed.

There was a homely and relaxed atmosphere and people were generally treated with care and compassion. People told us the staff were kind and treated them with respect. People liked the staff who supported them and had developed good relationships with them.

When new staff started working in the service, recruitment checks were carried out to ensure that they were suitable to work with people.

The new provider had spoken with people who used the service and staff to ensure they had all the information about how improvements were being made.

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.

Risks to people had been identified although care records did not always reflect how these risks were managed. Staff understood what constituted abuse and how to take action to ensure people were protected from harm. Medication systems had been reviewed to ensure people received their medicines as prescribed. Recruitment procedures were in place to ensure new staff were suitable to work in the service.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems were in place to assess and monitor the quality of the service although the provider had not identified where all improvements could be made to ensure people received safe and effective care. People were provided with information about the service and how improvements were being planned.

Requires Improvement ●

Sunningdale Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 May 2016 and was unannounced. We carried out this inspection because we had received concerns about the care people received. Our inspection team consisted of two inspectors.

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

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

We spoke with six people who used the service, three visitors, five members of care staff and the registered manager. We spoke with two social care professionals. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service and we observed care and support in communal areas. Some people had communication difficulties, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five people's care records to see if their records were accurate and up to date, medication records and records relating to how the service was managed and quality was identified.

Is the service safe?

Our findings

Safeguarding concerns had been raised by the local authority about how people were supported and the staff had not identified where people were at risk of receiving poor care. The provider and manager acknowledged improvements were needed and were working with health care professionals to ensure people received improved standards of personal care. One member of staff told us, "We have had more training so we can recognise when something is wrong and what we should do about it. We are reviewing everything so we can get it right." One concern focused on the care people needed when they had a catheter fitted. One member of staff told us, "We now check people have the right size and any catheter change is recorded. We monitor how people are so we know we are doing everything right." However, the care records did not always reflect how the risks were assessed and managed. We saw the risk of skin damage had been assessed and pressure relieving equipment was used when people spent long periods of time in their bed. The mattresses needed to have the pressure set according to people's assessed needs and weight and the staff were not aware of what setting should be; the care records did not include this information. One member of staff told us, "This isn't something I'd check and there's nothing about it in their records." This meant the equipment may not be used effectively and may place people at risk of further skin damage.

The local authority had identified concerns with how people's medicines were managed. The manager had reviewed the medication system and people's medicines were now dispensed into blister packs from a different pharmacy. The staff had received additional training to understand the new system and the manager and nursing staff had liaised with the GP and pharmacy to ensure all medicines were accurately recorded. We saw new systems were in place to ensure people had their medicines as prescribed.

People who used the service told us and we saw there were generally enough staff on duty to provide the support they wanted and to keep safe. One relative told us, "The staff are lovely here and there tends to be someone around most of the time." In the lounge area there were short periods of time where the staff were absent and there was no method available for people to alert staff. One person shouted for help but there were no staff available. We saw this occurred as a number of staff had taken their break at the same time. The manager agreed this needed to be reviewed to ensure people were supported.

Staff understood how to support people to move with the aid of a hoist. We saw staff were attentive and spoke to people when helping them to mobilise. One person needed support to change their position to prevent damage to their skin. We saw the staff had liaised with health professionals to determine how frequently their position should be changed and how to use equipment. One member of staff told us, "We have photographs of how [person using the service] should lie and how to protect people. We have all had further training so we know how to do this properly."

Some people needed the support of individual staff to ensure their safety. We saw where this was needed, the staff stayed with the person at all times. One member of staff told us, "We know why we are working with people and what the risks are. The manager has explained why we must stay with them and even when we take a break, we make sure another member of staff takes over." Where people needed additional supervision in their bedroom to keep safe, we saw staff summoned support from others by using their call

bell. One member of staff told us, "[Person using the service] needs us with them all the time but if I have any concerns, I just use the call bell as I can't leave them and I know that." Where people spent time in their bedroom we saw their call bell was near so they could alert staff if they needed support.

We spoke with one member of staff who had recently started working at the service. They told us they had attended an interview and confirmed that all recruitment checks had been carried out prior to them starting working with people. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This meant recruitment procedures made sure, as far as possible, that staff were safe to work with people who used the service.

Is the service well-led?

Our findings

Our last inspection visit identified that improvements were needed with how information was provided to people and staff. Since our inspection visit, the service had a new provider who had spoken with and met people who used the service and their family; they had introduced themselves and explained how they intended to make improvements. One person we spoke with told us, "The new owner has been to speak with us all. We got to tell him what we thought and what needed doing. They were very polite and I can see things are starting to change already." One relative told us, "The new owner hasn't been here long, but we can see they are starting to make a difference. The lift is fixed; the bathrooms are being done and the staff seem happier. They spoke with us about what we wanted and I can see things are changing."

The provider carried out quality checks on how the service was managed which included checks on care and associated records, health and safety and incidents. A percentage of care records were reviewed each month and we saw where there were omissions, action was taken to develop the plans. However, we identified concerns with a number of the care records; the manager prioritised these for review to ensure they would accurately reflect the support people needed. The local authority had identified concerns with people's care and support and the quality monitoring systems had not identified people were not receiving safe care. The provider had developed an action plan to address these concerns and we saw a number of actions had been completed. The manager told us, "We are working hard to get everything up to date and for people to get the right support. There's a lot to do but we are doing it."

There was a manager in post and they understood their role and responsibilities and they had applied to become the registered manager of the service. People were clear about who the manager was and felt they could approach them if they wanted to talk about anything. People told us they would listen and make changes as a result of this. The manager told us, "The new provider is committed to making improvements here. They visit almost daily and are always available. We can see the changes they are making."

Staff had a good understanding of their role and responsibilities and they told us they enjoyed their work and valued the service they provided. One member of staff told us, "There's been a lot of changes here recently, but the new owner has shown he really cares what happens, Two bathrooms have already been upgraded and they have spoken with us about all the plans. It's good to see something positive is finally happening here." Another member of staff told us, "The new manager has been really supportive. They know everyone really well and have been spending time with us so we can make things right. I'd like to think we are getting there. It's a much better to place to work and we are feeling really optimistic. The manager and new owner want to know about what we think and what needs to be done. It's good to be listened to."