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Sundial Cottage Care Home

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 service provides accommodation and personal care for up to 22 older people, including those who are living with dementia or other conditions affecting mental health; physical disabilities and sensory impairment.

The inspection was unannounced and was carried out on 20 September 2016 by one inspector.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to respond to and meet people's needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt to

raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People and, when appropriate, their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through a satisfaction questionnaire.

The service was well led. Staff felt supported by the management to raise any issues or concerns. The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's independence, privacy and choices.

The service supported people and their families to express their

views and be involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and any concerns they had.

Care plans were personalised and focused on individual needs and preferences.

The registered manager involved people and their representatives in planning care and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider and the registered manager promoted an open and inclusive culture within the service. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

The service used feedback to drive improvements and deliver consistent and high quality care.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Sundial Cottage Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection was unannounced and was carried out on 20 September 2016 by one inspector accompanied by an expert by experience. The expert by experience had personal experience of working in and caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

Between the times of the last inspection and this one we had received feedback from six relatives and a visiting professional.

During this inspection visit we spoke with four people using the service and a relative. We observed care and support being delivered in communal areas of the home to help us understand the experience of people who could not talk with us. We spoke with four members of the care staff and the registered manager.

We looked at a range of documents including three people's care records, risk assessments and medicine charts, staff recruitment, duty and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

The home was last inspected on 22 January 2014 when no issues were identified.

Good

Is the service safe?

Our findings

People and a relative we spoke with confirmed they felt safe living in the home and that care was delivered in a safe manner. Staff respected and promoted people's independence, while remaining aware of their safety. For example, staff ensured people had their walking frames at hand so they could use these to move around the building as they wished. A person told us "You're well looked after."

Risks to people had been identified, assessed and actions had been taken to minimise them, such as those of people falling or becoming malnourished. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health. Daily care records showed staff supported people in line with the risk assessments. There was a system in place for recording incidents and the registered manager reviewed these each month to look for trends and identify potential learning.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the organisation not taking appropriate action. All staff had received safeguarding awareness training and regular refresher courses were arranged for staff to attend. The registered manager used staff meetings to review and discuss safeguarding matters.

People were supported by sufficient staff with the right skills and knowledge to meet their assessed needs. Staffing levels were kept under review and additional staff could be used if people's needs changed. People told us that staff were available when they needed care and support. Staff confirmed there were enough staff on duty and were able to respond to people quickly. The rota was planned at least a month in advance and there was a consistent team of regular staff that provided continuity of care for people. A relative told us "Staffing is fine. There's a very small turnover of staff".

The provider had a system in place to assess the suitability and character of staff before they commenced employment. We looked at the recruitment records for four staff and these included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Fire policies and procedures were in place and regular fire alarm tests and drills were carried out. Equipment was serviced at regular intervals and legionella testing was carried out. A maintenance person undertook minor repairs reported by staff and a record of this was kept.

Thorough systems were in place to help ensure people's medicines were ordered, stored, administered or disposed of safely. A person told us "The staff give (medicines) to me. I have them when I should but I can ask for painkillers". There were detailed individual support plans in relation to people's medicines. For example, clear guidelines were in place that helped staff to understand when 'as required' (PRN) medicines should be given. A controlled drugs (CD) cabinet and logbook was in use and the records were completed in line with the relevant procedures. Topical medicines such as creams and lotions were aalso recorded when administered to help ensure that people received the medicines they required for skin protection. There were no gaps in the medicine administration records (MAR), which were signed after each medicine was successfully dispensed. Medicines were only given by staff trained to administer them and who had successfully completed a competency assessment. The provider had a clear audit system in place to check medicines and ensure procedures were being followed.

The registered manager was aware of their responsibilities in relation to infection control. There was a cleaning schedule for staff to follow and records showing checks and audits took place. The home environment was clean and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. The training record showed that staff received training in infection prevention and control.

Good

Is the service effective?

Our findings

People confirmed that staff had the knowledge and skills to meet their needs effectively. A relative told us "Staff and management are encouraged to keep up to date with training, which ultimately benefits everyone".

A visiting professional had commented "All staff members are a delight to spend time with. They are eager to learn and apply the knowledge, demonstrate lovely empathy and show excellent understanding of the person centred approach to care. The home is extremely welcoming. Through observations I feel their communication and team work is extremely good. The home is very dedicated to providing a service of a very high quality".

The staff training programme showed that staff were provided with knowledge and relevant qualifications to support them in meeting people's needs. A system was in place to track the training that each member of staff attended. Staff confirmed they had the training and on-going updates in subjects including moving and repositioning, infection prevention and control, safeguarding, equality and diversity, emergency aid, fire safety, and dementia awareness. Staff were also supported to undertake a vocational qualification in care. Staff told us the training helped them to understand and meet people's needs.

New staff undertook a period of induction before they were assessed as competent to work on their own. The induction incorporated the Care Certificate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach demonstrated that they had the knowledge and skills to undertake their role.

Staff received regular supervision and an annual appraisal. Supervision and appraisal provide opportunities for management to meet with staff, give feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff carried out observations of staff working practices and discussions took place to ensure staff understood the training they received. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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.

Staff showed an understanding of the principles of the MCA in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. They said they would report any concerns about a person's

capacity to make particular decisions to one of the management team.

People's care records showed how they and their representatives had been involved in best interests decisions, for example in relation to medicines being given covertly. The registered manager ensured that best interests decisions were regularly reviewed, at least bi-monthly, to check their continuing relevance. An independent mental capacity advocate (IMCA) was currently involved with one person's care and treatment.

People can only be deprived of their liberty so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications and, where authorisation had been received the service acted in accordance with any conditions attached to depriving a person of their liberty. When a change had occurred regarding one person's condition and circumstances, the registered manager had followed the relevant procedure and informed the authorising agency so that a review took place.

People were effectively supported to eat and drink enough to meet their needs. Their support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were put in place to minimise the risk, if required. Food and fluid charts were used to monitor people's intakes during periods of potential risk. During the day we observed staff making sure people had drinks and supporting them to drink if needed.

In the kitchen was a list of people's food preferences and requirements, including portion sizes and any allergies. There were no special diets required and the majority of people were able to eat independently. We observed the midday meal. The tables in the dining room were laid for lunch with tablecloths, napkins and menus. One person preferred to eat their meal in the lounge and staff supported them to do this. The atmosphere was calm and relaxed and people appeared to enjoy their meal. A person told us "It's very good. You can say if you don't like something and you can have something else." During the afternoon we observed staff using a pictorial menu to ask people what their choices were for the evening meal.

Records showed staff contacted community health and social care professionals in relation to concerns about people's health. People had access to a range of services including chiropody, dentists and opticians. We saw examples of care plans containing detailed information about people's health including how medical conditions had arisen, how they were managed, symptoms that staff should be aware of and how best to support the person. Staff demonstrated a good working knowledge of people's care plans and needs and the procedures to follow.

Good

Is the service caring?

Our findings

People commented positively about the care they received. One person said "I'm well looked after" and another told us "It's very nice here." A relative described the service as "Homely and friendly" and told us "I'm happy that mum is being really well looked after".

In between the last inspection and this visit we had received positive feedback from six people's relatives about the quality of care provided by the service. Comments included: "Friendly and approachable, not stuffy". "Regularly updated and very caring staff". "Gentle focused care of the individual". "Staff are caring and always polite when I ring. I thank the management and staff for all they do and trust them to look after my relative". "This is a small and unique home from home environment" and "I take great comfort knowing mum is well cared for".

We observed caring interactions from staff throughout the inspection. For example a member of staff wiping a person's mouth while supporting them to have a drink. Also, staff assisting a person to move from a chair, which they did in a gentle and reassuring way. A member of staff knelt to get to eye level with a person to chat with them. The care worker looked at a magazine with the person and held their hand in a caring manner.

The service supported people to express their views and be involved in making decisions about their care and support. Each person was assigned a member of staff as a key worker, who had a lead role in overseeing the person's care plan and being available to discuss any concerns or issues. Key workers were re-assigned every three months to help ensure relationships were developed between each member of staff and all the people using the service. A relative said they thought the key worker system worked well. People were also involved in the running of the service through monthly coffee mornings , where they were encouraged to raise any ideas, issues or concerns they may have.

The service used a care planning tool to work with people to help staff understand them and their life histories. From this involvement, care plans were developed that included individual needs and preferences, likes and dislikes. The care plans took into account the important things that define people, such as their cultural background and religious preferences. People's family and friends were involved in recording this information, where appropriate.

The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on doors before entering people's rooms. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example keeping a person covered as much as possible while assisting them to wash. A relative said staff were "Polite and respectful and have got to know (the person) well". People were supported to keep in contact with friends and families and visitors were welcome at any time. People received support if required to open and read their private post and to take private phone calls.

Care plans and associated records were written in a way that promoted dignity and respect and supported

people's abilities to do things independently, including eating, mobilising and personal care. Staff cared for people in ways that respected their independence, such as at mealtimes if people wanted to eat somewhere other than the dining room.

People's care plans included advance decisions, such as one person's wish to remain at the care home if possible rather than be hospitalised in the event of their health declining. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. Where end of life care was needed, the service sought advice from a local hospice and specialist nurses. End of life care training for staff was provided through vocational qualifications and the hospice. When providing end of life care, the provider and registered manager worked to ensure that family, friends and staff were supported throughout this time.

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs and any concerns they had. One person said "I have a buzzer. It's on the wall but they put it next to me when I'm in bed. I press the yellow button and someone comes quite quickly". Another person told us "Everything is OK. I'm quite happy here". A relative told us "The management and staff go that extra mile to find ways to keep the residents entertained or new ways to encourage them in everyday life: relaxing, eating, conversing, socialising, and generally fitting in".

A personalised approach to responding to people's needs was evident in the service. Before people moved into the home they and their families or representatives participated in an assessment of their needs to ensure the service was suitable for them. Involving people in the assessment and subsequent reviews helped to make sure that care was planned around people's individual care preferences. Following this initial assessment, personalised care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs.

Records showed care plans were reviewed regularly including, for example, reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interests decision. Information about people's preferred daily routines included what they were able do for themselves as well as tasks they required support with. One person's care plan included details of certain prompts staff could use to assist the person to remember things. Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly.

The registered manager told us the staff provided activities on a daily basis. Activities were also provided by external agencies, including Tai Chi. The local vicar visited the home and played the guitar and also provided a church service once a month. Two people had also received visits from faith leaders of different denominations. Staff provided outside visits to a local club twice a year. There had recently been a visit to the local beach, for which staff used their own cars to transport people. Staff were planning the Christmas party which would include people's relatives and friends. A person told us "Last week I went on a trip to the beach. It was lovely. We had a coffee and watched the boats".

In the dining room there were two boards on the wall that had been put together by people with staff, relating to the times of the year. There were handmade flowers on the board entitled 'Summer is here at last', and a variety of pictures of countries on the board entitled 'Where shall we go on holiday'.

A hairdresser came to the home on Tuesdays and Fridays. We saw two people were having their hair done. The hairdresser told us "I have regulars on a Tuesday and Friday. The girls are very good and will have bathed them and washed their hair, and I fit any other specific requests for hair in".

During the morning a care worker was doing a quiz with people in the lounge. The interaction between the

people and member of staff was good. There was orange or blackcurrant squash available and each person had a drink within reach.

Where we saw two staff involved in an inappropriate moving technique, we raised this with the registered manager who took immediate action to address this with staff. All other interactions we saw showed staff responding to and supporting people in a reassuring and unhurried manner. For example, when one person got up to leave the room a member of staff addressed them by name and said "Your shoes are not on properly" and helped them to put them on. Staff assisted a person to transfer from an armchair to a wheelchair appropriately ready for their hair appointment. As they did so they spoke reassuringly to the person "The chair is right behind you, well done" and "You're going to get your hair done".

The atmosphere in the lounge was calm. One person wanted to do 'dot to dot'. A care worker brought in dot to dot sheets and a tray for the person to lean on. The care worker sat next to the person to assist and encourage them. Another care worker asked a person "Would you like to do some colouring? Let's get you a table". The member of staff got the person some crayons and a colouring book and stayed with the person: "Do you want to colour with me".

Staff responded quickly when people became upset or distressed. During the afternoon, two people sitting next to each other became unhappy with each other. Two care staff intervened and defused the situation, encouraging one person to move to another chair. The situation was dealt with immediately and effectively.

People told us they would feel comfortable raising any concerns or complaints. There was a system and procedure in place to record and respond to concerns or complaints about the service. The registered manager told us they had received one complaint about the service in the last 12 months. This had been logged, discussed with the complainant and resolved within the timescales of the procedure. The complaints procedure was displayed around the home in different formats, to enable and encourage people to raise any concerns. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

The registered manager had received many written compliments from people's relatives about the service.

Good

Is the service well-led?

Our findings

The management of the service supported the delivery of high quality, person-centred care. Since registration the service has a history of compliance with the regulations and providing good services.

A relative told us "I'm really pleased with the service". Another relative, who contacted us before the inspection, commented "Staff and management communicate well so ideas from staff and relatives are considered". They said "As a care home Sundial Cottage work as a team. They have meetings to update family members of government changes and explain complaint procedures. The door of the management is always open to discuss any worries or issues. It very much feels like home to mum and us as a family. I can be a daughter again".

There was an open and inclusive culture within the service. The provider and registered manager maintained a presence in the home and were approachable to the people who lived there, visitors and staff. In the entrance hall was a 'have your say tree', which had messages written on leaves and attached to the tree. People's written comments included: "It's amazing here, all the staff are so very kind and helpful. I would improve nothing"; and "The residents are well cared for and seem happy here".

The service used feedback to drive improvements and deliver consistent and high quality care. A satisfaction survey was carried out that included questionnaires sent to people who used the service and their relatives. We saw that the results of a recent survey were overall positive, with all of the nine relatives who had responded to date saying they were satisfied with the overall care provided. An action point arising from the survey was to make further improvements to the garden.

Records of team meetings confirmed that staff were asked for their input in developing and improving the service. A member of staff said the provider and management team listened to staff and responded appropriately to any issues or concerns. Another member of staff said "It's a supportive team". Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life. Staff undertook lead roles, for which they had relevant training, such as moving and repositioning, falls, medicines, and a dignity champion. The registered manager often worked alongside the care staff on shift, which helped to ensure continuity and quality of care. There were processes in place to enable the registered manager to account for the actions, behaviours and performance of staff. The registered manager said they felt well supported by the provider and confirmed they had the resources they needed to develop staff and drive improvement.

The service worked in partnership with community professionals to promote people's health and wellbeing. This included following appropriate safeguarding procedures to help ensure people were protected when any concerns were raised. Staff were aware of their responsibilities and the procedures for reporting any concerns. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. An on call system was provided by the team of five team supervisors, a deputy manager and the registered manager.

The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response. For example, following a pattern of falls being identified, the registered manager had contacted external health professionals and the person's relatives and measures were taken to reduce the risks of similar accidents happening again. The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of registration.

Regular audits of the quality and safety of the service took place and were recorded. The range of audits included medicines, health and safety, infection prevention and control, care plans and risk assessments. Records showed that any actions identified through the audits were followed through to completion and signed off by the registered manager.

The service used current guidance on good practice to measure and review the delivery of care. For example, as part of the monitoring of people's care, the registered manager used guidance about the stages of dementia to keep care plans up to date. Staff confirmed this helped them to understand people's abilities and support needs. The provider was actively involved in a local care association, which kept them updated with changes in the social care sector.