

Franklin Homes Limited

Sunningdale House

Inspection report

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Date of inspection visit:
03 May 2023
15 May 2023

Date of publication:
01 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunningdale House is a residential care home for up to 13 people. The service provides support to people who live with mental health, learning disability and autism. At the time of our inspection 8 people were using the service.

People's experience of using this service and what we found

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were safely recruited in line with the provider's policy and legislative requirements. Enough staff were employed to spend quality time with people to develop skills and promote independence. Staff received supervision and appraisal along with spot checks to ensure they followed best practice. For example, when supporting people to take their medicines.

People received initial assessments of their needs with care plans in place to manage known risks. People's care plans and risk assessments reflected their needs and preferences, and staff were knowledgeable about the level of support people required. Regular reviews ensured information remained relevant and up to date as an accessible point of reference for staff.

Right care: Care was person-centred and promoted people's dignity, privacy, and human rights; Staff were respectful, caring and understanding around people's emotional and physical needs.

People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes preferences and any personal characteristics were recorded and supported. Regular reviews with people ensured adjustments were made to meet people's changing needs and aspirations.

Where people received support to take their medicines this was done safely. Medicines management and administration followed best practice guidance. Risk assessments were reviewed to help staff to keep people safe, for example, when buying over the counter medicines.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using

services led confident, inclusive, and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. We saw people felt confident to approach staff and management and that their suggestions were listened to.

A range of quality assurance checks including regular audits were completed to manage and improve the service and to maintain compliance with required regulations.

Staff followed latest guidance to maintain effective infection prevention and control and had good access to any required protective equipment which helped to reduce the spread of any infections.

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

Rating at last inspection and update

The last rating for this service was requires improvement (06 October 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider review their staffing levels and the tools used to determine these, to ensure person-centred care in line with best practice. We recommended the provider reviewed the service model and delivery to ensure this was in line with current best practice. At this inspection we found the provider had acted on our recommendations and improvements had been made.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people's medicines. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunningdale House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunningdale House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Sunningdale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunningdale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 4 care staff, 1 senior, 2 agency staff, the area head of service, and the registered manager. We looked around the service and observed the medication process. We reviewed a variety of records used to manage the service and associated risks, safety, and the home environment. We looked at 3 care plans, 3 staff files, and records used to manage people's medicines and daily health needs.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had not recruited new staff in line with their organisation's policy or legislative requirements. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Appropriate pre-employment checks were carried out to ensure suitable staff were employed. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported safely by staff who knew them well. We observed people interacting well with staff who encouraged people to maintain their independence to live their best lives.

At our last inspection we recommended the provider review their staffing levels and the tools used to determine these, to ensure person-centred care in line with best practice. At this inspection we found the provider had acted and required improvements were in place.

- Processes in place ensured enough suitably trained staff were recruited and on duty to safely meet people's needs.
- The service had experienced some staffing issues but had managed this by having regular and consistent agency staff. These staff received a service specific induction and shadowed regular staff to enable them to provide safe support to people.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received recent training around medicines and observations were carried out to ensure they continued to follow best practice guidance.
- Where people received support with their medicines, guidance was in place to manage any known risks.
- Regular reviews ensured any prescribed medicines remained relevant and their reliance monitored and reduced where alternative methods were successfully implemented. For example, where they were in place to manage people's mental health.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed and well managed.

- People's care plans were reviewed and included risk assessments about current individual care needs.
- Control measures to reduce known risks were set out in care plans for staff to refer to.
- Staff knew people well and were knowledgeable about people's individual needs and what to do to provide safe care and support.
- Daily handover meetings were held to discuss any concerns in people's needs. The associated records were available for staff to review to ensure they were aware of the changes. An agency staff said, "Care staff keep me updated, care plans are available, I have good information to keep people safe."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse and avoidable harm. One person said, "Yes, I do feel safe; there's a lot of security here." A relative said, "Yes, [name is safe]. I know a lot of regular staff; they are all lovely staff."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- All incidents were documented with systems and oversight to record outcomes and take actions to help prevent similar events as part of lessons learnt.
- Information was shared across the organisation to support learning and promote good practice.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was following required guidance on visiting. No unnecessary visiting restrictions were in place which ensured people enjoyed good visiting arrangements in support of their daily lives.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection the provider had failed to ensure quality assurance checks remained effective, putting people at risk of otherwise avoidable harm. We found staff did not always understand their roles and responsibilities. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager had implemented a range of checks and audits with good provider oversight. Information was reviewed for any trends and outcomes used as part of continuous learning across the organisation.
- Care plans were regularly reviewed and evaluated to ensure support in place was in line with people's changing needs and information helped to keep them safe from known risk.
- The registered manager was passionate about empowering staff and provided good support to help carers meet their aspirations. A staffing structure was in place with staff clear about their roles and responsibilities.
- Processes were in place to ensure robust recording, evaluation and analysis of any accident's incidents and complaints in a timely manner.
- Everyone told us how approachable the registered manager was and that they would not hesitate to raise any concerns for investigation and action. A relative said, "I've got to say I absolutely love [registered manager]. My son always has been really happy [living] there."
- The registered manager was experienced and clear about their role and responsibilities. This included recorded evidence to support any required apologies where things went wrong.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

At our last inspection we recommended the provider reviewed their service model and delivery to ensure

this is in line with current best practice; to ensure staffing levels enabled person-centred care to support people to achieve their aspirations. At this inspection we found the provider had acted and required improvements were in place

- Care plans included detailed information to ensure their care and support reflected their needs, aspirations, and objectives. This information was regularly reviewed with people to ensure outcomes remained achievable and any identified risks managed.
- Staff had a good understanding of people's needs and promoted an inclusive safe environment where people could thrive.
- The home was busy with activities, people coming and going, and staff on hand to enable people to maintain and improve their independence.
- People spoke openly, with enthusiasm about their daily living, their future plans, and about their past experiences they had living their best lives. A relative told us, "Yes, [Name] goes on lots of holidays and they're assisted, they go out a lot; They're helped a great deal."
- The registered manager was supported by the provider with regular oversight visits made by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were routinely consulted with and that their wishes, plans for their care and feedback about the service were listened to and respected.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "We have great residents, all with different needs but it's like a small family, there's a lot of respect for each other."
- Ongoing assessments of people's need ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to ensure care was tailored to meet their needs.
- The provider had established working partnerships in place for the benefit of people and the service. Recent local authority input helped to established best practice processes. People benefitted from regular external input from a range of health professionals to support them with their daily living, health, and well-being.