

Crabtree Care Homes

Sunningdale EMI 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

About the service:

Sunningdale is a 41 bedded residential care home for older people and. At the time of our visit there were 38 people using the service.

People's experience of using this service:

The last inspection November 2017 the overall rating for the home was 'requires improvement'. There were two breaches of regulation at the last inspection. During this inspection we found some improvements had been made to medicines management and quality audits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence people had given their consent to the care and support they were receiving. Mental capacity assessments and best interest decisions were in place.

Staff were caring. Everyone we spoke with was very complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love.

Activities were on offer to keep people occupied both on a group and individual basis. Activities were organised in line with people's preferences.

A system was in place to ensure medicines were managed in a safe way for people. Staff were trained and supported to ensure they were competent to administer medicines. People received support with meals and drinks if this was part of their care plan. Staff knew how to access relevant healthcare professionals if their input was required. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

Staff were recruited safely and there were enough of them to keep people safe during the day and to meet their care needs. The new manager had identified the need for another staff member during the night shift and was having discussion with the provider to organise this. Staff were receiving appropriate training which was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their on-going development needs.

Individual needs were assessed and met through the development of detailed personalised care plans, which considered people's equality and diversity needs and preferences. Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints

about the care or support they received. People told us they knew what to do if they had any concerns or complaints about the service and the manager had responded appropriately to resolve them. Systems were in place to ensure complaints were encouraged, explored and responded to.

The new manager provided staff with leadership and was very approachable. Audits and checks were carried out and used to drive continuous improvements to the service people received.

People's feedback was used to make changes to the service, for example, to the menu's and activities.

More information in Detailed Findings below:

The overall rating of the home at the last inspection was requires improvement November 2017.

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of good in all five areas.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sunningdale EMI Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

One adult social care inspector, one adult social care inspection manager and one 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. This expert had experience with older people with dementia.

Service and service type:

Sunningdale is a service providing nursing or personal care to older people and people living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was going through the Care Quality Commission registration process. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place 8th February 2019. No-one at the home knew we were coming to inspect the service that day.

What we did:

Prior to our inspection we reviewed information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and

commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this 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 improvements they plan to make. This information was used to help inform our inspection.

Some people using the service at Sunningdale were not all able to fully share with us their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with four people who were using the service, two relatives, four care workers, one domestic worker, one cook, the manager, a manager from another service of the provider and one of the providers.

We reviewed a range of records. These included four people's care records and medication records. We looked at three staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At our last inspection on 29 November 2017 we found the provider did not always follow robust recruitment procedures; some checks such as satisfactory references had not carried out before new staff started work.
- At this inspection we found improvements had been made. The provider had ensured all the recruitment process is followed. Staff files contained the information required to aid safe recruitment decisions such as full employment history, references and a Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People and relatives told us there were enough staff around to provide care and support. Staff told us the current staffing levels were appropriate for the level of support people required. The manager told us the rota was done flexibly, for example, to accommodate people's changing needs. We had discussion with the manager about increasing the staffing at night. They told us they were having this discussion with the provider. After the inspection we received confirmation from the provider that the night staff level has increased.

Using medicines safely

- We found medicines were managed safely. The provider had invested in a computerised medicines management system. This system was effective in ensuring medicines were administered correctly and managed safely. We found people's 'as and when' required medicines were recorded and prescribed creams were administered and recorded appropriately with clear instructions where and how to apply them.

Assessing risk, safety monitoring and management

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- Staff were familiar with and followed the risk management plans.

Systems and processes

- The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. People's Personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.

Safeguarding systems and processes

- People were protected from any form of abuse or poor treatment. People told us, "I like living here and feel

safe." A relative said, "He's safe here as he can't wander and get outside without staff knowing so I feel he's safe."

- The manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- The registered provider had an Equality and Diversity Policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination based on the protected characteristics. This helped to keep people safe and challenge any discriminatory practice.

Preventing and controlling infection

- Staff completed training in infection control. Staff told us they have access personal protective equipment (PPE) and waste was disposed of correctly.
- The home was clean, tidy and odour free. A relative said, "No odours, the home is always clean and tidy, [names] room is spotless. The bathrooms and toilets are clean and well kept." However, we found in the toilet downstairs the hand soap dispenser was empty as was the hand towel dispenser. The manager told us this would be addressed at once.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- At our last inspection on November 2017 we found the service was working within the principles of the Mental Capacity Act 2005 (MCA). On this inspection we found this still to be the case.
- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The manager ensured when specific conditions had been attached to DoLS authorisations these had been met. For example, the regular review of specific medicines.
- The registered manager ensured when someone lacked capacity to make a specific decision the best interest principle was followed. For example, one person was having their medicines hidden in food or drink. Their relative, GP and pharmacist had been involved in the decision-making process to ensure this was in the person's best interest.
- Where relatives had the appropriate legal authority, they had been involved in the decision-making process. Where this authority had not been in place the best interest decision making process had been used.
- Staff spoke with people before any care and support was delivered to get their consent.
- People's care plans were person centred and described people's needs and preferred routines.
- Staff knew the people they supported very well.
- "We found an excellent example of care where the provider had ensured that care was delivered sensitively and thoughtfully in support of their diversity needs and in line with the expectations of the equality Act 2010. This showed that the provider understood the importance of non-discriminatory approaches to equality of care."

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care. However, we found during mealtime staff were not always using the correct moving and handling procedure when supporting people. This was discussed with the manager. They stated they will be observing staff and this would be addressed with more training.
- Relatives we spoke with were confident in the abilities of the staff. Their comments included, "They know how to respond to [name] and how they like to be handled. They are trained in the right way."
- Staff spoke highly of the training, support and supervision they received.
- Staff told us additional training was provided so they could meet the needs of people using the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- We observe the lunchtime experience. The tables were set with clothes and napkins with cutlery and condiments. Two tables were served and people offered a verbal choice, but the manager seemed to notice some people were unable to choose so took the flash cards from the menu board and showed them. People then pointed to the meal they wanted.
- Though there were several staff in the dining room, the mealtime still seemed disorganised. One man seemed unsure about eating and staff encouraged him in different ways to have his meal which worked well in helping him to sit calmly and eat.
- People told us the food at Sunningdale was good. "Very good, plenty of choice and taste good." "It's lovely I always enjoy my food."
- The cook had detailed information about people's different dietary requirements. For example, who needed a gluten free or diabetic diet.

Staff providing consistent, effective, timely care within and across organisations

- If someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.

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

- We saw the environment was well designed to support people living with dementia to move around safely. They could walk freely around the communal areas and corridors and go out into the garden without any restrictions.
- Good signage was in place to help people find their way around the home. People's rooms we looked at had been personalised to each person's preferences.
- Specialist equipment was available when needed to deliver better care and support.

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

- Staff involved people and where appropriate their relatives to ensure people received effective health care support. People told us, "I see the doctor when I need to and I tell staff when I am not well they help me." "I would talk to a member of staff if I was unwell and they would get the doctor if I need one."
- Records showed people had been seen by a range of healthcare professionals including GP's and opticians.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were supported by staff who were kind. They told us, "[Staff are] lovely." Relatives commented, "[Staff] are very caring" and "Yes, best care possible."
- Staff were thoughtful which ensured people received person centred care. Without exception everyone we spoke with praised the staff and spoke about how caring they were.
- Staff spoke with fondness and genuine concern for the wellbeing and the happiness of people they supported. The day before the inspection a party was held for a person's 100th Birthday.
- Staff treated people with the utmost patience and kindness. For example, one person kept asking the same question repeatedly. The carer gave an explanation in an extremely kind and polite way reassuring the person.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. One relative said, "Yes, I have attended [a review] a couple of months ago, everything was discussed." Relatives told us they had been contacted by the provider when their loved one's needs had changed.
- Records we looked at confirmed regular reviews were taking place and involved relevant people.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people the utmost respect. Staff knew people extremely well, their individual likes, dislikes, life history and interests.
- Staff had received training in dignity in care and our observations confirmed staff provided care that was respectful and promoted people's privacy and dignity.
- The manager and staff told us they understood the importance of keeping people's personal information confidential. We saw people's care records held on computers were pass code protected.
- Visitors were made to feel welcome and commented on the very friendly and welcoming atmosphere.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The Accessible Information Standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that these needs are met. We found detailed information regarding people's communication needs recorded in care plans to enable staff to involve people in their care, make choices and deliver person centred care. Through speaking with people and staff we felt confident people's views were considered and they were involved as much as possible in planning their care.
- Care records were reviewed monthly or if people's needs changed and contained the outcomes people wished to achieve. Care plans included very detailed and person-centred information about the support required, such as emotional needs, personal care, nutrition needs, social leisure, religious cultural and personal safety.
- The home had an activities organiser. Most people were positive about the level and quality of the activities available. This included one to one and group activities. One person said, "I do join in sometimes, there is enough going on for me."
- "People told us they would be helped to go outside if they asked, one person said, "I can go out to the shops on my own if I want." The day before our inspection one of the people who lived at the home had a party to celebrate their 100th birthday with family and friends. People and relatives told us the following, "They have a good activities organiser, who try to get them involved in things." "There are people who come in to entertain them."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager or provider. Their comments included, "I would talk to the staff; they would listen and do something." "I would tell the manager."
- The provider and manager had put systems in place to make sure any concerns or complaints were brought to their attention. This was because they were keen to rectify any issues and improve the quality of the service.
- The manager had taken as much action as possible when a complaint had been received to resolve the issue raised.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records showed discussions had taken place with people and their relative and their wishes were clearly recorded. Some

people had a Do Not Attempt Resuscitation (DNAR) in place which were also clearly recorded.

- The manager understood people's needs, was aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences. One of the carer worker told us, "People are treated like our own family."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Leadership and management

- At our last inspection on 29 November 2017 we found some of the quality audits were not effective in picking up and addressing issues.
- At this inspection we found improvements had been made to ensure people received a consistently good service.
- The home was well run. The provider and the manager were passionate and committed to providing good quality, person-centred care.
- People who used the service received good quality person centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The manage was going through the process of applying to register with Care Quality Commission (CQC), however the application had not yet been finalised. There was an open and transparent culture in the home and staff told us the manager and provider were approachable and supportive. Their comments included, "They are accessible and listen." "[Name] is a good manager."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

The manager and provider knew people using the service and their relatives very well. We saw them to be kind, caring and very knowledgeable about people's lives and personalities. Relatives told us, "[Name of manager] is personal centred. They will stop what they are doing and listen. "Very good standard of management, they muck in and know people well."

- Under the Care the CQC (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to CQC regarding a range of incidents. The inspection confirmed the registered provider was aware of their responsibilities to notify CQC and they had acted in accordance with the regulations.

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- People, relatives and staff had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff meetings were held and staff were also consulted during handovers between shifts.

- The manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- We found there was never any delay in involving partners, such as social work and health teams, to ensure the wellbeing of people using the service.
- The manager had made good links with the local community and key organisations to benefit people living in the home and to help with the development of the service.