

Woodland Healthcare Limited

# Sunnymede

## Inspection report

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## 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

### About the service

Sunnymede is a residential care home providing personal care without nursing, for up to 35 people aged 65 and over. At the time of the inspection the service was supporting 20 people. People had mixed ability to verbally communicate with us. Their views were also captured through observations. During the inspection, due to the COVID-19 pandemic, most people were spending time in their bedrooms to remain safe.

The home is a large converted house. There were a range of shared, communal areas such as lounges and a dining area. There was work going on to redecorate parts of the home. These were not accessible by the people.

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

We spoke with people who told us they were happy living at Sunnymede, other people we observed appeared happy because they were laughing and smiling. However, relatives had mixed views about the home.

Improvements were found in some areas including medicine management and the management of infections spreading. However, repeated concerns were found in other areas such as recruitment of staff and call bells being out of reach. New concerns were found around health and safety and how staff monitored people who were at high risk of pressure ulcers.

As part of this inspection we looked at the infection control and prevention measures in place in relation to the COVID-19 pandemic. We found systems were in place and staff had access to enough personal, protective equipment (PPE) such as gloves, masks and aprons. However, on one occasion we witnessed a staff member go between bedrooms where people were isolating for safety without changing their PPE. No impact was found. Following the inspection, the provider updated us on actions taken to rectify the issues.

The home was still not always well led. Systems were now in place to monitor the care people received. However, these had not always identified concerns found during the inspection or repeated concerns. When issues had been found they were not always rectified. Staff and the management were not always following the provider's own policies and procedures. Although notifications had been made to the Care Quality Commission these were sometimes delayed. There were occasions when incident records did not match records the provider shared with CQC.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 7 May 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections. There were breaches in regulations.

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 followed up the concerns in relation to the Safe and Well Led domains to minimise risks to people during the pandemic.

At this inspection, we found improvements had been made in some areas and the provider was no longer in breach of regulations in relation to safe care and treatment. However, a breach remained in Well Led, and we found a new breach in relation to a repeated concern.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance, assessments of people's needs, infection control, staffing levels and person-centred care.

We undertook this focused inspection to check they had followed their action plan and to confirm if they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which have some of those requirements.

We also 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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunnymede on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sunnymede

## 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 Care Act 2014.

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

Two inspectors and a member of the Care Quality Commission medicine team carried out the inspection on site.

Following the site visit the inspection team continued to review evidence. Additionally, another inspector and assistant inspector made telephone calls to staff and relatives of people who used the service.

#### Service and service type

Sunnymede is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced.

#### 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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and had informal interactions with other people. We used observations whilst on site. We spoke with ten members of staff during the inspection including the registered manager, deputy manager, care workers and auxiliary staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and multiple staff supervision records. A variety of other records were reviewed on site relating to the management of the service including health and safety records and monitoring charts.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We also reviewed all records the provider sent to us as part of the inspection. We spoke with five staff and four relatives over the telephone. We also had further contact with the local authority.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed their recruitment in line with legislation.

Enough improvement had not been made.

- The provider was not carrying out relevant checks for new staff in line with current legislation or the provider's policies and procedures.
- We found inconsistencies in recruitment records. There was no record these had been followed up by the management.
- Records for interviews were not in place for some newly appointed staff.

We found no evidence that people had been harmed. However, recruitment was not completed in line with current legislation to protect vulnerable people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider shared two interview records with us for the members of staff missing them.

At our last inspection we found the provider had failed to demonstrate sufficient numbers of suitably qualified staff were deployed at all times to meet people's care and treatment needs. This was a breach of Regulation 18 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 18.

- People had call bells answered promptly when they used them. One person told us they were happy with the support they received. Others smiled and were clearly comfortable in staff presence.
- Staff did not always feel there were enough staff. Some explained there were about half the people who required two members of staff to help them with transfers. Staff have felt the strain and worked as a team during the COVID-19 pandemic when staff were off work.
- The management were using a dependency tool to identify how many staff were required. The rotas reflected this. This stated they were staffing above the suggested level after its completion. The registered manager did explain that staff levels had recently been impacted by staff isolating during the COVID-19

pandemic.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure there were effective infection control measures in place. This was a breach of regulation 12 (Safe Care and Treatment) 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 12. The home smelt pleasant throughout the inspection and equipment seen in use was being kept clean.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection concerns were raised about the failure to consistently safeguard people. Potential abuse was not always reported appropriately.

Enough improvement had been made in relation to reporting safeguarding appropriately.

- Accidents and incidents which had been identified at the home as safeguarding had been reported to the local authority safeguarding team. Although two safeguarding which had been raised had not been reported to the Care Quality Commission (CQC).
- People were comfortable in staff presence. Staff understood their responsibility in relation to protecting people from potential abuse.

#### Assessing risk, safety monitoring and management

- At our last inspection call bells were not accessible to all people. At this inspection we found a mixed situation. Most people were in their bedrooms to protect them due to the COVID-19 pandemic. Some people were unable to reach their call bells. The registered manager explained people are free to move around and sometimes move away from their call bells. During the inspection, the maintenance staff member went around and checked people were able to reach them.
- People with poor mobility had plans in place to guide staff on how to support them. During the inspection people were safely transferred using equipment. However, all the stand aids and hoists were out of date for their routine checks. Little consideration about the risks of this had been made. One stand aid was found with exposed wire; this was rectified when it was raised to the registered manager. Following the inspection, the provider shared a new risk assessment and updated us with action they had taken to rectify the issue including completing the routine checks. They also informed us the exposed wire had occurred on the day of inspection because no staff had reported it.



- People had a range of risk assessments in place for their health needs. These provided guidance for staff. For example, in relation to diabetes and catheter care. However, limited systems existed to monitor whether people at high risk of pressure ulcers were repositioned in line with the frequency in their care plan. Following the inspection, the registered manager shared with us new systems being put in place.
- Systems were in place to monitor environmental risks. This included regularly checking the fire alarm. However, there was no easily accessible bag or box with essential equipment and information in it in the event of a fire. The registered manager told us they would review this as a hand washing station had replaced it due to the COVID-19 pandemic.

#### Using medicines safely

- Some improvements have been made in how medicines were being managed. However, further improvements were required.
- Medicines were administered by staff who had been trained and assessed as competent. However, at night there was currently no trained staff to administer medicines. If people did need medicines at night, we were informed staff were available on call. The registered manager told us the service was going to train staff who work during the night to give medicines. Following the inspection, the provider updated us on positive action they had taken to rectify this concern.
- The management rectified a range of concerns found during and following the inspection. This included recording of allergies, 'as required' medicine protocols and staff knowledge of the temperature range for the medicine's fridge.
- On the day of the inspection we saw that the medicines room was unlocked. The medicines were being stored in locked cupboards. However, access to the medicines being stored in the fridge were not restricted to authorised staff. When made aware the staff locked the fridge.
- Stock checks were completed to ensure there were adequate supplies of medicines. There were suitable systems for the ordering and disposal of medicines. Opening dates were recorded to ensure medicines which had a reduced shelf life after opening were discarded within an appropriate time frame. Carers applied creams and other topical preparations. They were recorded on a separate chart and we saw they were being applied as directed.

#### Learning lessons when things go wrong

- Systems were in place to report accidents and incidents. The management reviewed these to see if any actions were required. When it was action was being taken. For example, a bookcase had recently been secured to the wall following an incident.

# 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 the last inspection this key question was rated as inadequate. At this inspection, this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance).

There had been further improvements at this inspection. However, not enough improvement had been made and the provider was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to improve the service beyond requires improvement since 2017. This was the fourth inspection with the rating requires improvement. There was limited external scrutiny by the provider. This meant there was a lack of assurance around the monitoring and sustainability of the home. Following the inspection, members of the management explained the COVID-19 pandemic had affected how many monitoring visits they could complete.
- Inconsistencies were found between records at the home in relation to incidents and accidents compared to information that had been shared with CQC. Two incidents recorded they had been reported to the Care Quality Commission (CQC) and they had not. Other incidents or accidents shared with CQC contained differences to the records kept at the home. One had an injury crossed out. The management told us this was because they had prioritised care during the COVID-19 pandemic.
- Systems were now in place to identify improvements needed at the service and some had been made. However, these were not consistent and there continued to be repeated concerns. For example, recruitment was still an issue. Shared information with the CQC was still inconsistent with records at the home.
- Concerns found during the inspection had not always been identified by the provider or managers systems. For example, the hoists and stand aids being out of their safety servicing since September 2020. Kitchen audits were incomplete.
- Information which should have been readily available was not when requested during the inspection. This included current rotas, recruitment records and a fire risk assessment. The management struggled to find information throughout the inspection. Following the inspection, the provider informed us it had been difficult with three members of the inspection team on site during a pandemic.
- Breaches of the regulations were found at this inspection. These were because of repeated concerns

found. For example, recruitment issues and failure of systems to drive improvements.

- Staff and the management were not always following the provider's policies and procedures. For example, in relation to moving and handling and recruitment.
- Support for staff from management was not consistent. Supervisions were not personalised to recognise development and performance needs. There was no management plan in place to ensure these were routine and meaningful.
- Relatives raised that communication with them had been inconsistent during the COVID-19 pandemic. For example, they were informed when the home was closed to visitors. However, they were less forthcoming when they had reopened. Some felt they were not supported to keep in touch with their family members as much as they could have been.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the quality of people's care and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had an open relationship with the registered manager. One person recalled an issue and the registered manager was aware and working on it. Whilst walking around with the registered manager it was clear of their positive relationship with people.
- Relatives had mixed views about how much their opinions were collected. Some felt, especially during the COVID-19 pandemic, they were not kept informed of changes to their family member. Neither had systems been put in place to allow them to speak with their family member.
- Staff felt the registered manager was approachable and liked working at the home. Some had worked at the home for many years. They could raise any concerns directly to the registered manager. However, there were mixed opinions about the quality and style of the management.
- People and relatives completed questionnaires, and these were collated by the management. During the COVID-19 pandemic these were collected over the telephone. Comments from them included, "Brilliant place and very good staff. Very kind and caring" and, "Very happy with the care. Staff are wonderful."
- Staff had limited formal opportunities to contribute to the running of the home. They all felt they could speak with the management. However, there were no staff meetings and more formal processes in place to support staff and drive improvement.

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

- The registered manager demonstrated some understanding of the duty of candour. There were records demonstrating relatives were contacted when there had been an accident. However, some relatives felt this was not consistent or completed in a timely way.

Working in partnership with others

- Staff and the management had systems in place to work with other health professionals. This had been kept up during the COVID-19 pandemic. For example, one person had declining health leading to difficulties around eating. Evidence was seen of the person being reassessed virtually.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate safety and care was effectively managed.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	Recruitment was not completed in line with current legislation to keep people safe.
Treatment of disease, disorder or injury	