

Forward Care (Residential) Limited

Sunnyfields

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 08 August 2017. The inspection was unannounced.

Sunnyfields is a small home on the Isle of Sheppey which provides accommodation and support for up to four people with learning disabilities. Four people lived at the home on the day of our inspection. Some people had difficulty communicating verbally and were unable to tell us about their views and experiences of living at the home.

At our previous inspection on 06 July 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to assess and mitigate the risk of harm to people using the service. We also found a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider and registered manager had not notified CQC about important events. We also made the following recommendations; that the provider and registered manager carried out required employment checks to ensure that staff are suitable to work with people. That the provider followed good practice guidance in relation to recording medicines. That the provider put adequate systems in place to track and monitor DoLS applications, authorisations and conditions and that mental capacity assessments were reviewed. That all people received adequate weight monitoring to ensure that they maintained good health. That registered person's ensure all personal information is securely stored. That the provider reviewed and updated the complaints procedures to ensure that people and their relatives have clear guidance in a way they understand and a recommendation that the provider updated their website to ensure that the rating is clearly displayed. We asked the provider to take action in relation to the breaches of regulations.

The provider sent us an action plan on 15 September 2016 which stated that they would meet the Regulations by 01 October 2016.

There was a registered manager in place. The registered manager was registered for Sunnyfields and another local service owned by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. As the registered manager was not based in the home on a daily basis the home manager provided us support during the inspection.

During this inspection we found that the provider and registered manager had made the improvements that they had planned to make, however we found new areas of concern.

Relatives told us their family members received safe, effective, caring and responsive care and the service was well led.

Some areas of the home and equipment required additional cleaning and maintenance. The fire service had

visited the home to carry out an inspection on 12 June 2017. Timely actions had not been taken to meet the schedule or works required to meet The Regulatory Reform (Fire Safety) Order 2005.

Medicines practice had improved. Medicines records (MAR) were clear and accurate. Medicines stock counts were carried out regularly. Protocols were not in place for each 'as and when required' (PRN) medicine which was prescribed. We made a recommendation about this.

People's rights within the basic principles of the Mental Capacity Act 2005 (MCA 2005) were not always considered and recorded. 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. The registered manager had carried out mental capacity assessments. These did not follow the principle of the MCA 2005.

People's religious and cultural wishes and preferences in relation to food had not always been respected. One person did not eat beef but had been served meals containing beef. Staff had not given the person alternative choices to enable them to make an informed choice.

People's information was not always treated confidentially. Their daily records, keyworker reports and activity records were stored on the sideboard in the lounge area, which meant they were accessible to everyone.

People were encouraged to take part in activities that they enjoyed, some people were more active than others. Two people appeared not to have much to keep them stimulated. We made a recommendation about this.

Systems to monitor the quality of the service were in place. Audits picked up a number of issues and concerns which the management team had completed and were continuing to work through. Audits had not picked up all the issues we found during the inspection.

Risks to people's safety and wellbeing were managed effectively to make sure they were protected from harm. Risk assessments were in place for all areas of identified risks.

People's care plans had been reviewed and updated to ensure that their care and support needs were clear and their preferences were known.

There were enough staff deployed on shift to keep people safe. Effective recruitment procedures were in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Staff had received training relevant to their roles. Staff had received regular supervision.

Relatives were encouraged to feedback to the service through surveys.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority.

People were supported and helped to maintain their health and to access health services when they needed them. People's weights had been consistently monitored to ensure people remained in good health.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the management team and the provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift took place to make sure all staff were kept up to date.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not maintained the home in all areas to keep people safe. The provider had not taken timely action to address a fire notice.

Risks to people's safety and welfare were well managed to make sure they were protected from harm.

Effective recruitment procedures were in place. There were enough staff deployed in the home to meet people's needs.

Medicines were administered safely following the prescribers instructions.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Mental capacity assessments did not follow the principle of the Mental Capacity Act 2005. However, staff were aware of how to support people to make decisions.

One person did not have choices of food at each meal time which met their religious or cultural needs.

People received medical assistance from healthcare professionals when they needed it.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team. Induction systems needed some improvement.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's confidential information was not always respected and locked away to prevent unauthorised access.

People were treated with dignity and respect. People were involved with their care. Peoples care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time. Feedback from relatives was positive.

Is the service responsive?

Good ●

The service was responsive.

People had activity plans in place. Some people were more active than others. People received care that was based on their needs and preferences.

The service had a complaints policy and people's relatives knew how to complain. People were unable were unable to verbally express their views on the service and therefore complain themselves.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems to monitor the quality of the service were embedded. Improvements had been made as a result of audits, but they had not picked up all the issues we found during the inspection.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the home manager.

Sunnyfields

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.

This inspection took place on 08 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. We also reviewed previous inspection reports and the provider's action plan. We also reviewed information of concern.

During our inspection we observed care in communal areas. We examined records including staff rotas; management records, care records for two people, medicines records for all four people and two staff files. We looked around the premises and spoke with two people and four staff including a support worker, senior support worker, the home manager and the registered manager. We also spoke with one person's relatives.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and local authority contract monitoring teams.

We looked at two people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, meeting minutes, policies and procedures.

We asked the home manager to send us additional information after the inspection. We asked for a policy and proof that a shower chair had been ordered. These were received in a timely manner.

Is the service safe?

Our findings

At our last inspection on 06 July 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had failed to adequately assess and mitigate risks to people and staff. We asked the provider to take action to make improvements. We also made two recommendations; We recommended that the provider and registered manager carried out required employment checks to ensure that staff were suitable to work with people. We recommended that the provider followed good practice guidance in relation to recording medicines. The provider sent us an action plan on 15 September 2016 which stated they planned to meet Regulation 12 by 01 October 2017.

At this inspection we found that risk assessments had improved. However, we had concerns in relation to maintenance and cleanliness in some areas of the home.

Some areas of the home and equipment required additional cleaning and maintenance. The lounge door from the lounge to the conservatory had a large crack in it. This door was frequently used by people. Some carpets required cleaning or replacing; the lounge and stairs in particular needed attention. We noticed that the shower chair in the downstairs shower room was damaged. The legs on the left hand side were bent and the joint where they attached to the chair had cracked and become rusty. We spoke with the registered manager about this who told us that this had already been identified and a replacement had been ordered. However, we were given a copy of the order form and this evidenced that it was not ordered until the day of the inspection. Staff confirmed this was after we had raised the concerns about people's safety whilst using the chair. We also observed one person negotiating the steep ramp between the lounge and conservatory. They struggled to propel themselves using their wheelchair between the two rooms. We spoke with the registered manager and manager about this and advised that an occupational therapist (O.T) referral should be made to assess any adaptations the person may need.

The fire service had visited the home to carry out an inspection on 12 June 2017. The fire service issued the provider with a schedule of works in order to meet The Regulatory Reform (Fire Safety) Order 2005. The provider was required to meet the schedule by 14 August 2017. Timely actions had not been taken to meet the schedule. Contractors were scheduled to attend the home to carry out some of the works on 10 August 2017. This meant that effective and safe systems were not in place to keep people and staff safe from the risks of fire in the home.

The failure to ensure that the premises and equipment was clean, maintained and suitable for the purpose for which they are being used was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was maintained and safe. There were records to show that the premises received regular servicing, such as fire equipment, the boiler and electrical wiring and electrical items. The handyperson was available to respond quickly in the event of an emergency. Other environmental matters were monitored to

protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses.

Checks on fire equipment were made regularly; the fire system had been serviced on 21 June 2017. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment. The last fire drill had been conducted on 01 June 2017.

Some people were unable to verbally tell us about their experiences. We observed that staff supported people to maintain their safety within the service. One person told us that staff supported them with their medicines. One person's relatives told us, "He's safe here. We feel safe because the door is locked". They explained that they would have concerned if it was unlocked because the road outside was a busy, fast road.

Medicines practice had improved. The medicines round was carried out by a staff member who had undergone relevant training. Medicines records (MAR) were clear and accurate. We checked the medicines records for the month and found that people had received the medicines they had been prescribed. Each person's MAR included a photograph. Staff only signed the MAR once the medicine had been administered. The medicines storage areas had been temperature checked by staff twice daily to check that medicines were stored within suitable temperatures. Medicines audits were carried out weekly, the last one had been conducted on 07 August 2017. Medicines stock counts were carried out regularly. This meant that the manager had a good understanding of medicines practice.

Protocols were in place to provide information and guidance for staff in relation to 'as and when required' (PRN) medicines. This guidance detailed how each person communicated pain, why PRN medicines were needed, the reason for administration, the frequency, and the maximum dose that could be given over a set period of time. However, protocols were not in place for each PRN medicine which was prescribed. This meant that there was no guidance for staff to detail when someone may need the medicine, how often it should be taken and what it should be taken for.

We recommend that registered persons review PRN protocols in line with published good practice guidance in relation to managing medicines in care homes.

People continued to be protected from abuse and mistreatment. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The manager knew how to report any safeguarding concerns.

People were protected from the risks of harm relating to care and support within their home and the local community. Action had been taken to ensure all risks associated with people's care and support were assessed and steps were recorded of action staff should take in order to keep people safe and in good health. For example, risk assessments were in place relating to smoking, showering, night care, challenging behaviour, and use of specific equipment such as wheelchairs and Zimmer frames. People were protected from the risks of scalding when using the shower and bath because systems were in place to ensure that the temperatures were checked and recorded before people immersed their body in water.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

There were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff. The manager worked in the home five days per week which increased the staffing from three staff during the day to four. Staff and the manager confirmed that this enabled them to provide flexible care and enable people to make choices about their day.

There were no accident or incident forms to view. We spoke with the manager about this and they told us that there had not been any accidents or incidents.

Infection control was well managed. The laundry was well managed, clean and dirty laundry was kept separated. Personal protective equipment (PPE) was in place for staff to use when carrying out personal care and when preparing, cooking and serving meals.

Is the service effective?

Our findings

At our last inspection on 06 July 2016, we made two recommendations. We recommended that the provider put adequate systems in place to track and monitor authorisations and conditions, review mental capacity assessments and report Deprivation of Liberty safeguards (DoLS) applications to CQC accordingly. We also recommended that all people received adequate weight monitoring to ensure that they maintained good health.

At this inspection we found that improvements had not been made to mental capacity assessments, DoLS notifications had been made, however the registered manager had used the wrong service code which meant they were recorded at the provider's other nearby home.

People's rights within the basic principles of the Mental Capacity Act 2005 (MCA 2005) were not always considered and recorded. The MCA 2005 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. The registered manager had carried out mental capacity assessments. These did not follow the principle of the MCA 2005. One person's mental capacity assessment in relation to managing money on a daily basis detailed that the person was unable to communicate their decisions. This was not correct the person was able to fully communicate their decisions, The manager confirmed this. There were a number of other mental capacity assessments in place for the same person which detailed conflicting information. Where it had been assessed a person lacked capacity, decisions relating to those assessments had been documented that they had been made in the person's best interests. However, there was no evidence that the decisions had included the relevant people as necessary to make an informed decision. For example, one person had been assessed as not having the capacity to be able to consent to the personal care they required. There was no record of any discussions held with the person's relatives and care manager to determine whether they agreed that it was in the person's best interests.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The failure to ensure the appropriate processes were followed to maintain people's rights within the principles of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People's wishes and preferences in relation to food had not always been respected. One person's care file detailed they did not eat beef for religious reasons. We observed that spaghetti bolognese was on the menu for the evening meal. We observed everyone eating their meal together in the conservatory. We checked

with staff to see what type of mince had been used to make the bolognaise. Staff told us that beef mince had been used. We had a discussion with the manager and staff about the person's religious needs. Staff did not understand that this was important and had not considered that the person may have chosen to have an alternative meal or replacement mince such as turkey, pork, lamb or soya to make the meal. Staff had not clearly explained to the person what was in the food they were eating to enable the person to make an informed choice about their food. Staff detailed that the person had previously eaten beef burgers and had enjoyed them. We asked whether the staff had explained to the person that beef burgers were made of cow and whether they had been offered a burger made of alternative meat. Staff told us that they had not done this.

This failure to provide reasonable adjustments to meet a person's cultural or religious needs is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People's weights had been regularly recorded and monitored. We observed that people were given choices of meals. There was a pictorial menu board in place in the hallway, which enabled people to see what the meals looked like. People had access to drinks when they needed them. Staff regularly offered people hot and cold drinks during the inspection. Staff were engaged with people while they were eating their meals and there were friendly interactions between staff and the people who lived at the home. People were supported to have a meal out regularly. Staff supported people to be as independent as possible and enabled them to learn new skills. One person was supported by staff to make cakes for the first time, in their life. They clearly enjoyed making the cakes and proudly took a cake to everyone in the home when they were baked and stood back to watch people enjoy them. The person told us, "I enjoyed it", and they told us they ate two cakes.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Relatives told us that their family members received appropriate support to maintain good health. One person's relatives told us, "They are managing his health needs here". People had a health action plan in place. This outlined specific health needs and how they should be managed. Records demonstrated that staff had registered new people with a GP in a timely manner. One person told us they had been to the GP and had been weighed. Staff had contacted people's GP, community nurse, dentist, psychiatrist, blood test, opticians when required. People received effective, timely and responsive medical treatment when their health needs changed.

People's physical health and mental wellbeing were protected by staff who were qualified and trained to meet these needs. Staff continued to receive training to enable them to meet people's needs. Staff training records evidenced that most staff had undertaken Autism training, conflict resolution, fire, first aid, moving and handling and fire training. New staff had been booked to attend training relevant to their roles as well as learning about people and their routines. New staff had been allocated workbooks to help them work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is a set of minimum standards that should be covered as part of induction training of new care workers. Other staff were working towards completing this.

Staff supervision and annual appraisals had been recorded in their files. All staff confirmed they had received regular supervision with their line manager. Staff were supported to undertake work based qualifications relative to their role.

Is the service caring?

Our findings

At our last inspection on 06 July 2016, we made a recommendation. We recommended that registered person's ensure all personal information is securely stored. This was because people's daily records were kept in a cupboard in the lounge which was not locked.

At this inspection, we found that people's information was not always treated confidentially. People's main records were stored securely, they were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. However people's daily records, keyworker reports and activity records were stored on the sideboard in the lounge area. This meant that people's records were not securely stored and were accessible to everyone.

This failure to maintain people's records securely is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people were unable to verbally tell us about their experiences. We observed that staff supported people in a friendly manner and interacted with people well. One person told us they liked the staff and named their favourite staff member. They said, "I like [staff member] the best. [Staff member] takes me to play snooker; I win [at snooker]". One person's relatives told us, "Staff are kind and caring, he loves [staff member] he has built up a good rapport with her and trusts her".

Staff were aware of the need to respect choices and involve people in making decisions where possible. Staff were aware about encouraging people to be more independent. One person shared with us how they were supported to clean their own bedroom and shower room. Daily records evidenced that people were making choices. People were supported to make decisions, choices and to be as independent as possible. We observed staff offering choices throughout the day in relation to medicines, food, drink, activity and laundry. One person's relatives detailed how their family member's speech had improved since living at the home.

There was a relaxed atmosphere in the home. People and staff used humour and friendly banter as part of their communication.

Staff maintained people's privacy and dignity. We observed staff knocking on doors before entering and giving people privacy when they wanted it. Staff detailed how they closed doors and curtains when assisting people with their personal care. Staff were observant and noticed if people used the toilet without closing the door. They gently closed the door to ensure the person's privacy and stayed nearby to offer assistance if it was needed. Staff respected that some people liked to spend time in their bedrooms.

Staff shared with us the different ways in which they worked with each person which showed they knew people well. The rota's evidenced that people had consistent staff providing their support.

Staff spent time actively listening and focussing on people and responding accordingly. People were

encouraged to take things at their own pace and were not hurried or rushed. Staff told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach. One staff member told us, "I enjoy my job, I love it".

People's care plans were suitably detailed, they included information about people's life and background as well as people's likes and dislikes and their communication needs. This important information which helped staff engage and respond to their individual needs. People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

Relatives were able to visit their family members at any time, they were always made to feel welcome and there was always a nice atmosphere.

Is the service responsive?

Our findings

At our last inspection on 06 July 2016, we made a recommendation. We recommended that the provider reviewed and updated the complaints procedures to ensure that people and their relatives had clear guidance in a way they understand.

Some people were unable to verbally tell us about their experiences. One person told us that staff took them shopping and to visit their relatives. They shared how staff had responded to their requests and needs. They told us, "I am buying a pink camera on Saturday". One person's relatives told us, "He has things to do, he loves colouring and baking. We see him weekly". They went on to say that staff have been responsive to their family member's needs and encouraged exercise to maintain and increase mobility. They said, "They are doing walking with him with a frame".

People had activities schedules in place which detailed they had activities planned to meet their needs on a daily basis. Activities included; foot and hand massage, pub trips, visits to seaside, cinema trips, ice skating, shopping and music for health. We observed that these activities did not always take place. Planned activities for some people did not take place outside of the home for some people because of the extreme weather. There was torrential rain, thunder and lightning throughout the day. Some people were far more active than others, two people sat for long periods in the conservatory with little to do, which meant they had little stimulation. Two people attended a local day service once a week to complete wood working skills. One staff member told us that the other two people preferred sensory activities for stimulation. We spoke with the manager about this and they agreed to review people's activities and research additional activities to meet each person's needs.

Care plans were in place for each person. These detailed how staff should meet people's individual care needs. The plans were reviewed and updated when required to ensure that staff had up to date and relevant information. One person's care plan was not as detailed as the others. This was because they had only recently moved into the home. Staff were reviewing and adding to the care plan as they got to know the person better.

People and their relatives had opportunities to provide feedback about the service. Relatives had been sent surveys in July 2017 to ask for feedback about the service their family member received. Two had been completed and sent back. They were both positive overall. One completed survey read, 'On my visits [person] seems happy' and 'I would like to thank the staff for looking after [person] and his needs'. One relative had commented 'Would like more communication and information'. The management team had not yet responded to the survey results as they had only just been sent in, so had not addressed the need to communicate more effectively with one relative. People's feedback was captured through key worker reports and observations as well as feedback from their relatives.

Relatives knew who to complain to if they were unhappy about the service they received. Relatives confirmed that when they had raised concerns in the past, these had been dealt with appropriately. The manager told us that there had not been any complaints or compliments received about the service. The

complaints procedure gave information about who to if a person was not happy with the complaint from the provider, which included the local authority and Local Government Ombudsman (LGO) and detailed the timescales for acknowledgement and investigation. An easy to read complaints booklet was available to help people understand the complaints process.

Is the service well-led?

Our findings

At our last inspection on 06 July 2016, we made a recommendation. We recommended that the provider updated their website to ensure that the inspection rating was clearly displayed.

We observed that people knew the manager and staff team, they appeared relaxed in their company and happy to discuss requests. One person approached the manager to request a visit to a bowling alley. The manager arranged with the person to take them bowling at the weekend. Relatives were positive about the management of the home.

The provider, registered manager, administration and finance manager, the home manager and staff had carried out several audits. A full audit of finances had been carried out on the 07 August 2017, the home manager carried out a weekly check on finances as people required staff support to manage their finances. A health and safety audit had been completed in May 2017, where all areas of the home had been checked. Staff with lead responsibilities had completed monthly infection control audits. The provider had completed audits regularly. These focussed on key areas such as catering, personnel files, general audits, maintenance, staff training, supervision, staffing, finance, activities, vacancies, person centred plans and observations whilst in the home. The actions had been taken by the home manager and had been resolved. Weekly medicines audits had taken place; the last recorded weekly audit had been completed on 07 August 2017. However, audits and checks of the service had not highlighted the concerns found during the inspection in relation to the repairs required to the premises, protocols for medicines, mental capacity assessments and storage of records. This meant that the audits were not fully robust to give the provider and registered manager a good overview of the home.

The registered manager spent little time at the service. They told us they were present on a weekly basis, however when pressed on this they admitted they visited on a monthly basis. Staff told us that the registered manager was rarely at the home. The manager met with the registered manager on a regular basis to discuss the service, gain support and guidance and discuss any concerns. This meeting generally took place at the provider's other service.

Staff felt that the provider did not always listen to them. A staff member gave an example of the staff team coming together to raise with the provider about the lack of facilities for staff in the home. Particularly around the lack of washing or showering facilities. Staff were not comfortable using people's ensuite bathrooms or the communal bathroom on the ground floor. Staff had written to the provider but had not yet had a response.

The failure to operate effective systems and processes to monitor the quality of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their roles. They described these well and were clear about their responsibilities to the people who lived at Sunnyfields and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by the home

manager. At times when the home manager was not on duty, staff knew they could call the home manager at any time for support. Staff knew the registered manager and the provider. Staff said they felt well supported in their roles. One staff member said, "I feel well supported by [home manager]". Another staff member said, "[Home manager] is definitely supportive". This showed that staff were well supported by the home manager to carry out their roles.

Communication was good between the staff. A Communication book was in place which showed that the home manager and staff left each other messages which were signed off when they were read. A handover meeting was taking place between staff and the manager when we arrived at the service to carry out the inspection. Staff attended group discussion meetings on a regular basis. One staff member told us, "It is nice as we are a small staff team, we are pretty good at passing over information. Handovers are done verbally every shift".

The home manager met the registered manager and provider regularly, sometimes this was at the provider's other home. Records evidenced this. The record of the last meeting with the provider detailed that the state of the carpets was discussed. It was agreed that the home manager could put in a work request sheet for these to be cleaned. The home manager told us that when the provider had made alterations and amendments to policy, procedures or practice these were passed on to them to implement at Sunnyfields. We saw evidence that updated policies had been sent to the service which staff had then read and signed.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies and procedures were in the process of being updated by the administration and finance manager, these were updated on an annual basis. The policies protected staff who wanted to raise concerns about practice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The aim of the service was to 'Provide a service that will meet the needs of the people who use or might use the services to experience independence, community opportunities, become equal individuals with choice and recognition' and 'We aim to provide personal care and support in ways which have positive outcomes for service users and promote their active participation'. Staff were committed and passionate about delivering high quality, person centred care to people.

Our observations and discussions with staff and relatives showed us that there was an open and positive culture which focussed on people who used the service. We observed that the home manager had an open door policy, people and staff visited the office at various points in the day to ask questions.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating by the front door to the service for visitors to see and on their website for people to see.

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 11 HSCA RA Regulations 2014 Need for consent The provider has failed to ensure the appropriate processes were followed to maintain people's rights within the principles of the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had failed to make reasonable adjustments to meet a person's religious or cultural needs in relation to food. Regulation 14 (1) (4)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that the premises and equipment was clean, maintained and suitable for the purpose for which they are being used. Regulation 15 (1)(a)(c)(e)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to securely store people's records and failed to operate effective systems and processes to monitor the quality of the service.

Regulation 17 (1)(2)(a)(b)(c)(e)(f)