

# Somerset Care Limited

# Sunnymeade

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Sunnymeade is a care home registered to provide care and accommodation for up to 50 people. The home specialises in the care of older people. At the time of the inspection there were 32 people living at the home.

The building is split into five small suites which helped to create a more homely atmosphere.

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

People felt safe at the home and with the staff who supported them. People and staff told us they would be comfortable to share any worries or concerns with senior staff or the management team. The registered manager took robust action in response to allegations to make sure people were protected.

People lived in a home where the staff worked in partnership with other professionals to ensure their needs were met.

People received their medicines safely from staff who had received appropriate training and had had their competency assessed.

There were sufficient staff to meet people's needs. However, more than one person commented they felt staff were always very busy.

People benefitted from a registered manager who was committed to providing high quality person-centred care. They were supported by a provider who had good oversight of audits and action plans. This helped to drive on going improvements to the service people received.

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 The last rating for the service was good (report published March 2018.)

A targeted inspection was carried out in October 2020 to look at Infection prevention and control practices. No concerns were identified.

### Why we inspected

We received concerns in relation to people's safety at the home, staffing levels and management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns raised with us. Please see the safe and well led sections of this full report.

The overall rating for the service has not changed. 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 Sunnymeade on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Sunnymeade

## 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

This inspection was carried out by two inspectors on site and an Expert by Experience made phone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sunnymeade 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 looked at the information we had received from and about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people who lived at the home during our visit. We also spoke with six relatives on the phone. We spoke with five members of staff. The registered manager and operations manager were available throughout the inspection. We also spent time observing care and support in communal areas of the home.

We reviewed a range of records. This included three people's care records, multiple medication records, minutes of staff meetings, health and safety records and the home's action plan.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- This inspection was prompted in part by a number of serious safeguarding concerns. At the inspection we found that the registered manager had responded appropriately to the concerns raised and had taken action to protect people.
- The registered manager worked with other professionals to make sure people were kept safe. Full investigations were carried out when concerns were raised, and action was taken to protect people.
- People looked very comfortable with the staff supporting them and said they felt safe. One person told us, "Some carers are better than others but there are no nasty ones." Another person said, "I feel very safe here. Secure and comfortable."
- Relatives had mixed views on the staff who supported their loved ones. One relative said about staff, "Mostly kind but some could be a bit sharp." Another told us, "Most of the staff are amazing, they treat people really well and they are always polite and respectful to visitors too."
- People were protected because staff knew how to recognise and report abuse. One member of staff said, "I've done training in safeguarding and if I saw or heard anything I would go to [registered manager and deputy manager's name] I am totally confident I would be listened to."

Staffing and recruitment

- Before the inspection we received concerns about staffing levels at the home. During the inspection we saw that staff were very busy but there were adequate numbers of staff to keep people safe. One relative told us, "There aren't enough staff, they are always busy, and they do a good job in the circumstances, but they are very stretched." The registered manager informed us that staffing levels were based on a dependency tool and were regularly reviewed.
- Staff knew people well and had the skills needed to support people in a personalised way. One person told us, "They are fabulous. It's all very personal. I don't have to do what anyone else wants to do."
- We noted people whose mobility was restricted, or were being care for in bed, had access to their call bells. The response to call bells varied. For the most part, they were answered promptly, though on occasion, several minutes elapsed before being dealt with.
- People were cared for by staff who had been safely recruited. The provider had systems in place to make sure new staff only began work once appropriate checks had been completed. Staff spoken with confirmed they had not been able to commence work at the home until all checks had been carried out.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed in the least restrictive way. For example, the risks of people becoming socially isolated during the pandemic had been assessed. Measures were put in place to make sure people could have as much contact as possible with friends and relatives in the safest way. One relative told us, "During the lockdown it was hard for us because we are very connected as a family, but they had window visits and facetime which the carers supported. There was always a carer there to support."
- People assessed as being at high risk of physical issues such as falls or pressure damage had suitable equipment in place to minimise these risks. This included mobility aids, pressure mats and pressure relieving mattresses.
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.
- There were plans to guide staff about the action to take in an emergency. Personal emergency evacuation plans (PEEP) were in place with information about people's support needs in an emergency.

#### Using medicines safely

- People received their medicines safely from staff who had received specific training and had their competency assessed. We looked at a sample of Medicines Administration Records (MAR.) There were no gaps in these records, including those concerning topical applications. This helped to ensure the effectiveness of prescribed creams could be monitored.
- Staff had the information they required to safely support people with their medicines. All of the MARs contained relevant information, such as photographs for identification purposes, whether the person suffered from allergies or preferred to take their medicines in a particular way.
- Some people were prescribed medicines, such as pain relief, on an 'as needed' basis. There were protocols in place for all medicines taken this way; they outlined how, when and why they should be taken and included maximum doses over a 24 hour period. We noted where a person could be given varying numbers of tablets, for example one or two painkillers, that this was clearly recorded on MARs.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives we spoke with thought that some improvements to cleanliness could be made. One said, "Generally the place is reasonably clean although I have to say less so at weekends."

#### Learning lessons when things go wrong

- People lived in a home where the registered manager and provider made changes to improve the care people received. All incidents and accidents were recorded and monitored. From this, the provider was able



to identify any trends and themes. For example, one person was falling frequently in the home. It was identified that these falls were occurring at a particular time and place. Staff were able to target resources to help prevent this kind of incident re-occurring.

- Staff had a number of ways to raise concerns. Following some incidents where staff had not felt able to raise concerns at the home, additional opportunities had been put in place. This had included reassuring staff at staff meetings and the operations manager being regularly available at the home to listen to concerns.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- This inspection was prompted in part due to concerns raised with us about the management of the home. Concerns included the registered manager not being approachable or acting on concerns. We found no evidence of this at the inspection.
- People and staff told us the manager led by example to create a person centred homely and inclusive environment for people. One person told us, "Staff and managers are always talking to you, they say 'If you're happy, we're happy'." A member of staff said, "Everyone tries their best to make it homely, like one big family."
- People were very happy with the care they received. People said they felt well looked after and were able to follow their own routines. This enabled them to continue to be in charge of their day to day lives. One person told us, "I choose what time I get up, when I go to bed and what I do in the middle."
- People lived in a home where all concerns were listened to and taken seriously. One person told us, "If you're worried you can talk to anyone. They listen, never turn you away." Another person said, "If you have any problems, just tell someone. I wouldn't worry about telling any one of them."
- The registered manager and provider were open and honest when things went wrong and took robust action to address issues and mistakes. For example, in response to incidents the registered manager had informed all relevant people and arranged additional supervision and training for staff.

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

- There was a staffing structure with clear lines of accountability and responsibility. People thought the home was well led by the registered manager and senior team. One person told us, "The lady who runs the place is really good. So is the second in command. Very well run."
- People lived in a home where quality was monitored in a planned way. The registered manager and provider carried out regular audits and took action to address any shortfalls identified.
- The provider had good oversight of the home which helped to ensure improvements to the running of the service and the care of people. There was an action plan in place which was regularly checked by the operations manager and quality team to make sure improvements were made.
- The registered manager was clear about their role and regulatory requirements. The registered manager

communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents in a timely manner.

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

- People benefitted from a registered manager and senior team who were very visible in the home. This enabled people and staff to raise issues, make suggestions and be involved in decisions.
- The registered manager used staff meetings to share information and make sure staff were fully aware of things going on in the home and any changes. One member of staff said, "I think [registered manager's name] keeps us up to date as far as she is able. It helps to get rid of the gossip."
- The provider had systems to seek people's opinions on the home. The provider used themed conversations with people to understand their views. Recently these conversations had highlighted that people were missing having live entertainment. This had led to the reintroduction of some live music which people could enjoy in a safe way.
- The provider had worked with other professionals to make sure people received the care and treatment they needed. For example, advice had been sought, and followed, from a consultant regarding one person's medicines. People told us other professionals were able to visit them in the home and were always made welcome.
- During the COVID-19 pandemic the provider had kept relatives up to date with what was happening in the home. They had consulted with each person to see how they wanted to keep in touch with their friends and family and supported people with safe visits, phone and video calls.