

Somerset Care Limited

Sunningdale Lodge

Inspection report

Sunningdale Road
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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

Sunningdale Lodge is a residential home providing personal care and accommodation to 40 people. At the time of our inspection, 36 people were using the service. The home is situated in a residential area in Yeovil. Bedrooms are for single occupancy and are arranged over three floors. A lift and stairs provide access to the floors above ground level.

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

Some areas of medicines management needed to be improved. We received some mixed feedback from staff relating to staffing levels and managers helping out when they felt they were short-staffed. Two people told us they didn't always received support when they needed it. The service had a tool to determine staffing levels which evidence staffing levels were met, the tool was under review by the provider.

The provider's systems for sharing learning had not ensured information was acted upon promptly following an incident in another service. Statutory notifications were not always submitted in line with regulation. The systems in place to monitor the quality and safety of the service were not always effective in ensuring shortfalls were identified and addressed.

People, their relatives and staff told us people were safe living at Sunningdale Lodge. Staff knew how to recognise and report abuse. Staff were recruited safely. There were infection prevention control measures in place. Risks to people were assessed and mitigated.

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

People were happy living at Sunningdale Lodge, we received positive feedback about the service and the staff team. Staff told us they felt supported by the registered manager and deputy manager.

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

Rating at last inspection

The last rating for this service was good (Published 01 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led section of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to good governance and notification of incidents at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation in relation to the management of medicines.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Sunningdale Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We requested feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We received feedback from 7 people and 2 relatives about their views on the care and support provided. We spoke with 12 staff members, including the registered manager and area manager. We looked at 5 care plans and multiple medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We received feedback from 1 visiting professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Using medicines safely

- Medicines were not always stored safely.
- People's medicines were stored in cupboards in people's bedrooms. We looked at a selection of 10 people's medicine cupboards and 7 of these had thermometers present that were reading above the recommended temperature. Staff told us they did not routinely record the temperature of the medicine cupboards.
- The medicines fridge was temperature monitored but we were informed the thermometer was not working and the readings were inaccurate. Records showed the maximum temperature of the fridge had been recorded as 28 degrees on 1 day.
- This meant the provider could not be assured medicines were stored within safe temperatures ranges. Following the inspection, the area manager sent us evidence of the fridge running at the correct temperature after staff had repositioned the thermometer.
- Medicines that required additional storage were stored securely. However, required records had not always been completed. We saw 1 entry of administration had not been signed by staff, and 2 others had no record of a witness signature. Additionally, there were crossings out in the logbook which is not good documentation practice.
- The service used homely remedies alongside prescribed medicines. Homely remedies are medicines that can be bought over the counter without a prescription. It was not clear how the stock balance of these medicines was managed. One staff member told us stock balances of these medicines were not monitored. Another staff member said they were monitored within the electronic medicines system but were unable to show us where this was. The deputy manager showed us the stock balance on the system which conflicted with the actual balance in stock.

We recommend the provider reviews their medicines procedures to ensure they take into account current NICE guidance in the relation to the management of medicines.

- Some people had been prescribed topical creams and lotions. There were clear body maps in place informing staff when and where to apply these. All the tubes and bottles of creams we looked at had been dated when opened. This meant staff knew when to dispose of them when the expiry date was reached.
- Medicines and topical creams were administered by staff who were trained and had their competencies assessed and reviewed.
- Medicine were stored securely. Medicines incidents were reported and investigated, and lessons learned were shared with staff to prevent a reoccurrence.

Staffing and recruitment

- Although most of the people we spoke with thought there were enough staff to meet their needs, we received 2 comments from people saying they could not always get support when they needed it. One person told us, "Sometimes it's busy and I have to wait a bit longer to get help if they're short staffed. Especially in the evenings when I want to get ready for bed, I have to wait perhaps 10 minutes or more, because they might be busy with other people." Another commented, "I can't get up when I want to. I can ring, although sometimes nobody comes to help me. Most of the staff do come straightaway, but the other day I had to wait for ages. There aren't really enough staff, they do get busy at times and then they can't come. They do always apologise, or sometimes they'll answer the bell and say they'll come back as soon as they can."
- Other comments from people included, "There aren't many different staff, I know most of them. I think there are enough staff, I certainly get plenty of help" and "I don't seem to wait too long when I need help."
- Staff gave mixed feedback about staffing levels at the service. Some staff told us they felt there was enough staff to meet people's needs; others disagreed. Comments included, "Yes, we have enough staff on duty based on our resident numbers" and, "Some shifts we could definitely do with another member of staff. It can feel rushed, and it can be quite challenging with agency staff. We do have regulars [agency staff], but we do still get the new ones as well which is harder."
- The registered manager told us staffing levels were determined by a dependency tool and they provided evidence that staffing levels were met and at times the service was overstaffed. Occasionally there were shortages, for example when staff phoned in sick. The registered manager assured us they and the deputy manager would help out during these times. The area manager told us the provider's dependency tool was in the process of being reviewed.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risk assessments had been carried out to monitor the risk of harm to people. These included risk assessments for malnutrition, skin damage, falls and choking.
- We found 1 example where a risk had been identified, however there was conflicting information in the person's care plan. We discussed this with the area manager who addressed this during the inspection.
- Where people were at risk from the exposure to hot pipes, the service had completed a risk assessment to reduce the risks. The service had identified where there were exposed pipes and had a plan in place to arrange for them to be covered.
- When risks were identified, plans detailed the steps staff should take to reduce the risk.
- Health and safety checks were completed in the home, such as ensuring the fire alarm system and equipment were checked and serviced. Along with safety checks on the gas, water, and electricity.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at Sunningdale Lodge, relatives spoken with confirmed this. One person told us, "I feel very safe and secure, the staff are all really nice, they always respect your choices. I've never had any problems, or felt unhappy, but if I ever had a worry, I'd talk to the [Senior staff] in the office, because they always listen, and I know they'd take it seriously."
- Staff understood their responsibilities to keep people safe and knew how to report concerns about abuse. One staff member said, "If I had any concerns, I would speak with the manager. They [management team]

know I won't accept poor care, and I know they will take me seriously. I'm happy to go higher if needed" and, "Our residents are vulnerable, so I would always report to [Registered manager] or [Deputy manager] and if they ignored it I would report it to the area manager. I always tell the staff we are here to protect the residents." Staff also knew they could report concerns externally to the local authority or CQC.

- The service had reported safeguarding concerns to the local authority as required however they had not always notified the CQC.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's capacity to consent to aspects of their care and support had been assessed and recorded in their care plans.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were showing signs of deterioration, which could impact on the effectiveness of cleaning these areas. The provider had a plan in place to refurbish the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was facilitating visits in line with current government guidance.

Learning lessons when things go wrong

- Organisational learning had not been implemented promptly to reduce risks to others. This is explained in the well-led section.
- There were systems in place to review and learn from any incidents. Monthly reviews were carried out to identify any themes or trends and any action required. Incidents and accidents were reviewed by the registered manager and any learning was shared with the staff team. The provider also had oversight of any incidents.
- The registered manager told us learning from incidents and accidents was shared via handovers, weekly

meetings, via email and verbally to staff.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- Statutory notifications had not always been submitted as required. A statutory notification is information about an event or person which the service is required to inform CQC. We had not been notified of 5 DoLS authorisations and 2 safeguarding concerns.

This was a breach of regulation 18 (Notification of incidents) of the Care Quality Commission (Registration) Regulations 2009.

- In response to our feedback, the deputy manager completed and submitted statutory notifications retrospectively during our inspection.
- There were systems in place to monitor and improve the quality and safety of care provision. However, these systems were not fully effective in ensuring shortfalls were identified and addressed.
- Medicines audits had not been used effectively to identify the medicines related shortfalls we found at this inspection.
- The provider audits had not identified statutory notifications had not been submitted to the CQC.
- The provider had not ensured there was prompt learning following an incident at another 1 of their services in February 2023. Action had been taken at Sunningdale Lodge, but this was 4 months after the incident, which placed people at increased risk of avoidable harm.

The provider failed to operate audits and checks effectively to identify shortfalls, errors and omissions. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider had a range of quality assurance checks in place, areas covered included health and safety, training, safeguarding, falls, call bells and incidents.
- The provider's quality team also completed a range of audits including a 'Key Line of Enquiry' audit that aligned to the CQC key lines of enquiry.
- The area manager told us the provider planned to launch quarterly audits where additional checks would be completed on the service.
- The registered manager kept themselves up to date with current practice and guidance through training, meetings, websites, and the provider sharing information. The registered felt supported by their manager, the provider and senior management team.

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

outcomes for people

- People were happy living at Sunningdale Lodge, we received many positive comments about the service and the staff team. One person told us, "I'm very happy, I feel lucky to be here. The whole place has a family feeling, they're very kind and friendly. Nothing at all could be improved, you couldn't ask for anything more." Another person told us, "I'm not sure that they could do any better, they really look after me very well. My family can visit whenever they want. You can ask for a cup of tea any time. It's a friendly place." One relative commented, "We always feel welcomed here, we can come any time, there are no restrictions, and we never feel that we're worrisome or a burden to them. We're free to take (family member) out, which is lovely. They're very well organised."
- All the staff we spoke with said they believed the service provided good care for people. Comments from staff included, "The care team are outstanding" and, "On the whole, yes, we have a very good team here."
- We received some mixed feedback from staff on how well they felt supported by the managers, this was mainly due to them feeling that managers didn't always help out when they were short staffed. Comments from staff included, "The management team are very supportive, but they don't come out on the floor much, even if we're short staffed. But they are always on call [out of hours], and they always respond if we call them" and, "They [management] never come out when we are short staffed." We discussed this with the registered manager who told us they were available to support at times when the service was short staffed and that they had completed a night shift, as had the deputy manager when required.
- Staff told us morale amongst the team was mainly good. One staff member said morale was "Pretty good" and another said, "Morale wavers a bit."
- Other comments we received from staff included, "I can honestly say [Name of registered manager] is the best manager I have had. I can't thank them, and [Name of deputy manager] enough for the support they have given, they are amazing, the support I have had from both has been incredible, they are definitely approachable" and, "They [Registered manager and deputy manager] are approachable, you can talk to them, they treat people nicely and have supported me well."
- The registered manager demonstrated how they had supported and worked with the team to promote a positive culture in line with the providers values.

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 was aware of their responsibility to act openly and honestly when things went wrong.
- The duty of candour formed part of the provider's incident and accident reporting system, this meant each incident and accident was reviewed to determine if the duty of candour applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to capture the views of people. Themed conversations were held to capture people's views, where action points were identified these were monitored for completion.
- Although people and their relatives told us they didn't attend resident's meetings they said they were able to share their views with staff. One person told us, "They do ask me what I think, and they care about my views."
- Staff meetings were scheduled to give staff the opportunity to meet and discuss relevant topics relating to their work. One staff member told us, "We have team meetings and I do feel listened to" and "There is a schedule in place. We do meet and discuss. [Name of registered manager] is very open and will discuss things with us. We are encouraged to speak up, and when the area manager visits it's the same."
- We reviewed meeting minutes from a recent team meeting. Areas covered included, recording, giving positive feedback, staff wellbeing and upcoming activities.

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, social workers and district nurses.
- The service ensured it was part of the local community. A local school had attended the service and people had been supported to visit the local football club and garden centre.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured notifications were submitted as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.