

Woodland Healthcare Limited







Sunnymede

Inspection report

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Date of inspection visit: 26 March 2015
Date of publication: 28/05/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Overall summary

Sunnymede is a care home which provides accommodation, nursing and personal care for up to 34 older people. At the time of our inspection 28 people were resident at Sunnymede.

This inspection took place on 26 March 2015 and was unannounced. We returned on 30 March 2015 to complete the inspection.

At the last inspection on 26 February 2014 we identified that the service was not meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of the way staff

recorded the medicines people were supported to take. The provider sent us an action plan and said they were taking action to address the issues. During this inspection we found that medicines were managed safely.

There was no registered manager in post at the service. 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

Summary of findings

associated Regulations about how the service is run. The manager reported that she would be submitting an application for registration in the month following the inspection.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "You get the help you need" and "Staff are very good, they're all interested in you". People told us they felt safe when receiving care and were involved in developing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were supporting. People told us that care was provided with kindness and compassion.

Staff were appropriately trained and skilled. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. One person told us, "If we had any complaints they would listen to us". A relative said, "I have not had any serious complaints, but have had discussions with the manager when things were not quite right. They have always been very open and have resolved any problems straight away".

The management team assessed and monitored the quality of care. The service encouraged feedback from people and their relatives, which they used to make improvements.

Summary of findings

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 safe. People who use the service and their relatives said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded when they called for assistance.

Systems were in place to ensure people were protected from abuse. People were supported to take risks and were involved in developing plans to manage the risks they faced.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they supported.

People's health care needs were assessed and staff supported people to stay healthy. People were supported to eat and drink enough to meet their needs.

Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Good



Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the care they received. This was supported by what we observed.

People's care was delivered in a way that took account of their individual needs and the support they needed to maximise their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Good



Is the service responsive?

The service was responsive. People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service did not have a registered manager. Having a registered manager in place is a condition of the provider's conditions of registration.

Requires Improvement



Summary of findings

Despite the lack of registered manager, there was a strong leadership team. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Sunnymede

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 26 March 2015 and was unannounced. We returned on 30 March 2015 to complete the inspection.

The inspection was completed by one inspector. Before the visit we looked at all information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with eight people who use the service, two relatives, three care staff, two nurses, the general manager, operations manager and the operations director. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for three people. We also looked at records about the management of the service. We spoke with a specialist palliative care nurse by telephone following the visit.

Is the service safe?

Our findings

At the last inspection on 26 February 2014 we identified that the service was not meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of the way staff recorded the medicines people were supported to take. The provider sent us an action plan and said they were taking action to address the issues. During this inspection we found that medicines were managed safely.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been fully completed, which gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and we found that the number of tablets held matched the records for those we checked. The home's supplying pharmacist completed regular checks of the medicines management systems.

All of the people we spoke with said they felt safe living at Sunnymede. Comments included "I definitely feel safe here" and "They make sure you feel safe". The relatives of people who use the service were also assured that people were safe, with comments including "My (relative) feels safe in the home".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to manage deteriorations in their mental health, support for people to manage the risk of pressure ulcers and support for people to minimise the risk of falls. The assessments had been completed with input from the person, people who knew them well and professionals involved in their care. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide care for them when they needed it. One person commented that they sometimes had to wait for assistance, but "it's never for too long". Another person told us, "I feel there are generally enough staff available. We sometimes have to wait a little while, but it's not a problem". Staff told us they were able to provide the care people needed, with comments including, "The staffing levels work well and we are able to get the work done" and "Staffing has recently increased to five (care assistants) in the morning. It is much better, we are able to spend more time with residents". Staff said they worked together to cover sickness to ensure people's needs were met. Staffing records confirmed the number of care assistants on duty had recently been increased. The general manager reported this was in response to an increase in the number of people using the service. We saw that staffing levels were regularly reviewed to ensure they were able to meet people's needs.

Is the service effective?

Our findings

People told us staff understood their needs and provided the care they needed, with comments including, “You get the help you need” and “Staff are very good, they’re all interested in you”. The relatives we spoke with were positive about the care provided, with comments including “I have been very happy with the care provided in the home” and “There is very good communication with the home, they always explain what is going on”.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw that these supervision sessions were recorded and the manager had scheduled regular one to one meetings with all staff. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from care staff included, “I have regular supervision meetings and feel well supported” and “We are able to talk to the manager about any issues, I feel well supported”.

Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs, including those with dementia. This was confirmed in the training records we looked at. Each member of staff had a personal development framework, which included a record of the training they had completed, and a section on how they will develop as a worker. Qualified nurses told us they received good support and were able to undertake regular learning and development to maintain their professional qualification.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Deprivation of Liberty Safeguards are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection the service had made applications to authorise restrictions for nine people. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their medicines and not being able to leave the home without staff support.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “The food is extremely good and there’s plenty of it” and “If there’s food you don’t like they will give you an alternative”. We observed a mealtime, which was a relaxed, social occasion, with laughter and chatting. Staff provided good support for people who needed assistance to eat, explaining what the food was and not rushing the person. We saw one person being supported by staff to maintain their independence when eating, but staff intervened when necessary to ensure the person had all they wanted to eat. People’s specific dietary needs were recorded in their care plans and staff demonstrated a good understanding of them.

People told us they were able to see health professionals where necessary, such as their GP, specialist community nurse or dentist. People’s care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medicines management. Staff monitored people’s skin when providing personal care and any concerns were recorded and communicated to the nurse if required.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “I am very happy here, they treat me very well”; “I am happy, staff are very good”; and “We have a nice relationship with the staff – you can have a laugh with them”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing discreet support when people needed assistance to go to the toilet and staff provided sensitive and caring support for one person who became confused and distressed during lunch..

Relatives also told us people were treated well by staff. Comments included, “I have been very happy with the care provided by the home” and “There is a friendly atmosphere, with lots of laughter”. A palliative care nurse from the local hospice told us staff were caring and said they had received positive feedback from people and their relatives.

Staff had recorded important information about people, for example, family life, plans for the future and important relationships. People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided and how they liked to spend their time. This information was used to ensure people received care and support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people and their representatives had been involved in reviews of their care and in decisions about any changes that were needed. We saw that these during these reviews people were given an opportunity to raise any concerns or complaints about the care they were receiving. Details of these reviews and any actions were recorded in people’s care plans. One relative told us “They have involved me throughout the development and review of the care plans. They have explained issues regarding the Deprivation of Liberty Safeguards”. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

Staff received training to ensure they understood how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from care staff. People told us staff put this training into practice and treated them with respect. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. We observed staff working in the ways they described.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person commented “There’s lots to do, we keep each other entertained”. During the visit we observed people socialising in one of the lounges, watching television programmes in another lounge and listening to music in other areas. There was a programme of organised group activities, with recent events including flower arranging, music and exercise, a quiz and church services .

Each person had a care plan which was personal to them. Care plans included information on maintaining people’s health, their daily routines and personal care. The care plans set out what their care needs were and how they wanted them to be met. The plans had been regularly reviewed with people or their representatives to ensure the information was current and changes had been made where necessary. This gave staff access to information which enabled them to provide care in line with people’s individual wishes and preferences.

The specialist palliative care nurse we spoke with said the home worked well with them to ensure people’s needs

were met. The nurse said staff at the home sought their advice and said they contacted them promptly if there was any change in people’s needs. The nurse was confident staff at the home followed their advice and implemented any changes to people’s care.

People were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person told us, “If we had any complaints they would listen to us”. A relative said, “I have not had any serious complaints, but have had discussions with the manager when things were not quite right. They have always been very open and have resolved any problems straight away”. The manager reported that the service had a complaints procedure, which was provided to people. Complaints were monitored each month, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them.

Is the service well-led?

Our findings

The home did not have a registered manager in post. 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 2008 and associated Regulations about how the service is run. The operations director reported that she had submitted an application for registration and that the general manager in day to day charge of the home would submit an application to be the registered manager within the following month.

The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred and an open service in a way that maintained people's dignity. Staff valued the people they cared for and were motivated to provide people with high quality care. The operations director told us she had focused on identifying areas of the service that required improvements and planning effectively to ensure these were made. Staff reported that the management team would provide practical support when needed, for example, covering for staff sickness.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us that managers gave them good support and direction.

Comments from staff included, "I feel the service is well managed" and "There is a good manager. We are able to have open conversations and she tries to resolve problems".

The provider had an operations manager and operations director, who visited the service regularly to complete reviews of the way the home was working. These reviews included assessments of incidents, accidents, complaints, training, staff supervision, the environment and external reports, for example, from their supplying pharmacist or environmental health officers. Any actions from these reviews were collated for the manager and updated each month to report on progress in meeting them. For example, the provider had an action plan to upgrade and refurbish the building, improve the care planning systems and change medicines management systems.

Satisfaction questionnaires were sent out yearly asking people their views of the service. The results of the 2014 survey had been collated and we saw that actions had been taken in response to people's feedback. These included changes to bedroom doors to increase privacy and the décor of the home.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the manager worked with them to find solutions