

Staffordshire Care Limited

# Sunningdale Nursing Home

## Inspection report

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Date of inspection visit:  
13 December 2016

Date of publication:  
20 January 2017

## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 13 December 2016 and was unannounced. This was the service's first inspection ratings inspection under the new management arrangements of Staffordshire Care Limited.

We carried out a focused inspection on 23 May 2016 as we had received concerns from the local authority about how people received their support and care. We found improvements were needed as the provider had not identified that some people may not be receiving their care in a safe and effective way; We also identified there were no staff available in communal areas due to the deployment of staff and managing staff breaks. This meant at those times, some people were not able to summon prompt assistance from staff. During this inspection we found some improvements had been made.

Sunningdale provides accommodation for up to 42 people who require nursing or personal care. At the time of our inspection 34 people were using the service.

There was 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.

People were asked for their consent before care was delivered although where people lacked capacity to make some decisions; it was not clear how this had been assessed. Where restrictions had been identified, application to ensure these were lawful had been made.

Where people needed to have their food and drink monitored, systems were not in place to ensure health support was sought promptly to ensure people were well. Where specific health care tasks were needed, we found this had not always been done promptly to ensure people's care and dignity. Action was taken by the registered manager and provider following our inspection to make these necessary improvements.

How people received their medicines had been reviewed and people were now receiving their medicines at the time they needed these. People's medicines were managed, stored and administered safely.

Staff understood their responsibilities to protect people from harm and knew how to raise any concerns. There were enough staff on duty to meet people's needs and checks were carried out to ensure staff's suitability to work in social care. Staff received training and support and when they were new to the service they were able to work alongside experienced staff and spend time with them so they knew how to provide the care they wanted.

People were cared for by kind and compassionate staff who understood them. Staff knew about people's individual preferences for care and their likes and dislikes. People and their relatives were involved in planning and agreeing how they were cared for and supported. Care was planned and reviewed to meet

people's individual needs, abilities and preferences. People were able to engage in activities that interested them in the home and could go out if they wanted to.

The premises and equipment were checked to ensure they were suitable and maintained to ensure risks to people's safety were minimised. Quality checks of people's care and health, medicines management, meals and suitability and management of the premises were completed. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence.

## 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.

The staff understood their responsibilities to protect people from the risk of abuse. Risks to people's wellbeing were identified and care was planned to minimise the risks. Staff recruitment included checking staff's suitability for the role and there were enough staff to support people's safety. Medicines were stored, administered and managed safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People's health needs were not always monitored effectively. Where people may need health intervention to stay well, this was not sought. Staff understood their responsibilities to gain consent from people although where people lacked capacity this had not always been recorded. People were able to choose what they wanted to eat and liked the food that was prepared.

### Is the service caring?

Good ●

The service was caring.

The staff were kind and compassionate towards people. Staff knew people well and respected their privacy and dignity. Staff supported people to lead their lives in the way they wanted and relatives and friends continued to play an important part of people's lives.

### Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning and reviewing how they were cared for and supported. Staff understood people's preferences, likes and dislikes. People were able to engage in activities that interested them and if they had any concerns they knew how to complain.

### Is the service well-led?

Good ●

The service was well led.

The provider kept people informed of events and people felt they were available and listened to what they had to say. The provider's quality monitoring system had been reviewed and included checking people received an effective, good quality service that met their needs.

# Sunningdale Nursing Home

## **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 was planned to check whether the provider was 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 13 December 2016 and was unannounced. Our inspection team consisted of two inspectors and an expert by experience. The expert by experience had experience of caring for people. We also carried this out inspection visit with a quality monitoring officer who reviewed the service on behalf of the local authority who commissioned service from the provider.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with eight people who used the service and six relatives, four members of care staff, one member of housekeeping staff and the registered manager and provider. We also consulted with commissioners of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality assurance reports and staff recruitment files.

# Is the service safe?

## Our findings

On our last inspection we asked the provider to make improvements as there were concerns about how staff identified potential harm. On this inspection we saw staff knew and understood their responsibilities to keep people safe and protect them from harm. The staff had received training in safeguarding and one member of staff told us, "We've recently updated our safeguarding training so we all know who to contact if we are worried about anything." The staff knew how to recognise the signs of abuse, and were confident the registered manager would refer any concerns to the safeguarding authority. Where safeguarding concerns had been raised with the local authority the provider had liaised with them to ensure these had been investigated. One member of staff told us, "We are open here. We know there have been mistakes but we have to use these and learn so we can make things better for people here."

People felt safe at the home and with the staff. One person said, "I am safe here. There are some good people looking after me." Another person told us, "I'm safe and I'm well looked after here." We saw people were relaxed with staff and spoke confidently with them.

People's risks to their health and wellbeing had been assessed. We saw staff knew how to safely move people using equipment and spoke with them throughout to alleviate any anxiety. One person told us, "I'd love to be able to get up and just walk where I want to go but I can't. This is the next best thing and the staff are very gentle and caring." Where risks were identified, the care plans described how staff should minimise these. For example, the care plans described the equipment needed and the actions staff should take to support people safely. Staff were trained in safe moving and handling techniques when they started working at the home and the equipment they needed was available. The provider had introduced a new care planning system and was in the process of reviewing all people's records. The registered manager told us, "We have just started this new system and have done one file. We are hoping this will be a better way to record people's care and identify any risks and changes. We will be working to change all the plans."

There were enough staff on duty to meet people's needs. The provider had identified people's needs and abilities and calculated the total number of hours of care needed based upon people's dependency needs. We saw staff were present in communal areas and responded promptly when people rang the call bell. One person told us, "There seems to be more staff now than they used to be. We certainly get involved with lots more in the home and can go out now. I've never had to wait long for anything."

Concerns had been raised about how the nursing staff were deployed to ensure people received their medicines as prescribed. We saw the provider had reviewed this and the nurse in charge and the registered manager were now responsible for administering the medicines in the morning. The registered manager told us, "It's working out much better this way as we now have an upstairs and downstairs medicine trolley so it takes us half the time and people have their medicines on time." There was a timer in the office that was set to alert staff to time specific medicines. The registered manager told us, "It's really important they get their medicines on time so this way it's not overlooked." The nursing staff audited the medicines to make sure they were managed safely. They checked the amount of medicine available matched the amount received and administered, and that only trained staff administered them.

The provider completed risk assessments for the premises and equipment and took action to minimise the risks. Where improvements to the environment were needed, action was taken. The provider was upgrading the bathing facilities in the home and we saw two new assisted baths had been installed to enable people to bathe safely. One person told us, "I can't wait to try it out. The old bathrooms weren't suitable and these look first class." Another person told us, "The handyman comes to see me. They're lovely and if I want something done in my room they come to do it straight away." Staff understood the actions they needed to take in an emergency. People had a personal emergency evacuation plan and so they knew how to support people to evacuate the building in an emergency. One member of staff told us, "Everything is in one file and there is a plan of the building and contact details. If we ever needed to evacuate then we all know where we go for this information. It's all in one place so it's easy to grab."

When new staff started working in the service, the registered manager checked staff were of good character and obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I couldn't start until all my references and checks were back. That was made very clear at the interview."



## Is the service effective?

### Our findings

People were not always supported to maintain their health effectively. Concerns had been raised by health care professionals that where people were at risk of developing sore skin due to pressure, documentation to record how this was maintained had not been completed. Concerns were also raised that people were not receiving enough food and drink to keep them well. The provider recognised that improvements were needed and had implemented new systems to monitor what people ate and drank and when they were repositioned. We saw although recording had improved action had not been taken to ensure people's health. For example, with the exception of one person, where the amount of fluids were monitored, people were regularly having less fluids than had been recommended. The registered manager confirmed that health advice had not been sought which meant these people may be placed at risk of dehydration. The registered manager told us, "We have new systems in place which now identify when people are at risk and we know we need to take this one step further." Following our inspection we received confirmation that the dietician had been contacted and would review all the fluid targets and give support and assistance on trying to encourage people to meet these.

Some people had a colostomy; this is where bowel motions are passed out through a stoma and collected in a special disposable colostomy bag. Staff understood how to care for people who had a colostomy but we saw that one person had not had their bag changed when receiving personal care and a family member alerted us to their concerns about the care. They told us, "[Person who used the service] has a colostomy bag and sometimes the staff don't change it. I don't know whether staff need training to do it. It is very easy to do. I don't understand why they don't do it in the morning when they do the personal care." The registered manager acted on this information and following our inspection carried out an investigation to determine why the care had not been completed. They told us as visitors were present they had not completed this care but not checked later in the day. To ensure this did not occur again staff had been advised that they should always offer to assist the person, even if visitors are present, then they can then make a choice.

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 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 identified where people may lack capacity and we saw some decisions had been made in people's best interests. However, information relating to how capacity had been assessed was not available. The registered manager stated that all decisions were to be reviewed when completing the new care planning information to ensure information about decision making was available. We saw one person's record had been reviewed and included an assessment of capacity for two different decisions. The registered manager agreed the new records needed to clearly demonstrate how the capacity for each specific decision had been reached to ensure best interest decisions were made only when people no longer had capacity to make each individual decision.

We recommend that the provider seeks advice on best practice, to assess people's capacity in relation to

specific decisions for people living at the home.

We saw people were asked for their consent before staff provided care and encouraged and supported them to make their own decisions. For example, we saw people were asked whether they wanted to engage with activities and where they wanted to eat lunch. One member of staff told us, "It's important that we ask people what they want and don't assume." One person told us, "I can decide what I want to do. The staff ask us all the time. They are not rude and just do things without speaking to us."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw the registered manager had identified that some people may be subject to restrictions as they were unable to go out alone and were unable to consent to their care. In these instances, an application had been made with the relevant authority to ensure any restriction of people's liberty was authorised. Staff understood their role in relation to any restriction and told us that whilst waiting for the authorisation to be assessed they had considered how to keep the person safe. We saw people were still able to have as much choice and control as they were able to in all other areas of their daily life.

The provider had identified that staff needed further training to manage specific individual needs. On the day of our inspection staff were receiving training for managing complex needs. The registered manager told us, "Some people may show some challenging behaviour and it's important that we work together and support people." Staff were complimentary about the training and one member of staff told us, "It's about learning the triggers so you can support people. If you say 'No' to [Person who used the service] they will get cross, so we need to support them in a different way."

Where new staff starting working in the service they told us they felt well prepared and confident in their role, because they had shadowed experienced staff, read the care plans and received training which enabled them to meet people's needs. One member of staff told us, "I wasn't rushed when I started here and was given time to get to know people and read the plans. I like talking with people, so it was really good that I could spend time to get to know them." Staff were supported to carry out their role and received one to one supervision meetings. The staff told us they felt supported by the registered manager and during their supervision sessions they were able to discuss their performance and any additional training they had identified. One member of staff told us, "There has been a lot of change over the past year and it's nice that things are finally settling down. The manager has been really supportive and if I tell them I am unsure or needed help, they were there. I don't have to wait for my meeting though; I can speak with them any time."

People were supported to eat and drink according to their needs and preferences. People told us the food was very good and they always had a choice. We saw a member of staff asked everyone individually what they would like for lunch. One person told us, "The food is really quite good here. I'm always satisfied." At lunch time we saw some people were supported to move to the dining room to eat together and make lunch a sociable event. The dining tables were laid with cloths, cutlery, napkins and condiments and people sat down together. Most people were supported to eat their meals individually in the lounge or in their bedroom either by choice or because they were too unwell to leave their room. We saw the staff gave people time to enjoy their meals and one person told us, "The food is good and I choose what I like. I eat in my room. The staff bring me cups of tea during the day too." A relative told us, "The food is good; they had a beautiful lamb dinner on Sunday and the puddings here are amazing."

## Is the service caring?

### Our findings

People were happy and complimentary about the care and support they received. We saw there was a relaxed atmosphere and people were comfortable with staff. There was laughter between people and each other, and with staff. People told us the staff were kind and thoughtful. One person said, "The staff are very kind. I've never known them to be miserable. It's a happy home. The staff seem to enjoy looking after us. My life is easier and happier since moving in here." Another person told us, "The staff are caring, kind and considerate." Relatives were complimentary about the care people received and one relative told us, "The staff are always ready to help. They are very open here and they do listen; the communication channels are very good and there's a nice atmosphere here."

The staff treated people with respect and they were able to make choices about their care. When people moved into the home, they were involved in discussing and agreeing how they were cared for and supported. One person told us, "I came here as a trial a few months ago. I'm glad I gave it a try as I do like it here. They asked me what I wanted and I've not been disappointed." Family and friends were able to continue to play an important role in people's life and with consent, able to contribute to care planning. One relative told us, "If something is wrong or the staff need to speak with me they call me. [Person who used the service] has been ill and staff kept me up to date with everything that was happening. They are very kind to do that. The staff knew that I was worried and it was reassuring for me to have that phone call."

People were supported to maintain their dignity. For example, when one person spilled their drink on their clothes they were supported to return to their bedroom to change their clothes straight away. The person told us, "I like to look nice but I don't always notice things. It's nice that the staff care enough to tell me. I'd hate for my family to come and see me looking messy." A member staff told us, "Ensuring people's dignity costs nothing but is so important for people. We want to do the best for people here and part of that is making sure they dress how they want to." Another member of staff told us, "It's important we are respectful and provide good dignified care. This means closing doors, speaking to people in a way they want us to and addressing them how they prefer. It's all these little things that matter the most to people." We saw staff being caring throughout the day. This included staff re positioning people's cushions to make sure they were comfortable in their chairs and they checked that people were feeling warm enough. Staff sat next to people when speaking with them and took their time explaining and if necessary repeating or rephrasing a comment so people understood. One person told us, "The staff are so very patient. It can't be easy as my hearing isn't what it used to be, but they don't give up on me."

People were supported to maintain important relationships with their friends and families. Visitors were welcome whenever they liked and we saw people receiving visitors throughout the day. One person told us, "I have lots of visitors. Someone comes to see me every day." Another person told us, "Visitors are free to come and go when they want."

## Is the service responsive?

### Our findings

People were encouraged to visit the home to see if they would like to live there. Pre-admission assessments had been undertaken to assess whether people's care and support needs could be met at the home. When people moved into the home they had been asked how they wanted to be supported and this had been discussed and individual care plans had been written from this information. Staff confirmed they found these useful so that they knew what care and support to provide. People who used the service and their relatives were involved in the reviews of their care. One relative told us, "The staff talk about [Person who used the service] and what's happening. They ask me what I feel about the support and if there is anything that can be changed." Another relative told us, "[Person who used the service] is safe here and I know they are well looked after. I feel involved with their care and I visit every day; I'm made to feel welcome." People also felt that any suggestions relating to their care and support needs would be taken up by the staff. New care plan documentation was being completed and the registered manager was confident that this would encourage more people to be involved in the reviews of their care plans.

People were offered opportunities to pursue their interests. People were seen involved in a range of activities including painting. These activities were completed on an individual basis which enabled staff to provide individual support and guidance. Artwork and photographs of people engaged in various events and activities were displayed in the hallway. During the afternoon a singer visited the home and people we spoke with earlier in the day, knew this was planned. One person told us, "She's been here before and she is very good." People were asked whether they wanted to come to the lounge and watch the performance. We saw people singing along and smiling. One staff member told us, "We are a lot better at providing activities now. It's lovely to see people becoming more involved. We have links with the local library and can get reminiscence material from them which people like to talk about and audio books." One relative told us, "I think the books are a good idea. They used to like reading, so this way they can still enjoy a book." People were able to choose to stay in their bedroom and one person told us, "I stay in my room and the staff bring me a newspaper each morning and leave it on my bed. I go to the lounge sometimes but I like to read and I watch the TV. The girls pop in and we have a laugh and I like to leave my door open and then I can see people walking by."

People were able to go out of the home to pursue their interests. One person told us, "I've been out for a meal and then into town. I liked doing this and the staff will take me out so I can get a bet on the horses, which I like to do." One member of staff told us, "We have been into town and been out for a drink and cake. [Person who used the service] needed a new wardrobe so went together so they could pick the one they wanted." The staff recognised that people liked to do different things at different times of day, such as being in the lounge in the morning, but spending time in their own room in the afternoon. One member of staff told us, "We are encouraging people to socialise downstairs, even if this is for a short while, because we can see the benefits of socialising with others, but it is their choice." One relative told us, "The staff are looking at getting a specialist chair so they can come downstairs and be safe in the chair. I think this will be a good improvement for them."

A copy of the complaints procedure was displayed in the front entrance hall. One person told us "We are

looked after very well. I can't complain about anything. If I did though, I'd speak to the manager and she'd do something about it." Where the provider had received a complaint they had followed their policy in responding to the complaint and had undertaken a full investigation. The provider acknowledged that recording verbal complaints would help to identify how responsive the service was.

## Is the service well-led?

### Our findings

On our last inspection we found improvements were needed. The home had been subject to a review of care from commissioners of the service as they had identified concerns with how the service was managed and the quality of care people received. The service had been sold subject to contract although the provider had decided to withdraw the service from sale and was making improvements. Two new assisted baths had been installed, new chairs and mattresses had been purchased and carpets were ordered to be fitted in communal areas. Staff were receiving training to improve their knowledge and skills for specific support needs. The provider had written to people and family members to inform them of developments within the home including how to contact him if they had any concerns, new staff that had been recruited, increased commitment to providing activities and details of the next meeting for people and families to attend. One relative told us, "The provider is a gentleman. He always takes time to speak to me and is very approachable. I can speak to him anytime. We do attend the meetings here; this is where things are explained for us."

Staff were kept informed of events within the home. The provider had informed the staff of their intention to continue to manage the service. One member of staff told, "I can't lie, it has been a difficult few months with not knowing what was going to happen and who was going to carry on running this place. Staff have left because of the uncertain future so it's good to know what's happening now. When the provider has some information then they let us know in writing and they've never gone back on anything they have written to us about." Another member of staff told us, "I hope that things can settle down and we can move forward. We have a future again and it's nice for both staff and residents to know this. We can see changes are being made for the better and this makes us all feel more positive."

The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns. It is a legal requirement that a provider's latest CQC inspection report 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 in the front entrance hall in the service.

The provider's quality monitoring system included regular checks of staff's practice, people's care plans, medicines administration, the premises and equipment. Checks of staff's practice involved observing how they carried out their duties and how they engaged with people and with each other. One member of staff told us, "We are checked now to make sure we are doing things right. It feels good to know that the provider cares we are getting things right."

The staff knew about and understood the purpose of the quality checks. One member of staff had recently changed their role and was ensuring the care records and quality checks were completed as necessary. They told us, "We are learning about the importance of completing documentation. It's no good just nagging staff to tell them to complete it, if people know the importance of it, then they can see the reason why we need to spend time completing it. Things are improving and this is good for everyone."

