

Somerset Care Limited

Sunningdale Lodge

Inspection report

Sunningdale Road
Yeovil
Somerset
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Date of inspection visit:
24 October 2017

Date of publication:
01 December 2017

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?

Good ●

Summary of findings

Overall summary

Sunningdale Lodge is a purpose built home which is situated in a residential area in Yeovil. The home provides accommodation with personal care for up to 40 older people. Bedrooms are for single occupancy and are arranged over three floors. A shaft lift and stairs provide access to the floors above ground level. There are pleasant gardens and parking is available. The home is staffed 24 hours a day.

At the time of the inspection there were 39 people living at the home. This included three people who were receiving treatment in hospital.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. When asked, one person said "I do feel safe here; yes." Another person said "This is my home now. The staff take good care of me." People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. Risks to people were reduced because there were systems in place to identify and manage risks such as reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of pressure damage to their skin.

People continued to receive effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person said "I can do as I please. Nothing is forced here." Another person who was in their bedroom told us "I prefer to stay in my room. It's my choice. I like to sit here and read. I do go down to lunch though."

People told us their healthcare needs were met. One person said "If you feel unwell they [the staff] would be there in a flash and would certainly get the doctor for you." Another person told us "The physiotherapist is coming to see me soon to see if I can get moving again." A visiting healthcare professional told us that staff always listened and acted on any recommendations they made.

The home continued to provide a caring service to people. One person said "I am very happy here and I don't want for anything. All the staff are very kind." Another person described the home as "perfection itself." They said "I mean that. I couldn't be happier and the staff are marvellous." People could see their visitors whenever they wanted and the visitors we met with told us they were always made to feel welcome. Staff treated people with respect and respected their right to privacy.

The home continued to provide a responsive service. The management team made sure people's needs and

aspirations could be met before a person moved to the home. Care plans contained information for staff about people's needs and preferences and how these should be met. The management team acknowledged that care plans relating to people's mental health needs could be improved and they agreed to address this.

People could take part in a range of social activities and designated activity staff were employed to support people. Care had been taken to ensure people experienced a pleasant and sociable mealtime experience. Any complaints about the service were taken seriously and responded to. The people we met with told us they felt comfortable in raising any concerns. One person told us "I have no complaints at all. I've never had to complain but I would certainly tell the staff if something was bothering me."

The service continued to be well led. The registered manager was supported by a deputy manager and the skill mix of staff meant experienced staff were available to support less experienced staff. The management team were described as open and approachable. People's views were valued and responded to. The provider operated an initiative called 'You said. We did.' Where people who lived at the home, their representatives and staff could make suggestions about any part of the service provided. Posters were displayed around the home detailing the action that had been taken in response to suggestions made. For example people had requested sharper knives as they were finding it difficult with the current knives. We saw these were ordered the same day and were now in place. Another suggestion made was to be able to have a cup of tea in the garden whatever the weather. In response to this, a summerhouse had been built and equipped as a tea room. There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements.

Further information is in the detailed findings below

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Sunningdale Lodge

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 24 October 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

During this inspection we met with the majority of the people who lived at the home and spoke with 15 people in more depth. We also spoke with six members of staff, six visitors and a visiting healthcare professional. The registered manager was on leave but the deputy manager was available throughout the inspection. We also met with one of the provider's operations managers who supported the home.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans and records relating to health and safety, staff training and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. When asked if they felt safe living at the home, one person said "I do feel safe here; yes." Another person said "This is my home now. The staff take good care of me."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. We saw staff responded promptly to any requests for assistance. Although staff told us they would like more quality time with people, they told us staffing levels were sufficient to help keep people safe.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. This was confirmed by a member of staff who had been recently employed.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

People's medicines were safely managed and administered by staff who had been trained to carry out the task. People's medicines were securely stored in their bedrooms and we observed people received their medicines when needed. One person said "I don't take many tablets but I always get them on time. They are very good."

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Some people used mobility aids and staff made sure these were available to people.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff.

The premises were well maintained. Regular checks were carried out to make sure the environment and equipment remained safe.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had been trained to meet people's needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service such as caring for people who were living with dementia. One member of staff told us "It's a great place to work. There is so much training. You get everything you need plus more. The dementia training was brilliant and really helps you to understand people."

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. A new member of staff said "I thought the induction was really good. You got all your training and then worked some shadow shifts. This gave you time to get to know the residents." After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The majority of staff had achieved or were working towards nationally recognised qualifications in care.

People saw healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. We met with a GP who described the management of the home as "good." They also told us that staff always listened and acted on any recommendations they made. A person who lived at the home said "If you feel unwell they [the staff] would be there in a flash and would certainly get the doctor for you." Another person told us "The physiotherapist is coming to see me soon to see if I can get moving again."

People told us they were able to make decisions about their day to day lives. One person said "I can do as I please. Nothing is forced here." Another person who was in their bedroom told us "I prefer to stay in my room. It's my choice. I like to sit here and read. I do go down to lunch though." Care plans contained information about people's preferred routines and likes and dislikes. This helped staff to support people in accordance with their preferences. When staff told us about people, it was evident that they knew them well.

Staff had received training about the Mental Capacity Act 2005 (MCA). 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 staff we met with had a clear understanding about how to ensure people's rights were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered had liaised with appropriate professionals and had submitted applications for people who required this level of support to keep them safe.

People had their nutritional needs assessed to make sure they received meals that met their needs and preferences. The people we met with were very positive about the quality and quantity of meals provided. One person said "The food is excellent. Really good. You get choices at every meal. I can't resist the homemade cakes." Another person explained they had an allergy to milk. They said "They are very good. They get soya milk for me." During lunch we saw where people required a soft diet, these had been attractively presented and prepared to the correct consistency. People's weights were monitored and regularly audited. This meant prompt action could be taken where concerns had been identified.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People were complimentary about the staff who supported them. One person said "I am very happy here and I don't want for anything. All the staff are very kind." Another person described the home as "perfection itself." They said "I mean that. I couldn't be happier and the staff are marvellous." Another person explained "I am a real worrier and sometimes get myself in a pickle. Do you know what means so much to me? The staff notice when I am worried and they will sit and talk to me. It is top class here and I wouldn't want to live anywhere else."

The atmosphere in the home was relaxed and people were supported in an unhurried manner. Staff interactions were kind and respectful. We observed a member of staff comforting and reassuring one person who had become tearful. Their interactions with the person were so gentle, kind and patient. The person responded positively and was seen to be smiling again.

Comments from people's friends and families in a recent satisfaction survey had been very positive. Comments included "I get the impression that all the staff are fully committed to the welfare of the residents." And "All the staff are outstanding. [Name of registered manager] has been incredible and actually takes the time to listen." A visitor we met with said "[Name of person] is very happy here and that's the most important thing. The staff are very kind and I know [name of person] has a laugh with them." A visiting health professional said "The staff appear very caring."

People were supported to keep in contact with their friends and family. One person told us "I'm only here for a short stay and it's nice that I can still go to my clubs while I'm here. I have lots of friends there." The visitors we met with told us they could visit whenever they wanted and they were always made to feel welcome and offered refreshments.

Each person had a named support worker (key worker) who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff, and that people had everything they needed.

People were supported to achieve their special wishes. When people spent time with their keyworkers they were asked if there was anything special they would like to do. Staff then spent time making people's wishes a reality. There were lots of photographs of people enjoying their special wish. One person had gone to see their local football team play a match. Another person had wanted to visit West Bay and another person had wanted to go into town and have a browse around the shops.

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. When staff assisted people to transfer from one chair to another they explained what was happening and reassured the person throughout the transfer.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. Each person had their own bedroom. Bedrooms were very individual and personalised with

people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on people's bedroom doors and did not enter until invited.

We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. The minutes of staff meetings showed that the importance of confidentiality was regularly discussed.

Is the service responsive?

Our findings

The service continued to provide a responsive service. Before moving to the home people were assessed to make sure the home could meet their needs and aspirations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

The care plans we read provided clear guidance for staff on how to support people's individual needs. However, care plans for people living with dementia or mental health problems did not detail how this affected the person or how staff could best support the individual if they became distressed or anxious. We discussed this with the deputy manager at the time and they agreed to address this. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, staff consulted with their close relatives to gain further information on people's tastes and preferences. Each person had a 'This is me' document which detailed information about their social history, previous interests/hobbies and the important people in their lives. This helped staff to get to know the person and what was important to them.

Staff recorded information about people during the day and at night. Records contained information about the person's well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. Outside entertainers regularly visited the home. During our visit there was a very high turnout for a sing-a-long session. One person said "I can't sing but I do so enjoy the sing-a-longs." Another person said "There was flexercise this morning. I must make sure I go to the next one as I need to keep everything moving." One person had said they would like to hold a quiz night and be able to ask the questions. We saw posters displayed around the home which showed this had been arranged.

People benefitted from a relaxed and sociable meal time experience. During lunch we observed staff were very attentive but keen not to disempower people. People chose where they wanted to sit and were heard chatting to others on their table. Tables were attractively laid with bright table cloths, napkins and condiments. People were shown plated meals which enabled them to make an informed choice. Serving dishes containing a selection of vegetables and potato were placed on each table and we saw people helping themselves and some people served others. Where people required staff assistance, staff supported them in a kind and respectful manner and checked whether they wanted more. The atmosphere during lunch was happy and relaxed.

The provider had a complaints procedure which was displayed in the home. People said they would talk with a member of staff if they were not happy with their care or support. One person told us "I have no complaints at all. I've never had to complain but I would certainly tell the staff if something was bothering

me." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Is the service well-led?

Our findings

The service continued to be well led. 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.

During our visit we met with the deputy manager who had an excellent knowledge and understanding of the people who lived at the home. When the deputy manager entered a lounge where we were talking to people, one person said "Here she comes. Oh she's lovely. Always got a smile on her face." When we spoke with the people who lived at the home, staff and visitors it was evident that the registered manager and deputy manager were very visible and approachable. A member of staff said "The manager is really approachable. You can go and have a rant whenever you want."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The skill mix of staff meant experienced staff were available to support less experienced staff. On every shift, care staff were supported by a supervisor and/or a shift leader. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

Regular meetings were held for people who lived at the home and their relatives/representatives. Meetings provided an opportunity to inform people of any changes or events which had been planned. The minutes of a recent meeting showed people had been informed of forthcoming events and their feedback had been sought on events which had taken place.

The provider operates an initiative called 'You said. We did.' Where people who lived at the home, their representatives and staff could make suggestions about any part of the service provided. Posters were displayed around the home detailing the action that had been taken in response to suggestions made. For example people had requested sharper knives as they were finding it difficult with the current knives. We saw these were ordered the same day and were now in place. Another suggestion made was to be able to have a cup of tea in the garden whatever the weather. In response to this, a summerhouse had been built and equipped as a tea room. Some people had said they wanted to try different foods. In response to this 'themed days' had been arranged. October was to be an American day and December, a Mexican day. When staff requested the provision of small trollies to transport items; this had been provided.

There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular supervisions and an annual appraisal where they were able to discuss their performance and highlight any training needs. There was a handover meeting when staff came on duty to ensure all staff were kept up to date with people's care needs.

There was an the ethos of honesty, learning from mistakes and admitting when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example any significant accidents or incidents involving the people who lived at the home were analysed. This helped to establish whether the incident had been avoidable and whether measures were needed to reduce the risk of the incident happening again. People's representatives had been informed in writing of the incident and action taken.